

ESTIMATE YOUR COST WORKSHEET - Side 1

How much would I pay in the BHP CLASSIC versus CHOICE Medical Plan Option?

Estimate for 12 months and include every family member.

If I am in the CLASSIC Plan?			
A	X	B	= C
How much do I pay?	How many each year?	Annual Estimate	

If I am in the CHOICE Plan?			
A	X	B	= C
How much do I pay?	How many each year?	Annual Estimate	

1) Routine Care *

Physician Office Visits	\$25	*		
Routine Non LabCard Blood Tests	\$20	*		
Routine Regular X-ray	\$25	*		
Routine Child Immunizations	\$100	*		
Mammogram or PSA	\$40	*		

	\$20			
	**			
	**			
	**			
	\$0			

_____ D

_____ D

2) ER/Urgent Care

Urgent Care	\$75	*		
ER	\$100	*		

	\$35			
	\$100			

_____ E

_____ E

3) Prescriptions ***

Use Totals from the Prescription Worksheet, Side 2.

_____ F

_____ F

4) Payroll Deduction

Obtain Premium Cost Share from your Treasurer or Personnel Department

_____ G

_____ G

5) ADD D + E + F + G To Compare

CLASSIC: _____

CHOICE: _____

What if I get very sick or injured and have a hospital stay or surgery?

The maximum medical co-insurance per individual for In-Network claims:

\$1,500

The maximum medical deductible PLUS co-insurance per individual for In-Network claims:

\$1,350

* Classic Plan co-insurance is 20% for In-Network claims. Examples on this worksheet are average costs of In-Network claims.

** Choice Plan - if office visit charge is made, the service is included as part of the \$20 office charge.

*** Your pharmacy can print a list of your retail claims. If you are currently in the BHP Plan, you may view all your Rx claims at www.express-scripts.com

Note: This worksheet is to be used for estimating personal annual costs. Specific plan design exclusions or limitations may apply to certain benefits. Check www.butlerhealthplan.org for access to the Classic and Choice Plan Documents for specific plan details as well as Out-of-Network benefits.

Review the "Choose A Plan" page on the BHP web site for more information.

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Side 2
PRESCRIPTION WORKSHEET

Use this sheet for each family member in the plan to estimate drug costs. If you are currently in the BHP Plan, you may view all your Rx claims at www.express-scripts.com. You may also call Express Scripts for copays at 1-866-275-0044. If you are not currently in the plan, view the Express Scripts preview site at www.butlerhealthplan.org, on the "How to Choose a Plan" web page.

If I am in the Classic Plan	Drug Name	A Co-insurance	x	B # of fills	=	C Cost/ year
List Retail- 30 day or less supply	_____	_____		_____		_____
Generic 20% coinsurance	_____	_____		_____		_____
Formulary Brand 20% coinsurance	_____	_____		_____		_____
Non Formulary Brand 40%	_____	_____		_____		_____
List Mail Order- 90 day supply	_____	_____		_____		_____
Generic 20% coinsurance	_____	_____		_____		_____
Formulary Brand 20% coinsurance	_____	_____		_____		_____
Non Formulary Brand 40%	_____	_____		_____		_____
\$25 Deductible per person	_____	_____		_____		_____
Classic Total Prescription Costs						=====

An Individual in the Classic plan will pay no more than a \$25 deductible + \$750 maximum co-insurance for Formulary Brand & Generics. Non-formulary drugs co-insurance does not count toward the out-of-pocket.

If I am in the Choice Plan	Drug Name	E Generic or Formulary	F Write Cost of Copay	x	G # of fills	=	H Cost/year
List Retail- 30 day or less supply	_____	_____	_____		_____		_____
Generic \$10 copay	_____	_____	_____		_____		_____
Formulary Brand \$25 copay	_____	_____	_____		_____		_____
Non Formulary Brand \$40	_____	_____	_____		_____		_____
List Mail Order- 90 day supply	_____	_____	_____		_____		_____
Generic \$25 copay	_____	_____	_____		_____		_____
Formulary Brand \$ 62.50 copay	_____	_____	_____		_____		_____
Non Formulary Brand \$100	_____	_____	_____		_____		_____
Choice Total Prescription Costs							=====

Note: In both plans, if you choose a brand when a generic is available you pay the copay plus the cost difference. The cost difference does not count toward the out-of-pocket in the Classic Plan.