

My Care Calculator

To help you select the My Care option best suited for you and your family's needs, simply click the "Yes" or "No" in the answer column for each question. Based on your answers, the *My Care* Calculator will score each of your answers. The *My Care* option with the highest score may be the best option for your particular needs. This tool serves only as a guide to assist you in choosing one of the three options. Remember, you are only able to select one plan for you and your family.

Important to Note:

Question	Answer	Active	Family	Independent	
1 Do you have dependent children in your family that you plan to cover on your plan?	<input type="radio"/> Yes <input type="radio"/> No				The Family Option offers significantly lower copayments for the services that children use most.
2 Do these children visit the doctor more often than the adults in the family?	<input type="radio"/> Yes <input type="radio"/> No				The Family Option offers significantly lower copayments for the services that children use most.
3 Do you plan on delivering a baby in the next 12 months?	<input type="radio"/> Yes <input type="radio"/> No				The Family Option offers significantly lower copayments for the services that children use most.
4 Do you seek Urgent Care services frequently?	<input type="radio"/> Yes <input type="radio"/> No				Urgent Care copayments are slightly lower on the Active option.

<p>5 Do you pay more than \$150 per year out of your pocket for prescription drug costs?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Prescription drug costs are eligible for reimbursement under the Independent option's Unique Services Reimbursement Program.</p>
<p>6 Are you planning on paying for a smoking cessation program or products in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Smoking cessation services (above and beyond those covered by your benefit plan) are eligible for reimbursement under the Active option's Unique Services Reimbursement Program.</p>
<p>7 Do you plan on having a LASIK procedure performed in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>LASIK surgery is eligible for reimbursement under the Active plan's Unique Services Reimbursement Program.</p>
<p>8 Are you likely to seek specialist services in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>The copayments for specialist services are slightly lower on the Family and Independent options.</p>
<p>9 Are you likely to seek Physical, Occupational or Speech Therapy services in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>The copayments for outpatient Physical, Occupational or Speech Therapy services are slightly lower on the Active option.</p>
<p>10 Would you like the option to visit doctors outside of the Presbyterian network with some coverage for those costs?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>The Independent option provides enhanced coverage for out-of-network provider visits.</p>
<p>11 Do you have children who are away at college and need coverage for non-emergency care while they are away at school?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>The Independent option provides enhanced out-of-area coverage for your dependents.</p>

<p>12 Do you plan on seeking alternative therapies, such as acupuncture or chiropractic services or yoga in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Alternative therapies (if recommended by a Physician to treat at a specific medical condition) are eligible for reimbursement under the Independent plan's Unique Services Reimbursement Program.</p>
<p>13 Do you plan on purchasing an diagnostic devices or participating in any disease management classes?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Diagnostic devices and disease management classes (if recommended by a Physician to treat at a specific medical condition) are eligible for reimbursement under the Independent plan's Unique Services Reimbursement Program.</p>
<p>14 Do you pay, or expect to pay, for Long-term care services or premiums in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Long Term Care services and/or premiums are eligible for reimbursement under the Independent plan's Unique Service Reimbursement Program.</p>
<p>15 Do you plan on paying more than \$150 out of your pocket for routine vision care in the next 12 months (i.e. exam, purchase of corrective lenses)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Routine vision care is eligible for reimbursement under the Active and Independent plan's Unique Services Reimbursement Program.</p>
<p>16 Do you plan on paying more than \$150 out of your pocket for receiving routine dental care in the next 12 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>				<p>Routine dental care is eligible for reimbursement under the Active and Independent plan's Unique Services Reimbursement Program.</p>
<p>TOTAL</p>	<p>0</p>	<p>0</p>	<p>0</p>	