# Your Annual Cost of Plan (what you pay out of your paycheck).
Your cost is determined by your annual base pay. \( \frac{\text{Annual Base Pay}}{\text{months}} \times 12 = \text{Add cost of Spouse/Domestic partner surcharge, if applicable.} \)

<table>
<thead>
<tr>
<th>Plan Information</th>
<th>HSA/HDHP</th>
<th>PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC’s HSA Contribution (minus)</td>
<td>- $_____</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

## TOTAL MUST PAY COST (regardless of utilization of plan)

### Expenses (Annual) – *include yourself plus family members*

- **# of Primary Care office visits times copay or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

- **# of Specialist office visits times copay or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

- **# of Tier 1 Rx times copay (retail/mail order) or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

- **# of Tier 2 Rx times copay (retail/mail order) or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

- **# of Tier 3 Rx times copay (retail/mail order) or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

- **# of Tier 4 Rx times copay (retail) or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

- **# of emergency room visits or average cost (HSA/HDHP)**
  \[ \_ \times \_ = \$ \_ \]
  \[ \_ \times \_ = \$ \_ \]

**Hospital, surgical, lab, X-ray, other (deductible)**

- \$1500/$3000

**Hospital, surgical, lab, X-ray, other (co-insurance)**

- \( \_ \times 10\% = \_ \)
- \( \_ \times 10\% / 15\% = \_ \)

## TOTAL MIGHT PAY COST (based on plan utilization)

Might pay costs cannot exceed amounts to the right (out of pocket max). If higher, cap costs at this amount.

- **$3,000 Single**
- **$6,000 Family**

**Might pay costs cannot exceed amounts to the right (out of pocket max). If higher, cap costs at this amount.**

- **All expenses apply to above max.**

## TOTAL MUST PAY and MIGHT PAY COST (1 + 2)

**Find all of your personalized 2016 claim information at www.Anthem.com; find information about UC’s 2017 medical plans at www.uc.edu/hr/benefits.html.**