Example #1

Nathan is single, has no children, and earns $55,000 a year. He doesn’t anticipate any major health care expenses in 2017 and wants a plan where his paycheck contribution will be low. **Nathan’s 2017 medical services**

- 1 annual preventive care visit
- 2 additional office visits

<table>
<thead>
<tr>
<th>Service</th>
<th>Health Plan with Dental</th>
<th>HDHP with Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Preventive Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2 office visits</td>
<td>$30 ($15 copay x 2)</td>
<td>$240 ($120 x 2)</td>
</tr>
<tr>
<td>Total Out-of-Pocket for services</td>
<td>$30</td>
<td>$240</td>
</tr>
<tr>
<td>Annual Payroll Deductions</td>
<td>$1,056 ($88/mo x 12)</td>
<td>$396 ($33/mo x 12)</td>
</tr>
<tr>
<td>UW Contribution to HSA</td>
<td>N/A</td>
<td>$750</td>
</tr>
<tr>
<td>Total Annual Cost (Services + Payroll Deductions)</td>
<td>$1,086</td>
<td>($114)</td>
</tr>
</tbody>
</table>
Example #2:

Stephanie is married, has two children and earns $60,000 a year. She and her husband are both healthy but anticipate each may need one office visit to their primary care doctor. Their children are typical kids — they get sick a few times a year and will require a visit to the doctor, filling of a prescription, and a trip to an urgent care facility when their doctor is not available.

- **Stephanie’s 2017 medical services**
  - 4 annual preventive care visits (1 each individual)
  - 2 office visits
  - 4 pediatric visits (office visits)
  - 4 generic prescription drugs
  - 1 urgent care visit

<table>
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<tr>
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<tbody>
<tr>
<td>Annual Preventive Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2 office visits</td>
<td>$30 ($15 copay x 2)</td>
<td>$240 ($120 x 2 – goes towards deductible)</td>
</tr>
<tr>
<td>4 pediatric visits</td>
<td>$60 ($15 copay x 4)</td>
<td>$480 ($120 x 4 – goes towards deductible)</td>
</tr>
<tr>
<td>(considered office visits)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 generic drugs</td>
<td>$20 ($5 copay x 4)</td>
<td>$60 ($15 retail x 4 – goes towards deductible)</td>
</tr>
<tr>
<td>1 urgent care visit</td>
<td>$25 copay</td>
<td>$159 – goes towards deductible</td>
</tr>
<tr>
<td>Total Out-of-Pocket for services</td>
<td>$135</td>
<td>$939</td>
</tr>
<tr>
<td>Annual Payroll Deductions</td>
<td>$2,628 ($219 /mo x 12)</td>
<td>$984 ($82/mo x 12)</td>
</tr>
<tr>
<td>UW Contribution to HSA</td>
<td>N/A</td>
<td>$1,500</td>
</tr>
<tr>
<td>Total Annual Cost (Services + Payroll Deductions)</td>
<td>$2,763</td>
<td>$423</td>
</tr>
</tbody>
</table>
Example 3:

Tom is married and earns $100,000 a year. He elects Family coverage for himself and his wife; he has no other dependents. Tom and his wife each generally visit the doctor a few times a year and Tom has an unexpected surgery that will involve a $35,000 in-network hospital stay.

- **Tom's 2017 medical services**
  - 2 annual preventive care visits (1 for each individual)
  - 3 office visits (1 for wife and 2 for Tom)
  - 1 in-network hospital surgery
  - 4 generic prescription drugs
  - 2 Level 4 drugs from Preferred Specialty Provider
  - 2 specialist office visits (follow-up)

<table>
<thead>
<tr>
<th>Service</th>
<th>Health Plan With Dental</th>
<th>HDHP with Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Preventive Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3 office visits</td>
<td>$45 ($15 copay x 3)</td>
<td>$360 ($120 x 3—goes toward deductible)</td>
</tr>
<tr>
<td>1 in-network hospital surgery</td>
<td>$250 individual ded + 10% of balance up to OOPL. (Note: $1,250 ind OOPL)</td>
<td>$3,000 family deductible + 10% of balance up to OOPL (Note: $5,000 family OOPL)</td>
</tr>
<tr>
<td></td>
<td>- Already paid $45 copay and $250 deductible, so $955 of OOPL remaining</td>
<td>- Already paid $360 for office visits, so $2,640 deductible remaining. - Once deductible is paid, then there is $2,000 of OOPL remaining.</td>
</tr>
<tr>
<td></td>
<td>10% of $34,750 balance ($35,000 - $250 ded) = $3,475</td>
<td>10% of $32,000 ($35,000 - $3,000 ded) = $3,200</td>
</tr>
<tr>
<td></td>
<td>OOPL is capped at $1,250 so owe $955 as coinsurance</td>
<td>OOPL is capped at $5,000 so owe $2,000 as coinsurance</td>
</tr>
<tr>
<td></td>
<td>Total owe: $1,205 ($250 ded + $955 coinsurance)</td>
<td>Total owe: $4,640 ($2,640 remaining deductible + $2,000 coinsurance)</td>
</tr>
<tr>
<td></td>
<td><strong>OOPL reached for year</strong></td>
<td><strong>OOPL reached for year</strong></td>
</tr>
<tr>
<td>2 specialist office visits</td>
<td>$0— OOPL reached</td>
<td>$0— OOPL reached</td>
</tr>
<tr>
<td>4 generic drugs</td>
<td>$20 ($5 copay x 4)</td>
<td>$0</td>
</tr>
<tr>
<td>(2) Level 4 drugs</td>
<td>$100</td>
<td>$0</td>
</tr>
<tr>
<td>(fromPreferred Specialty Provider)</td>
<td>($50 copay x 2)</td>
<td><strong>OOPL reached</strong></td>
</tr>
<tr>
<td>Total Out-of-Pocket for services</td>
<td>$1,370</td>
<td>$5,000</td>
</tr>
<tr>
<td>Annual Payroll Deductions</td>
<td>$2,628 ($219 /mo x 12)</td>
<td>$984 ($82/mo x 12)</td>
</tr>
<tr>
<td>UW Contribution to HSA</td>
<td>N/A</td>
<td>$1,500</td>
</tr>
<tr>
<td>Total Annual Cost (Services + Payroll Deductions)</td>
<td>$3,998</td>
<td>$4,484</td>
</tr>
</tbody>
</table>