

10 STEPS

To understanding
your annual
healthcare costs

WORKSHEET



AFFORDABLE
INSULIN PROJECT

Estimate Your Annual Healthcare Costs



List prices and services may fluctuate due to unexpected costs or changes in medications, but it will help show the impact of rebate sharing or cost savings options. If you have multiple plans offered to you, this worksheet can be repeated for each plan, showing you which plan may be best for your family. **Fill out each section with actual costs or estimates.**

1

PREMIUM

A premium is the fixed amount paid directly to the insurance company or through your paycheck to access the healthcare plan benefits you selected.



Your Monthly Premium: \$ _____ x 12
= \$ _____ Annual Premium

2

DEDUCTIBLE

This is the out-of-pocket amount that must be met before insurance will contribute to the cost of care or prescriptions. (Plans may have a \$0 deductible, but most deductibles can be from \$0 to \$7,150 for an individual or up to \$14,300 for a family plan.)



Deductible: \$ _____

3

MAXIMUM OUT-OF-POCKET

After reaching this dollar amount, the cost of prescriptions, DME, and services would be fully covered by the insurance company. The maximum out-of-pocket cost for any insurance plan would be up to \$7,350 for an individual and \$14,700 for families.



Maximum Out-of-Pocket: \$ _____

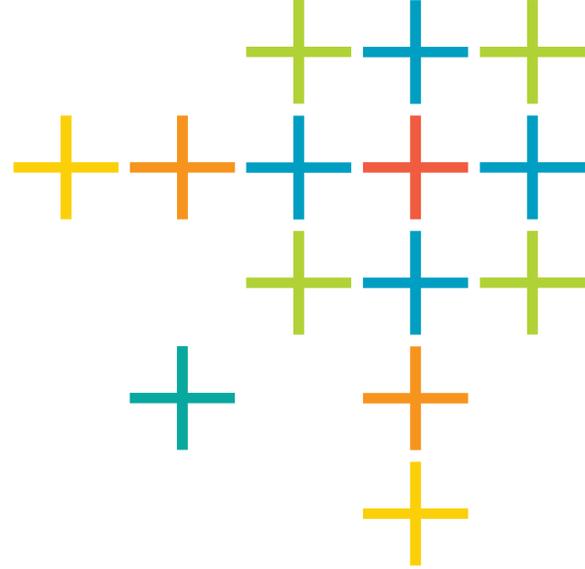
4

DURABLE MEDICAL EQUIPMENT (DME)

The monthly cost of durable medical equipment may also be a factor in meeting your deductible early. Estimate your list price (you can call your DME supplier and ask for list price) for all your DME supplies for one month. This would include insulin pump supplies, Continuous Glucose Monitor supplies, blood glucose meters, etc.



DME Cost for One Month: \$ _____



5

MONTHLY COST OF INSULIN

For individuals with a high-deductible insurance plan, or no insurance at all, the **list price** will be the amount paid at the pharmacy counter. You can call your local pharmacy and ask for the list prices of your insulin vials or pen packs.



	COST	CALCULATION	TOTAL
Single vial (or pen pack)		x # of vials prescribed monthly	

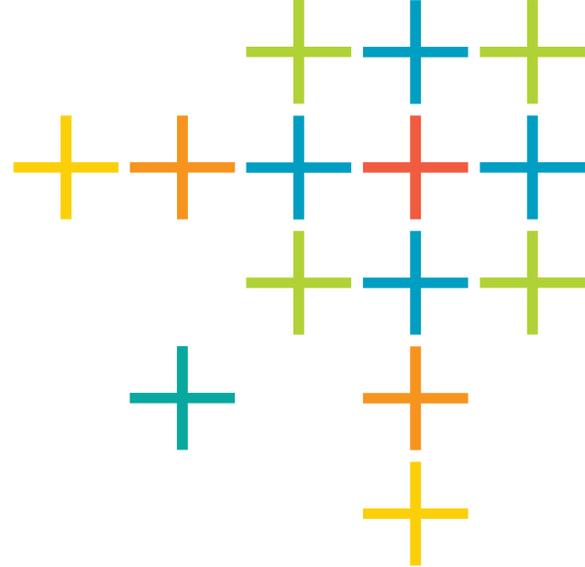
Note: Are you exploring cost-savings on insulin (and other medications) through BlinkHealth, Patient Assistance Programs, or CoPay Cards? This may reduce your out-of-pocket costs.

