Example 1 – Good Year, Low Utilization (EE Only)

Assumptions

• 2 sick visits to a Primary Care Doctor + 1 Emergency Room visit + 1 Telemedicine visit

Traditional HDHP	EE Cost
EE Only Premium (Annual)	\$1,814.59
2 Sick Visits (ded) Est. \$75 / visit	\$150.00
ER Visit (ded) Est. avg of \$1,200	\$1,200.00
Telemedicine Visit Est of \$45 / visit	\$45.00
Total Medical Bills	\$1,395.00
ARS HSA Contrib.	\$1,433.00
Net Medical Bills	\$0.00
Total Cost (Prem + Bills)	\$1,814.59

Traditional PPO	EE Cost
EE Only Premium (Annual)	\$3,859.76
2 Sick Visits \$30 copay / visit	\$60.00
ER Visit \$350 copay	\$350.00
Telemedicine Visit \$10 copay	\$10.00
Total Medical Bills	\$420.00
ARS HSA Contrib.	\$0.00
Net Medical Bills	\$420.00
Total Cost (Premium + Bills)	\$4,279.76

Open Access HDHP	EE Cost
EE Only Premium (Annual)	\$1,237.22
2 Sick Visits (ded) Est. \$75 / visit	\$150.00
ER Visit (ded) Est. avg of \$1,200	\$1,200.00
Telemedicine Visit Est of \$45 / visit	\$45.00
Total Medical Bills	\$1,395.00
ARS HSA Contrib.	\$1,433.00
Net Medical Bills	\$0.00
Total Cost (Prem + Bills)	\$1,237.22

Open Access PPO	EE Cost
EE Only Premium (Annual)	\$2,807.10
2 Sick Visits \$30 copay / visit	\$60.00
ER Visit \$350 copay	\$350.00
Telemedicine Visit \$10 copay	\$10.00
Total Medical Bills	\$420.00
ARS HSA Contrib.	\$0.00
Net Medical Bills	\$420.00
Total Cost (Premium + Bills)	\$3,227.10

Lowest Total Cost

*The above examples represent different types of plan years with varying levels of healthcare needs. The examples should illustrate how member cost-sharing would be applied to each plan. The actual amounts will vary based on the actual provider charges and applicable discounts. Please use this as a general representation of how our plans cover various services. Please consult the medical and pharmacy plan summaries for a complete outline of covered services and member cost-sharing and if you note any discrepancies in copays or deductibles.

Example 2 – Routine Year w/ Maintenance Meds, Specialist Visits (EE Only)

Assumptions

 2 sick visits to a Primary Care Doctor + 4 Specialist Visits + Preferred Brand Name Maintenance Asthma Medication

Traditional HDHP	EE Cost
EE Only Premium (Annual)	\$1,814.59
2 Sick Visits (ded) Est. \$75 / visit	\$150.00
4 Specialist Visits Est. \$300 / visit	\$1,200.00
Asthma Medication (ded/coins) Est. \$1,200 / fill (90 day Supply)	\$2,685.00
Total Medical Bills	\$4,035.00
ARS HSA Contrib.	\$1,433.00
Net Medical Bills	\$2,602.00
Total Cost (Prem + Bills)	\$4,416.59

Traditional PPO	EE Cost
EE Only Premium (Annual)	\$3,859.76
2 Sick Visits \$30 copay / visit	\$60.00
4 Specialist Visits \$55 copay / visit	\$220.00
Asthma Medication \$125 copay / fill (90 day Supply)	\$500.00
Total Medical Bills	\$780.00
ARS HSA Contrib.	\$0.00
Net Medical Bills	\$780.00
Total Cost (Premium + Bills)	\$4,639.76

Open Access HDHP	EE Cost
EE Only Premium (Annual)	\$1,237.22
2 Sick Visits (ded) Est. \$75 / visit	\$150.00
4 Specialist Visits Est. \$300 / visit	\$1,200.00
Asthma Medication (ded/coins) Est. \$1,200 / fill (90 day Supply)	\$2,650.00
Total Medical Bills	\$4,000.00
ARS HSA Contrib.	\$1,433.00
Net Medical Bills	\$2,567.00
Total Cost (Prem + Bills)	\$3,804.22

Open Access PPO	EE Cost
EE Only Premium (Annual)	\$2,807.10
2 Sick Visits \$30 copay / visit	\$60.00
4 Specialist Visits \$55 copay / visit	\$220.00
Asthma Medication \$125 copay / fill (90 day Supply)	\$500.00
Total Medical Bills	\$780.00
ARS HSA Contrib.	\$0.00
Net Medical Bills	\$780.00
Total Cost (Premium + Bills)	\$3,587.10

Lowest Total Cost

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Example 3 – Unexpected Year, Moderate Utilization (EE Only)

Assumptions (Member injures their knee and receives an MRI and Physical Therapy)

