

# How to read your MyHealthMath Report

Your report shows your plans in order of lowest to highest estimated total cost. We calculate total cost by adding your annual premiums and net out-of-pocket costs together. Scroll down to learn more about how we estimate your out-of-pocket costs.


See how much we predict you will spend on health care over the year.

We estimate the plan on the top (#1) will have the lowest cost.

Your **worst-case scenario** shows you the most you could spend on healthcare if you had a costly medical event.

Learn about Health Savings Accounts (HSA)

If your employer offers a high deductible health plan, you may see suggestions from us about how to build your HSA balance.

 **SUMMARY**

**MyHealthMath®**

## YOUR PLAN ANALYSIS REPORT


MHM Sample | Full Family
Plan Year: 1/1/21 - 12/31/21

Date of Interview: October 1, 2021

---

Options are ranked below in order of lowest to highest estimated total cost.

#1	HSA 5000	<b>Your Total Cost: \$2,399</b> Premium: \$2,626 Out-of-Pocket: (\$227)	Worst-Case Scenario Cost: \$12,621
#2	HSA 3500	<b>Your Total Cost: \$3,274</b> Premium: \$3,051 Out-of-Pocket: \$223	Worst-Case Scenario Cost: \$12,396
#3	HSA 2700	<b>Your Total Cost: \$4,545</b> Premium: \$4,050 Out-of-Pocket: \$495	Worst-Case Scenario Cost: \$7,245
#4	PPO 500	<b>Your Total Cost: \$6,623</b> Premium: \$6,105 Out-of-Pocket: \$518	Worst-Case Scenario Cost: \$11,105

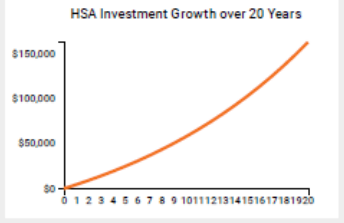
 **LET YOUR MONEY GROW WITH AN HSA**

Did you know? If you fully fund your HSA with a contribution of \$4,500 and invest the amount left over after paying for medical expenses each year (\$4,322), that amount would be worth approximately \$161,885 in 20 years, which you could use to cover medical expenses in retirement.

Based on the following assumptions:

- Amount invested (\$4,322) = the difference between your OP21 HSA contribution limit (\$7,200) and your employer's HSA contribution under the HSA 5000 (\$2,700), less your share of estimated medical costs in the upcoming year (\$178)
- Interest rate = 6%

HSA Investment Growth over 20 Years



**Your Total Cost** = your premium + net out-of-pocket expenses based on the expected medical usage you reported  
**Worst-Case Scenario Cost** = the maximum you could pay under a plan given extreme/unforeseen medical usage (see page 2)  
**Out-of-Pocket** = your share of payments for medical services like doctor visits, tests, prescriptions, and procedures, less HSA/HRA

1 405055

## How do we calculate total cost and worst-case scenario?

Here's a simple breakdown of each. You can scroll down to the next page for a detailed breakdown.

## Plan Details

There's more to picking a plan than just looking at your total costs! This section shows details that are important to consider, along with some helpful definitions!



## COST DETAILS

	#1 HSA 5000	#2 HSA 3500	#3 HSA 2700	#4 PPO 500
<b>Your Cost Overview</b>				
Your Premium	\$2,626	\$3,051	\$4,050	\$6,105
Your Net Out-of-Pocket Expenses	(\$227)	\$223	\$495	\$518
<b>Your Total Cost</b>	<b>\$2,399</b>	<b>\$3,274</b>	<b>\$4,545</b>	<b>\$6,623</b>

(See page 3 for a comprehensive, line-by-line breakdown of Your Total Cost.)

Your Premium	\$2,626	\$3,051	\$4,050	\$6,105
Out-of-Pocket Limit (family)	\$13,100	\$12,000	\$5,400	\$5,000
Employer HSA Contribution	(\$2,700)	(\$2,250)	(\$1,800)	\$0
Your Estimated HSA Tax Savings*	(\$405)	(\$405)	(\$405)	\$0
Max Employer HRA Reimbursement	n/a	n/a	n/a	n/a
Excluded Amount (Not Covered)	\$0	\$0	\$0	\$0
<b>Worst-Case Scenario Cost</b>	<b>\$12,621</b>	<b>\$12,396</b>	<b>\$7,245</b>	<b>\$11,105</b>

The Worst-Case Scenario Cost represents the maximum you would have to pay for in-network medical services under each plan in a "worst-case scenario" (such as an emergency, accident, or unexpected medical condition). These costs consider risk in addition to savings. Compare these numbers between plans to understand how well you would be insured under each in the event of unforeseen medical expenses.

