

Employee #1 (Employee + One)	CURRENT	NEGOTIATED	HDHP PLAN
BASED ON PLAN YEAR	PLAN COSTS	RENEWAL COSTS	COSTS (HRA)
A THE CITY WILL FUND MY HRA IN THE AMOUNT OF			\$2,100.00
	(Copays)	(Copays)	(Contracted Cost)
B Specialist (16 visits @ \$35 copay)	\$560.00	\$560.00	\$10,646.08
Imaging (4 visits @ No Charge)	\$0.00	\$0.00	\$438.00
Preventive Care (2 visit @ No Charge)	\$0.00	\$0.00	\$0.00
Prescriptions (9 rx @ \$9.99 - \$60.00)	\$120.00	\$120.00	\$331.85
MY ANNUAL EMPLOYEE + FAMILY HEALTH INSURANCE COSTS	\$680.00	\$680.00	\$11,415.93
C CITY FUNDED HRA AMOUNT			\$2,100.00
D WHAT I AM RESPONSIBLE TO PAY			\$150.00
E MY ANNUAL FUNDED DEDUCTIBLE ($\$2100.00 + \150.00) (C + D)			\$2,250.00
F 20% COINSURANCE COST $\$11,416 - \$2,100 - \$150 = \$9,166$ $\$9,166 \times 0.20 = \$1,833$			\$1,833.19
G MY TOTAL MEDICAL COSTS	\$680.00	\$680.00	\$4,083.19 (E + F)
H WHAT I PAY NOW/WILL PAY IN OUT OF POCKET COSTS TOWARDS OOPM (\$4,500.00 IN HDHP)	\$680.00 (OOPM + Rx Expenses)	\$680.00 (OOPM + Rx Expenses)	\$1,983.19 (Includes Rx)
I WHAT I PAY FOR MY ANNUAL HEALTH CARE COST (24 PAY PERIODS)	\$3,950.00	\$4,672.00	\$3,135.00
ANNUAL COST TO EMPLOYEE (H + I)	\$4,630.00	\$5,352.00	\$5,118.19
I WILL PAY MORE WITH THE NEGOTIATED RENEWAL		\$722.00	
MY TOTAL ANNUAL SAVINGS WITH A CITY FUNDED HRA ACCOUNT			\$488.19
EMPLOYEE ROLLOVER AMOUNT			\$0.00

Employee #2 (Employee + Family)	CURRENT	NEGOTIATED	HDHP PLAN
BASED ON PLAN YEAR	PLAN COSTS	RENEWAL COSTS	COSTS (HRA)
A THE CITY WILL FUND MY HRA IN THE AMOUNT OF			\$2,800.00
	(Copays)	(Copays)	(Contracted Cost)
B Specialist (11 visits @ \$35 copay)	\$385.00	\$385.00	\$672.92
Preventive Care (1 visit @ No Charge)	\$0.00	\$0.00	\$0.00
Prescriptions (14 Rx @ \$9.99 - \$60.00)	\$210.00	\$210.00	\$329.19
MY ANNUAL EMPLOYEE + FAMILY HEALTH INSURANCE COSTS	\$595.00	\$595.00	\$1,002.11
C CITY FUNDED HRA AMOUNT			\$2,800.00
D WHAT I AM RESPONSIBLE TO PAY			\$200.00
E MY ANNUAL FUNDED DEDUCTIBLE (<i>Deductible not met</i>)			\$1,002.11
F 20% COINSURANCE COST (<i>Deductible not met on example</i>)			N/A
G MY TOTAL MEDICAL COSTS	\$595.00	\$595.00	\$1,002.11 (E + F)
H WHAT I PAY NOW/WILL PAY IN OUT OF POCKET COSTS TOWARDS OOPM (\$6,000.00 IN HDHP)	\$595.00 (OOPM + Rx Expenses)	\$595.00 (OOPM + Rx Expenses)	\$0.00 (Includes Rx)
I WHAT I PAY FOR MY ANNUAL HEALTH CARE COST (24 PAY PERIODS)	\$5,495.00	\$6,504.00	\$4,364.00
ANNUAL COST TO EMPLOYEE (H + I)	\$6,090.00	\$7,099.00	\$4,364.00
I WILL PAY MORE WITH THE NEGOTIATED RENEWAL		\$1,009.00	
MY TOTAL ANNUAL SAVINGS WITH A CITY FUNDED HRA ACCOUNT			\$1,726.00
EMPLOYEE ROLLOVER AMOUNT			\$1,797.89

Employee #3 (Employee + Family)		CURRENT	NEGOTIATED	HDHP PLAN
BASED ON PLAN YEAR		PLAN COSTS	RENEWAL COSTS	COSTS (HRA)
A	THE CITY WILL FUND MY HRA IN THE AMOUNT OF			\$2,800.00
		(Copays)	(Copays)	(Contracted Cost)
B	Specialist (11 visits @ \$35 copay)	\$385.00	\$385.00	\$3,824.19
	Primary Care (2 visits @ \$25 copay)	\$50.00	\$50.00	\$76.71
	Bloodwork / lab (1 visit @ No Charge)	\$0.00	\$0.00	\$11.37
	Preventive Care (2 visit @ No Charge)	\$0.00	\$0.00	\$0.00
	Prescriptions (13 Rx @ \$9.99 - \$60.00)	\$195.00	\$195.00	\$753.00
	Rehabilitation Services (9 visits @ \$10 copay)	\$90.00	\$90.00	\$1,081.64
	MY ANNUAL EMPLOYEE + FAMILY HEALTH INSURANCE COSTS	\$720.00	\$720.00	\$5,746.91
C	CITY FUNDED HRA AMOUNT			\$2,800.00
D	WHAT I AM RESPONSIBLE TO PAY			\$200.00
E	MY ANNUAL FUNDED DEDUCTIBLE (\$2800.00 + \$200.00) (C + D)			\$3,000.00
F	20% COINSURANCE COST \$5,747 - \$2,800.00 - \$200.00 = \$2,747 X .20 = \$549.38			\$549.38
G	MY TOTAL MEDICAL COSTS	\$720.00	\$720.00	\$3,549.38 (E + F)
H	WHAT I PAY NOW/WILL PAY IN OUT OF POCKET COSTS TOWARDS OOPM (\$6,000.00 IN HDHP)	\$720.00 (OOPM + Rx Expenses)	\$720.00 (OOPM + Rx Expenses)	\$749.38 (Includes Rx)
I	WHAT I PAY FOR MY ANNUAL HEALTH CARE COST (24 PAY PERIODS)	\$5,495.00	\$6,504.00	\$4,364.00
	ANNUAL COST TO EMPLOYEE (H + I)	\$6,215.00	\$7,224.00	\$5,113.38
	I WILL PAY MORE WITH THE NEGOTIATED RENEWAL		\$1,009.00	
	MY TOTAL ANNUAL SAVINGS WITH A CITY FUNDED HRA ACCOUNT			\$1,101.62
	EMPLOYEE ROLLOVER AMOUNT			\$0.00