

2014 PLAN SUMMARY INFORMATION

Medical	Plan A	Plan B
Annual Employee Portion of Premiums	Employee Only \$1,092 Employee/Spouse \$2,496 Employee Child(ren) \$2,288 Family \$3,770	Employee Only \$1,690 Employee/Spouse \$3,848 Employee Child(ren) \$3,536 Family \$5,772
In-Network Deductible ¹	\$2,000 individual plan \$4,000 family plan	\$750 individual plan \$1,500 family plan
In-Network Out-of-Pocket Maximum ¹	\$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 ²	NA	Up to out-of-pocket limit
Rx Copays ²	NA	Up to out-of-pocket limit
Emergency Room Copays ²	NA	Up to out-of-pocket limit

Wellness Incentive
\$520 annually for active participants who continuously meet quarterly goals

Dental	
Annual Employee Portion of Premiums	Employee Only \$149.50 Employee/Spouse \$279.50 Employee Child(ren) \$260.00 Family \$390.00
Deductible	\$50 individual plan \$100 family plan
Calendar Year Maximum Benefit (per individual)	\$1,500

¹Medical 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.

²Beginning in 2014, copays ARE included in the out-of-pocket maximum for Plan B. The out-of-pocket maximum includes the deductible, copays and coinsurance.

In order to estimate your 2014 costs, you will need to have some idea of your annual medical expenditures. You can get your claims history for the past few years at www.bashealth.com. Go to Medical Claim Status. At the top of the page you will see your 2013 summary (or you can change to view all years). Scroll down to see individual claims—both medical and dental, which you will want to tally separately. For details of any particular claim, click on View Claim. On the claim form, look in the box labeled Totals By Category. Total Charges minus Plan Adjs (Sagamore or Cigna discount) equals the total amount due to the provider. That's what you will pay if you are in Plan A, until you meet your deductible. Of course, claims vary from year to year. Be sure to add or subtract for any significant one-time expenses. And remember that you will not pay any deductible or copays for preventive health care as long as you stay in-network.

2014 PLAN COMPARISON WORKSHEET

	Plan A	Plan B
1. Annual Medical Premiums	\$ _____	\$ _____
2. Minus Wellness Incentive	\$ _____	\$ _____
3. Annual Dental Premiums	\$ _____	\$ _____
4. Total Annual Premiums	\$ _____	\$ _____
Complete either 5.a. or 5.b. below—not both.		
5. a. Individual Deductible	Anticipated eligible medical expenses, up to \$2,000 \$ _____	Anticipated eligible medical expenses, up to \$750 \$ _____
5.b. Family Deductible	Anticipated eligible medical expenses, up to \$4,000 \$ _____	Anticipated eligible medical expenses, up to \$1,500 \$ _____
6. Coinsurance	NA	20% of eligible medical expenses beyond deductible, up to additional \$750 (individual) or \$1,500 (family) \$ _____
7. Total Medical Costs	Add lines 5 (a or b) and 6 \$ _____	Add lines 5 (a or b) and 6 \$ _____
8. Out-of-Pocket Maximum (circle one)	\$2,000 individual plan \$4,000 family plan	\$1,500 individual plan \$3,000 family plan
9. Out-of-Pocket Medical Costs	Enter lesser of line 7 or line 8 \$ _____	Enter lesser of line 7 or line 8 \$ _____
10. Annual Dental Costs (same in both plans)	\$ _____	\$ _____
11. Annual Vision Costs (same in both plans)	\$ _____	\$ _____
12. Total Out-of-Pocket Health Care Costs	Add lines 9 through 12 \$ _____	Add lines 9 through 12 \$ _____
13. Total Premiums Plus Out-of-Pocket Costs	Add lines 4 and 13 \$ _____	Add lines 4 and 13 \$ _____

If you elect the HDHP, 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)	\$ _____
Spouse Incentive (\$1,690 medical, \$149.50 dental)	\$ _____
Total Annual Contributions	\$ _____