• 1 Emergency Room Visit + 1 MRI + 10 Physical Sessions

Traditional HDHP	EE Cost
EE Only Premium (Annual)	\$1,814.59
ER Visit (ded) Est. avg of \$1,200	\$1,200.00
Knee MRI (ded) Est. avg of \$1,500	\$1,500.00
10 PT Visits (coins) Est. avg of \$150 / visit	\$420.00
Total Medical Bills	\$3,420.00
ARS HSA Contrib.	\$1,433.00
Net Medical Bills	\$1,987.00
Total Cost (Prem + Bills)	\$3,801.59

Traditional PPO	EE Cost
EE Only Premium (Annual)	\$3,859.76
ER Visit \$350 copay	\$350.00
Knee MRI \$250 copay	\$250.00
10 PT Visits \$55 copay / visit	\$550.00
Total Medical Bills	\$1,150.00
ARS HSA Contrib.	\$0.00
Net Medical Bills	\$1,150.00
Total Cost (Premium + Bills)	\$5,009.76

Open Access HDHP	EE Cost
EE Only Premium (Annual)	\$1,237.22
ER Visit (ded) Est. avg of \$1,200	\$1,200.00
Knee MRI (ded/coins) Est. avg of \$1,500	\$870.00
10 PT Visits (coins) Est. avg of \$150 / visit	\$150.00
Total Medical Bills	\$2,220.00
ARS HSA Contrib.	\$1,433.00
Net Medical Bills	\$787.00
Total Cost (Prem + Bills)	\$2,024.22

Open Access PPO	EE Cost
EE Only Premium (Annual)	\$2,807.10
ER Visit \$350 copay	\$350.00
Knee MRI \$150 copay	\$150.00
10 PT Visits \$55 copay / visit	\$550.00
Total Medical Bills	\$1,050.00
ARS HSA Contrib.	\$0.00
Net Medical Bills	\$1,050.00
Total Cost (Premium + Bills)	\$3,857.10

Lowest Total Cost

^{*}The above examples represent different types of plan years with varying levels of healthcare needs. The examples should illustrate how member cost-sharing would be applied to each plan. The actual amounts will vary based on the actual provider charges and applicable discounts. Please use this as a general representation of how our plans cover various services. Please consult the medical and pharmacy plan summaries for a complete outline of covered services and member cost-sharing and if you note any discrepancies in copays or deductibles.

Example 4 – Unexpected Year, High Utilization (EE Only)

Assumptions (Member injures their knee and receives an MRI, has Surgery and Physical Therapy)

• 1 Emergency Room Visit + 1 MRI + Surgery + 10 Physical Therapy Sessions

Traditional HDHP	EE Cost	Traditional PPO	EE Cost	Open Access HDHP	EE Cost	Open Access PPO	EE Cost
EE Only Premium (Annual)	\$1,814.59	EE Only Premium (Annual)	\$3,859.76	EE Only Premium (Annual)	\$1,237.22	EE Only Premium (Annual)	\$2,807.10
ER Visit (ded) Est. avg of \$1,200	\$1,200.00	ER Visit \$350 copay	\$350.00	ER Visit (ded) Est. avg of \$1,200	\$1,200.00	ER Visit \$350 copay	\$350.00
Knee MRI (ded) Est. avg of \$1,500	\$1,500.00	Knee MRI \$250 copay	\$250.00	Knee MRI (ded/coins) Est. avg of \$1,500	\$870.00	Knee MRI \$150 copay	\$150.00
Surgery (ded/coins) Est. of \$30,000	\$2,300.00	Surgery (ded/coins) Est. of \$30,000	\$4,400	Surgery (coins) Est. of \$30,000	\$1,930.00	Surgery (ded/coins) Est. of \$30,000	\$3,500
10 PT Visits (OOP met) Est. avg of \$150 / visit	\$0.00	10 PT Visits (OOP met) \$55 copay / visit	\$0.00	10 PT Visits (OOP met) Est. avg of \$150 / visit	\$0.00	10 PT Visits (OOP met) \$55 copay / visit	\$0.00
Total Medical Bills	\$5,000.00	Total Medical Bills	\$5,000.00	Total Medical Bills	\$4,000.00	Total Medical Bills	\$4,000.00
ARS HSA Contrib.	\$1,433.00	ARS HSA Contrib.	\$0.00	ARS HSA Contrib.	\$1,433.00	ARS HSA Contrib.	\$0.00
Net Medical Bills	\$3,567.00	Net Medical Bills	\$5,000.00	Net Medical Bills	\$2,567.00	Net Medical Bills	\$4,000.00
Total Cost (Prem + Bills)	\$5,381.59	Total Cost (Premium + Bills)	\$8,859.76	Total Cost (Prem + Bills)	\$3,804.22	Total Cost (Premium + Bills)	\$6,807.10

Lowest Total Cost

^{*}The above examples represent different types of plan years with varying levels of healthcare needs. The examples should illustrate how member cost-sharing would be applied to each plan. The actual amounts will vary based on the actual provider charges and applicable discounts. Please use this as a general representation of how our plans cover various services. Please consult the medical and pharmacy plan summaries for a complete outline of covered services and member cost-sharing and if you note any discrepancies in copays or deductibles.