## Plan Details (In-Network)

	#1 HSA 5000	#2 HSA 3500	#3 HSA 2700	#4 PPO 500
Deductible (individual / family)	\$5,000 / \$10,000	\$3,500 / \$7,000	\$2,700 / \$5,400	\$500 / \$1,000
Embedded Deductible?†	✓	✓	✓	✓
Out-of-Pocket Limit (individual / family)	\$6,550 / \$13,100	\$6,000 / \$12,000	\$2,700 / \$5,400	\$2,500 / \$5,000
Embedded Out-of-Pocket Limit?‡	✓	✓	✓	✓
Coinsurance Rate	20%	20%	0%	20%
Need referral from PCP to see specialist?	No	No	No	No
Personal HSA Contribution	\$1,500	\$1,500	\$1,500	\$0

\* We applied our default tax rate of 27% to your intended personal HSA contribution to calculate your tax savings. You can calculate a more accurate number yourself by multiplying your total estimated HSA contribution next year by your actual marginal tax rate.

† If a plan has an embedded deductible, then each family member on the plan is subject to the individual deductible only. Once a family member meets the individual deductible limit, any services that are subject to deductible are covered for that member. If the group collectively meets the family deductible, any services that are subject to deductible are covered for all family members going forward.

If a plan has a non-embedded deductible, then the individual deductible does not apply. Services that are subject to deductible will only be covered once the group has collectively met the family deductible.

‡ If a plan has an embedded out-of-pocket limit (OOPL), then each family member on the plan is subject to the individual OOPL only. Once a family member meets the individual OOPL, any covered services will be 100% covered for that member. If the group collectively meets the family OOPL, any covered services used by any family member will be 100% covered going forward.

If a plan has a non-embedded OOPL, then the individual OOPL does not apply. Covered services will only be 100% covered once the group has collectively met the family OOPL.



## YOUR TOTAL COST: A CLOSER LOOK

	#1	#2	#3	#4
	HSA 5000	HSA 3500	HSA 2700	PPO 500
<b>Your Total Cost</b>				
(1) Your Premium	\$2,626	\$3,051	\$4,050	\$6,105
(2) Your Net Out-of-Pocket Expenses	(\$227)	\$223	\$495	\$518
<b>Your Total Cost</b>	<b>\$2,399</b>	<b>\$3,274</b>	<b>\$4,545</b>	<b>\$6,623</b>
<b>1 Your Premium</b>				
Gross Premium	\$9,133	\$10,611	\$14,085	\$17,694
Employer Contribution to Premium	(\$6,507)	(\$7,560)	(\$10,036)	(\$11,590)
<b>Your Premium</b>	<b>\$2,626</b>	<b>\$3,051</b>	<b>\$4,050</b>	<b>\$6,105</b>
<b>2 Your Net Out-of-Pocket Expenses</b>				
(a) Your Medical Costs	\$2,878	\$2,878	\$2,700	\$518
(b) Your HSA/HRA Benefits	(\$3,105)	(\$2,655)	(\$2,205)	\$0
<b>Your Net Out-of-Pocket Expenses</b>	<b>(\$227)</b>	<b>\$223</b>	<b>\$495</b>	<b>\$518</b>
<b>a Your Medical Costs (Costs of your expected medical services)</b>				
Deductible payments	\$2,878	\$2,878	\$2,700	\$278
Copayments	\$0	\$0	\$0	\$240
Coinsurance	\$0	\$0	\$0	\$0
Excluded Amount (Not Covered)	\$0	\$0	\$0	\$0
<b>Your Medical Costs</b>	<b>\$2,878</b>	<b>\$2,878</b>	<b>\$2,700</b>	<b>\$518</b>
<b>b Your HSA/HRA Benefits (Deducted from/applied to your medical costs)</b>				
Employer HSA Contribution	(\$2,700)	(\$2,250)	(\$1,800)	\$0
Your Estimated HSA Tax Savings	(\$405)	(\$405)	(\$405)	\$0
Employer HRA Reimbursement	\$0	\$0	\$0	\$0
<b>Your HSA/HRA Benefits</b>	<b>(\$3,105)</b>	<b>(\$2,655)</b>	<b>(\$2,205)</b>	<b>\$0</b>

**Assumptions** - This estimate is based on the projected health usage provided by you and the following key assumptions: 1) Medical charges are assumed to be in-network; 2) All services are assumed to have started and ended in the same coverage period; 3) Cost of services and prescription medications are estimates based on average costs of these services unless otherwise provided by you; 4) Some of the referenced insurance plans have a limited number of visits for copays, after which coinsurance applies, and some plans may have "Chronic Illness Support" with a waiver of deductible and more favorable coinsurance; 5) Prescription drug tiers are determined by the drug formulary provided by the employer.

**Disclaimer** - This report includes general information and calculations regarding medical charges based on projected usage and is intended to provide assistance with decisions about health insurance plan choices. This report is for informational purposes only and may not reflect all of the pricing factors and variables for all circumstances. This report and any accompanying information or materials, written or verbal, are not intended, and must not be taken as professional advice or recommendations. Professional advice on specific insurance and benefits can be obtained by contacting a duly licensed professional. While the figures and analyses herein are believed to be accurate and reflect current industry trends, they are not warranted to be correct and MyHealthMath, Inc. disclaims any and all warranties of any type and shall have no liability for any inaccuracy or incompleteness.

### A closer look

Here's a complete breakdown of how we estimate your total costs, including details on how we calculate your net out-of-pocket expenses.

## Still have questions?

MyHealthMath is here to help! Send us a note at [questions@myhealthmath.com](mailto:questions@myhealthmath.com) and we'll respond within 2 business days.