

# My estimated health insurance costs for the year



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1. With the help of a benefits coordinator or on your own, fill in the spaces below using the amounts shown in the Employee Benefit Guide.
2. Copy the amounts below to the matching spaces on the other side.
3. Write down an estimate of how much this insurance plan might cost for the year. Your actual costs may differ from this estimate.

Name: \_\_\_\_\_

Plan: \_\_\_\_\_

Term	Definition	Cost
<b>Premium</b>	The cost you pay each month for your health insurance. Premiums are usually paid by you and your employer.	\$_____ (plan cost) minus \$_____ (benefit allowance) = \$_____
<b>Copay</b>	A fixed amount you may pay at the time you receive a health care service.	Primary doctor: \$_____ (per visit) x _____ (number of times) = \$_____ Generic drug: \$_____ (per visit) x _____ (number of times) = \$_____ Specialist doctor: \$_____ (per visit) x _____ (number of times) = \$_____ ER visit: \$_____ (per visit) x _____ (number of times) = \$_____
<b>Deductible</b>	The amount you must pay out of your own pocket for covered health care services each year before your insurance plan begins sharing the cost with you (see co-insurance).	\$_____ Individual \$_____ Family
<b>Co-insurance</b>	Your share of the cost for covered health care services after you have paid your deductible amount each year. Not all plans have co-insurance.	_____% What I will pay _____% What the insurance company will pay
<b>Out-of-pocket maximum</b>	A limit on your out-of-pocket costs for the year. After you have reached your out-of-pocket maximum for the year, your insurance plan will pay 100% of your covered essential health benefits.	\$_____ Individual \$_____ Family

# What will this plan cost?

Copays	Deductible	Co-Insurance (if the plan has co-insurance)	Out-of-pocket maximum
I think I may pay: Primary: \$ _____ Generic: \$ _____ Specialist: \$ _____ Total: \$ _____	I would pay: \$ _____	Health insurance company would pay: _____% which equals: \$ _____ I would pay: _____% which equals: \$ _____	I would pay: \$ _____
\$ _____ + \$ _____ = \$ _____			
<b>Premium</b> I would pay \$ _____ each month x 12 months = \$ _____ a year			

This worksheet shows estimated health insurance costs. Your actual health insurance costs may be different than the costs shown on this worksheet.

The amount I think I would pay this year with this plan:  
(total premium + copays + deductible)

\$ \_\_\_\_\_

## Learn more

- Oklahoma Employee Benefits Department:  
[www.ebd.ok.gov/Benefits/Pages/default.aspx](http://www.ebd.ok.gov/Benefits/Pages/default.aspx)
- Oklahoma State Benefits Coordinators:  
[www.ebd.ok.gov/Benefits/State-Benefits-Coordinators/Pages/OK-State-Agency-BCs.aspx](http://www.ebd.ok.gov/Benefits/State-Benefits-Coordinators/Pages/OK-State-Agency-BCs.aspx)



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