

SAINT JOSEPH'S UNIVERSITY MEDICAL INSURANCE COST COMPARISON WORKSHEET

Monthly Employee Contribution					
	Personal Choice 20/30/70 w/ \$15/\$35/\$50 Rx	Keystone POS 15B w/ \$10/\$20/\$35 Rx & \$100 Vision	Keystone HMO 15 w/ \$10/\$20/\$35 Rx & \$100 Vision	Keystone POS Direct C2F202 w/ \$10/\$20/\$35 Rx & \$100 Vision	Personal Choice HDHP w/ Intergrated Rx \$5/\$20/\$45
Employee Contribution Table:					
Employee	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Child	\$199.97	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Children	\$316.78	\$0.00	\$0.00	\$0.00	\$0.00
Employee/Spouse	\$537.22	\$155.07	\$108.77	\$72.03	\$77.78
Family	\$654.18	\$480.91	\$421.36	\$374.14	\$180.51

**EXAMPLE (ASSUMES FAMILY COVERAGE)
EMPLOYEE CONSIDERING CHANGING FROM PC 20/30/70 TO KEYSTONE POS DIRECT C2F202**

Plan:		
Employee Share Per Month:	PC 20/30/70	\$654.18
Employee Share Per Month:	KPOS C2F202	\$374.14
Savings/(Cost)		\$280.04

Plan:		
Employee Share Per Year:	PC 20/30/70	\$7,850.16
Employee Share Per Year:	KPOS C2F202	\$4,489.68
Savings/(Cost)		\$3,360.48

Number of visits and prescription drugs to equal Annual Savings

	<u>Difference in Copays</u>	<u>EXAMPLE # of visits/Rx</u>	<u>Savings/(Cost)</u>
<i>Office Visits</i>			
Doctor Visits	(\$5)	20	-\$100.00
Specialist Visits	\$0	0	\$0.00
			-\$100.00
<i>Prescription Drugs</i>			
Generic			
Brand	(\$5)	40	-\$200.00
Non-Formulary	(\$15)	35	-\$525.00
Total Prescription Drugs	(\$15)	20	-\$300.00
			-\$1,025.00
Total Savings/Cost			-\$1,125.00
Net Savings/Cost			\$2,235.48

YOUR WORKSHEET

INSTRUCTIONS FOR CALCULATING SAVINGS/(COST)

1. Choose rates at top of sheet for plans you want to compare.
2. Difference between copays on plans to be compared. (i.e., PC 20/30/70 Primary Off. Visit vs. KPOS Direct C2F202 Primary Off. Visit \$20 - \$15 = \$5 difference). Lower copays should be reflected as a negative (i.e., \$20 - \$15 = (-\$5)).
3. Number of visits and prescriptions expected in the plan year.

1. Rate Comparison

Plan:		
Employee Share Per Month:		
Employee Share Per Month:		
Savings/(Cost)		

Plan:		
Employee Share Per Year:		\$0.00
Employee Share Per Year:		\$0.00
Savings/(Cost)		\$0.00

CALCULATION TABLE:

Number of Dr. Visits and Prescriptions

	<u>2. Difference in Copays</u>	<u>3. # of visits/RX</u>	<u>Savings/(Cost)</u>
<i>Office Visits</i>			
Doctor Visits	\$0	0	\$0.00
Specialist Visits	\$0		\$0.00
<i>Prescription Drugs</i>			
Generic	\$0		\$0.00
Brand	\$0		\$0.00
Non-Formulary	\$0		\$0.00

Applicable to certain plans.

Hospital Copay Maximum	\$0.00	\$0.00
Outpatient Surgery Copay	\$0.00	\$0.00
Routine X-Ray Copay	\$0.00	\$0.00
MRI, MRA, CAT Scan Copay	\$0.00	\$0.00
HDHP Plan Deductible	\$0.00	\$0.00
Total Savings/(Cost)		\$0.00

Net Savings/Cost **\$0.00**