

A WORKSHEET TO GUIDE YOU IN THE SELECTION OF YOUR HEALTH CARE PLAN FOR 2025

		Instructions	Core Plan	Enhanced Plan	Notes
1.		Select the Monthly Contribution Per Month Based on Your Family Size from the attached chart.			see top of attached chart
2.	A.	How many Primary Doctor visits do you and your dependents have on average per month?	_____		Enter Number on Line
	B.	Copay per Primary Doctor Visit	\$20.00	\$5.00	from attached chart
	C.	Multiply 2A x 2B	\$	\$	Total Costs for Primary Care Doctor Visits per Month
3.	A.	How many Specialist Doctor visits do you and your dependents have per month? (Include: Physical Therapy, Chiropractic)	_____		Enter Number on Line
	B.	Copay per Specialist Doctor Visit	\$20.00	\$10.00	from attached chart
	C.	Multiply 3A x 3B	\$	\$	Total Costs for Specialist Doctor Visits per Month
4.	A.	How many Tier 2 Prescription Drugs do you fill per month? (for yourself and your dependents)	_____		Enter Number on Line
	B.	Copay per Tier 2 Prescription Drug	\$25.00	\$20.00	from attached chart
	C.	Multiply 4A x 4B	\$	\$	Total Costs for Tier 2 Prescriptions per Month
5.	A.	How many Tier 3 Prescription Drugs do you fill per month? (for yourself and your dependents)	_____		Enter Number on Line
	B.	Copay per Tier 3 Prescription Drug	\$40.00	\$35.00	from attached chart
	C.	Multiply 5A x 5B	\$	\$	Total Costs for Tier 3 Prescriptions per Month
6.		ADD 2C + 3C + 4C + 5C For Each Column	6A \$ _____	6B \$ _____	Estimated Total Out of Pocket Costs Per Month for each Plan
7.		SUBTRACT 6A FROM 6B	\$ _____		Difference in Out of Pocket Expenses Per Month Depending on Plan
8.		IF #7 is GREATER THAN THE COST OF THE MONTHLY CONTRIBUTION FOR THE ENHANCED PLAN IDENTIFIED IN #1, YOU WOULD HAVE LESS TOTAL OUT-OF-POCKET MEDICAL EXPENSES BY PAYING THE CONTRIBUTION FOR THE ENHANCED PLAN.			

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 Copay Comparison between the Core and Enhanced Plans (Most-Utilized Services)

		CORE PLAN	ENHANCED PLAN
		Monthly Contribution	
Employee Contribution per Month:	Single:	\$0.00	\$107.31
	Two-Person:	\$0.00	\$246.81
	Family:	\$0.00	\$292.06

Copays: (per visit/service)			
	Primary Doctor Visit:	\$20.00	\$5.00
	Specialist Visit:	\$20.00	\$10.00
	Emergency Room:	\$75.00	\$50.00
	Ambulance:	\$25.00	\$15.00
	Outpatient Procedures:	\$50.00	\$10.00
	Skilled Nursing Facility:	\$200.00	\$0.00
	Hospital Admission:	\$200.00	\$0.00
	Hospital Delivery:	\$200.00	\$0.00
	Inpatient Mental Health:	\$200.00	\$0.00
	Outpatient Mental Health:	\$0.00	\$5.00
	Chiropractic Care:	\$20.00	\$10.00
	Physical Therapy:	\$20.00	\$10.00
	X-ray Services	\$20.00	\$10.00
	Eye Exam	\$20.00	\$15.00
	Durable Medical Equipment	20%	50%
	Prescription Drugs	Tier 1	\$5.00
		Tier 2	\$25.00
		Tier 3	\$40.00
			\$35.00

This is a sample of most-utilized medical services. For information on services not listed, please contact MVP Health Care at (585) 327-2555.