If you are able to use these programs or cards, use them as part of the calculations below under Cost Savings Options.

What if your insurance plan offered \$0 cost at the counter for insulin?

What if your insurance plan offered your copay/coinsurance for insulin before you met your deductible?

If you wish to show your employer the impact that either \$0 cost sharing or exempting insulin from the deductible will have on employees' annual costs, you can also use that under the Cost Savings Options sections below.



7

WHEN WILL YOU REACH YOUR DEDUCTIBLE?

Fill in your monthly out-of-pocket payment for insulin and DME supplies until the deductible is met. Fill in the remaining months with the monthly CoPay/Coinsurance payment for your monthly pharmacy/DME costs.

Monthly cost without cost savings options: \$

Deductible ÷ Monthly cost = # of Months paying full price for insulin + DME

→ \$ _____ ÷ _____ = \$ _____

Monthly Cost with Cost Savings Options: \$

Deductible ÷ Monthly Cost = # of Months Paying Full Price for Insulin + DME

→ \$ _____ ÷ _____ = \$ _____

8

ANNUAL COST OF INSULIN + DME SUPPLIES

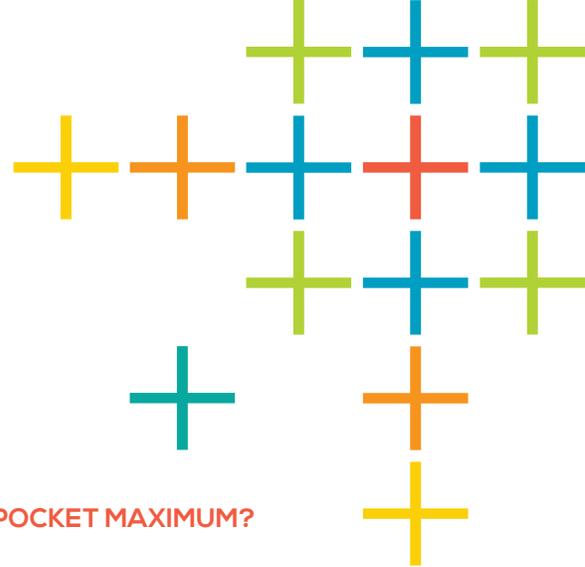
Fill in your monthly out-of-pocket payment for insulin and DME supplies until the deductible is met. Fill in the remaining months with the monthly CoPay/Coinsurance payment for your monthly pharmacy/DME costs.

Without Cost Savings

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Insulin →												
DME →												

With Cost Savings

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Insulin →												
DME →												



9 WILL YOU MEET YOUR OUT-OF-POCKET MAXIMUM?

Add all of your annual costs together.



ANNUAL COST	WITHOUT COST SAVING	WITH COST SAVING
Primary care visit		
Specialist visit		
Insulin / DME		
Lab / diagnostic tests		
Emergency room		
All other medications		
TOTAL		

What is your out-of-pocket maximum?

If the annual amount listed in the total cost column is higher than your Maximum Out-Of-Pocket, use the Maximum Out-Of-Pocket in the calculation below.

10

TOTAL COST OF YOUR HEALTHCARE INSURANCE PLAN



ANNUAL COST	WITHOUT COST SAVING	WITH COST SAVING
Annual Premium		
+	+	+
Annual Costs of Care (Or Out-of-Pocket Maximum)		
TOTAL		



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INSULIN PROJECT**

LEARN WAYS TO MAKE INSULIN MORE AFFORDABLE

At the Affordable Insulin Project, our goal is to make access to insulin more affordable for everyone. For tools, resources and information on discounts, copay cards and patient assistance programs please visit us at

www.affordableinsulinproject.org



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