

EDUCATED DECISIONS WORKSHEET

This worksheet is intended to give you an overview of what your total premium plus out-of-pocket costs would be for your top three medical plan choices.

	PLAN	PLAN	PLAN
PLANS: (Fill in plan names)			

What is your coverage level ? Employee Only Employee+Children Employee+Spouse/SGDP Family

What is your plan-year premium cost for your coverage level?

Multiply by 12 the monthly employee premium cost for your coverage level.	PLAN-YEAR COST	PLAN-YEAR COST	PLAN-YEAR COST
	\$	\$	\$

Do you have deductibles to meet first? If yes, check the box and fill in the annual amount.

<input type="checkbox"/> Individual	\$	\$	\$
<input type="checkbox"/> Family	\$	\$	\$

What type of routine office visits will you need during the plan year?

Multiply your copay/coinsurance by the number of office visits per plan year.	PLAN-YEAR COST	PLAN-YEAR COST	PLAN-YEAR COST
Routine office visit	\$	\$	\$
Routine well baby care	\$	\$	\$
Routine wellness care	\$	\$	\$
Specialist visit	\$	\$	\$
Hospital/delivery	\$	\$	\$
Other	\$	\$	\$

Are you or your dependents taking routine maintenance drugs?

Multiply your copay/coinsurance by the number of months needed to take drug (maximum of 12 months).	PLAN-YEAR COST	PLAN-YEAR COST	PLAN-YEAR COST
Self (employee)	\$	\$	\$
Dependents	\$	\$	\$

What if you have emergency room visits this year? Multiply the ER cost by the number of visits.

ER/Urgent care cost	\$	\$	\$
Total premium + estimated out-of-pocket expenses	\$	\$	\$

Are you participating in any of the UPI-Flex plans to get the tax advantage? Yes No

For more information, review the UPI-Flex section in the online Benefits Guide.

- If you enroll in the POP plan, that enrollment will continue from plan year to plan year.
- If you want to participate in one of the Flexible Spending Accounts, you must re-enroll at every open enrollment.