



Non-HSA Plan vs. HSA-Compatible Plan Decision Worksheet

A	Calculate the annual cost of doctor visits. <i>(This amount will be carried to lines D1 and J1.)</i>	
	1. Estimated no. of Dr. visits = _____ X average cost per Dr. visit (if unknown, enter \$150) _____ = _____	■■■■

NON-HSA PLAN		You Pay
B	Amount you pay in Non-HSA premiums per year = cost per month _____ X 12 months ----->	
C	Calculate your prescription costs under the non-HSA plan: Complete 1 if paying co-pays and enter zero in C2. Complete 2 if not paying co-pays.	
	1. COMPLETE IF PAYING PRESCRIPTION CO-PAYS. Amount Spent on prescription copays per year: Prescription co-pays per year _____ X amount of co-pay (if co-pay amt. unknown, use \$15) _____ = ----->	
	2. COMPLETE IF NOT PAYING PRESCRIPTION CO-PAYS. <i>(This amount will be carried to line D1.)</i> No. of prescriptions: _____ X average cost (if cost is unknown, enter \$50) _____ = _____	■■■■
D	Calculate the amount applied to your HSA plan deductible:	■■■■
	1. Line A1 _____ + Line C2 _____ = _____. <i>(This amount will be carried to lines D2 and E1.)</i>	
	2. Non-HSA plan deductible = _____. D1 = _____. Enter the lower of these two amounts ----->	
E	If D1 is greater than your non-HSA plan deductible, calculate non-HSA plan co-insurance. Otherwise enter 0.	
	1. D1 _____ less non-HSA plan deductible _____ = _____	
	2. E1 _____ X % (as a decimal) you pay after the deductible _____ = ----->	
F	Other anticipated out-of-pocket expenses (doctor or emergency room co-pays, etc.)	
G	Your Cost with the Non-HSA Plan (Add B thru F) ----->	

HSA-COMPATIBLE PLAN		You Pay
H	Amount you pay in HSA-Compatible premiums per year = cost per month _____ X 12 months ----->	
I	Calculate your prescription costs under the HSA compatible plan. <i>(This amount will be carried to line J1.)</i>	■■■■
	1. Number of prescriptions _____ X average cost (if cost is unknown, enter \$50) _____ = _____	
J	Calculate the amount applied to your HSA-compatible plan deductible:	■■■■
	1. Line A1 _____ + Line I1 _____ = _____ <i>(This amount will be carried to lines J2 and K1.)</i>	
	2. HSA-compatible plan deductible = _____. J1 = _____. Enter the lower of these two amounts ----->	
K	If J1 is greater than your HSA-compatible plan deductible, calculate HSA plan coinsurance. Otherwise, enter 0.	
	1. J1 _____ less HSA-compatible plan deductible _____ = _____	
	2. K1 _____ X % you pay after the deductible _____ = ----->	
L	Subtotal (Add H thru K) ----->	
M	Enter the amount your employer will contribute to your HSA and <u>subtract</u> from L ----->	
N	Your Cost with the HSA-Compatible Plan	

O	If G is greater than N, <u>subtract</u> G _____ less N _____ This is the estimated amount you could save with the HSA Plan. If N is greater than G, the Non-HSA Plan may be the more economical choice. Additional factors not considered in this calculation include: tax savings on HSA contributions, tax savings on HSA earnings, and tax savings on distributions for qualified medical expenses.	
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