

Cost Calculator Instructions

State of Ohio Enrollment Options

You have options when it comes to your health benefits. Use the Cost Calculator to find the health plan that's right for you and compare costs. Follow the instructions below as you work through each calculator tab.

Healthcare Tab

Question	Answer
How many times do you go to the doctor each year?	Answer based on you or your family's history.
How many prescriptions do you fill each year?	Answer based on you or your family's history.
Enter the dollar amount of other healthcare expenses you anticipate this year.	Answer based on you or your family's anticipated expenses.
Are you signing up for an individual or family plan	Select Individual or Family.

OhioMed PPO Tab

Question	Answer
What is the premium cost?	Refer to your MyBenefits Guide for rates
What is the deductible?	Enter \$250 for Single or \$500 for Family
What is the out-of-pocket limit?	Enter \$1,500 for Single or \$3,000 for Family
Office Visit Coverage	
Does this plan include copays or coinsurance?	Select Copay and the following dropdown will appear: Enter the average office visit copay.
Enter the average office visit copay.	\$25
Are office visits subject to the deductible?	Select No
Prescription Drug Coverage	
Does this plan include copays or coinsurance for prescriptions?	Select Copay
Enter the average prescription copay.	\$15
Are prescriptions subject to the deductible?	Select No
Other Services Coverage (Lab, X-Ray, Hospital, Skilled Nursing, etc.)	
Enter the Other Services coinsurance.	Enter member liability, 20%
Are other services subject to the deductible?	Select Yes
Health Funding Accounts	
Which accounts are associated with this plan?	Check YES if member has an FSA account
How much is contributed to your FSA each year?	Enter the appropriate amount.

OhioMed HDHP Tab

Question	Answer
What is the premium cost?	Refer to your MyBenefits Guide for rates.
What is the deductible?	Enter \$2,000 for Single or \$4,000 for Family
What is the out-of-pocket limit?	Enter \$3,500 for Single or \$7,000 for Family
Office Visit Coverage	
Does this plan include copays or coinsurance?	Select Coinsurance
Enter the office visit coinsurance after the deductible is met.	Enter member liability, 20%
Are office visits subject to the deductible?	Select Yes
Prescription Drug Coverage	
Does this plan include copays or coinsurance for prescriptions?	Select Coinsurance
Enter the prescription coinsurance after the deductible is met.	Enter member liability, 20%
Are prescriptions subject to the deductible?	Select Yes
Other Services Coverage (Lab, X-Ray, Hospital, Skilled Nursing, etc.)	
Enter the Other Services coinsurance.	Enter member liability, 20%
Are other services subject to the deductible?	Select Yes
Health Funding Accounts	
Which accounts are associated with this plan?	Check HSA if employee will be enrolling for the HDHP.
How much do you contribute to your HSA each year?	Enter the appropriate amount.
How much does your employer contribute to your HSA each year?	Enter \$1,000 for Single or \$2,000 for Family

Savings Tab

Complete the tax information as requested and click Calculate.

Results Tab

Use this information, along with the additional information provided by the State of Ohio and Medical Mutual to help make the right decision regarding your healthcare benefits. Please note the Cost Calculator is for illustrative purposes only. The calculation is an estimate and results may vary.