

## 2020 PLAN A / PLAN B COST COMPARISON INFORMATION

2020 PLAN SUMMARY INFORMATION				
Medical	Plan A		Plan B	
Annual Employee Portion of Premiums	Employee Only	\$1,274	Employee Only	\$2,002
	Employee/Spouse	\$2,912	Employee/Spouse	\$4,628
	Employee Child(ren)	\$2,678	Employee Child(ren)	\$4,238
	Family	\$4,368	Family	\$6,916
In-Network Deductible <sup>1</sup>	\$2,000 individual plan \$4,000 family plan		\$750 individual plan \$1,500 family plan	
In-Network Out-of-Pocket Maximum <sup>1</sup>	\$2,000 \$4,000		\$1,500 individual \$3,000 family	
Coinsurance	0% (plan pays 100% after deductible)		20% (after deductible, you pay 20% up to out-of-pocket max)	
Office Visit Copays <sup>2</sup>	NA		Up to out-of-pocket limit	
Rx Copays <sup>2</sup>	NA		Up to out-of-pocket limit	
Emergency Room Copays <sup>2</sup>	NA		Up to out-of-pocket limit	

Dental			
Annual Employee Portion of Premiums	Employee Only	\$182	
	Employee/Spouse	\$338	
	Employee Child(ren)	\$312	
	Family	\$468	
Deductible	\$50 individual plan \$100 family plan		
Calendar Year Maximum Benefit (per individual)	\$2,000		

<sup>1</sup>Medical deductibles and out-of-pocket maximums are doubled for using out-of-network providers.

In Plan A, there is no separate deductible limit for individual family members; one member could account for the entire \$4,000 deductible, or it could be split among two or more family members. In Plan B, the maximum deductible that may be applied to any one family member is \$750.

<sup>2</sup>The out-of-pocket maximum includes the deductible, copays and coinsurance.

In order to estimate your 2020 costs, you will need to have some idea of your annual expenditures. You can get your medical claims history for the past year by logging onto your account at [www.anthem.com](http://www.anthem.com). Click the CLAIMS tab at the top of the page – your claims will appear at the bottom of the page. Click on the claim number to review individual claims and out-of-pocket costs. Of course, claims can vary from year to year, so be sure to add or subtract for any significant one-time expenses. And remember **you will not pay any deductible or copays for treatment provided by Primary Plus Employee Health Center, for after-hours care at local IU Urgent Care Centers or for preventive health care as long as you stay in-network.**

## 2020 PLAN A/PLAN B COST COMPARISON WORKSHEET

	Plan A	Plan B
1. Annual Medical Premiums	\$ _____	\$ _____
2. Annual Dental Premiums	\$ _____	\$ _____
3. Total Annual Premiums	\$ _____	\$ _____
<b>Complete either 4.a. or 4.b. below—not both.</b>		
4. a. Individual Deductible	Anticipated medical expenses, up to \$2,000 \$ _____	Anticipated medical expenses, up to \$750 \$ _____
4. b. Family Deductible	Anticipated medical expenses, up to \$4,000 \$ _____	Anticipated medical expenses, up to \$1,500 \$ _____
5. Coinsurance	NA	20% of eligible medical expenses beyond deductible, up to additional \$750 (individual) or \$1,500 (family) \$ _____
6. Total Medical Costs	Add lines 5 (a <u>or</u> b) and 6 \$ _____	Add lines 5 (a <u>or</u> b) and 6 \$ _____
7. Out-of-Pocket Max (circle one)	\$2,000 individual plan \$4,000 family plan	\$1,500 individual plan \$3,000 family plan
8. Out-of-Pocket Medical Costs	Enter lesser of line 7 or line 8 \$ _____	Enter lesser of line 7 or line 8 \$ _____
9. Annual Dental Costs (same in both plans)	\$ _____	\$ _____
10. Annual Vision Costs (same in both plans)	\$ _____	\$ _____
11. Total Out-of-Pocket Health Care Costs	Add lines 9 through 11 \$ _____	Add lines 9 through 11 \$ _____
12. Total Premiums Plus Out-of-Pocket Costs	Add lines 4 and 12 \$ _____	Add lines 4 and 12 \$ _____

*If you elect the HDHP (Plan A), you should plan how you will fund your HSA to cover your deductible. Note that all contributions (except the non-payroll contributions) will be divided among 26 pays.*

Your Bi-Weekly Contribution ( <i>consider difference between Plan A and Plan B premiums, what you currently put into a medical flex account, and any other amount you might need to meet your annual deductible, at minimum</i> )	\$ _____
Your other non-payroll (tax-deductible) contributions	\$ _____
City Contribution (\$600, \$800 or \$1000)	\$ _____
<b>Total Annual Contributions</b>	<b>\$ _____</b>