

DETERMINING YOUR NEEDS

Extended Health Care coverage worksheet

The Extended Health Care coverage worksheet is a planning tool that you may find helpful in determining you and your family's needs so you can make the best use of your flexible options and flex credits under Sanofi myFlex.

Prescription drug coverage needs

Use this worksheet to help estimate your prescription drug coverage needs for next year by reviewing your expenses from last year. If you have not kept records, you can ask your pharmacist for a history of your prescription costs over the past year.

Step 1: Estimate your annual prescription drug expenses

	Number of prescriptions		Per prescription cost (before benefits applied)	=	Total annual prescription cost
You		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
Your total annual prescription costs (A)					\$
Spouse		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
Your spouse's total annual prescription costs (B)					\$
Child(ren)		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
Your child(ren)'s total annual prescription costs (C)					\$
Total estimated annual prescription costs (A + B + C)					\$

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Step 2: Determine what percentage each Sanofi myFlex option will cover and what your out-of-pocket costs will be

	Total annual prescription cost (before benefits applied)		Sanofi myFlex plan coverage		Total annual out-of-pocket cost by plan option	
You (A)	\$	X	Plan 1 – 50% You pay 50% after \$1,000 deductible	=	(D)	\$
				+	(E) \$1,000 deductible	\$
	\$	X	Plan 2 – 70% You pay 30%	=	(F)	\$
	\$	X	Plan 3 – 90% You pay 10%	=	(G)	\$
\$	X	Plan 4 – 100% You pay 0%	=	(H) \$0.00		
Spouse (B)	\$	X	Plan 1 – 50% You pay 50% after \$1,000 deductible	=	(I)	\$
				+	(J) \$1,000 deductible	\$
	\$	X	Plan 2 – 70% You pay 30%	=	(K)	\$
	\$	X	Plan 3 – 90% You pay 10%	=	(L)	\$
\$	X	Plan 4 – 100% You pay 0%	=	(M) \$0.00		
Child(ren) (C)	\$	X	Plan 1 – 50% You pay 50% after \$1,000 deductible	=	(N)	\$
				+	(O) \$1,000 deductible	\$
	\$	X	Plan 2 – 70% You pay 30%	=	(P)	\$
	\$	X	Plan 3 – 90% You pay 10%	=	(Q)	\$
\$	X	Plan 4 – 100% You pay 0%	=	(R) \$0.00		
Total estimated annual out-of-pocket costs for Plan 1 (D + E + I + J + N + O)						\$
Total estimated annual out-of-pocket costs for Plan 2 (F + K + P)						\$
Total estimated annual out-of-pocket costs for Plan 3 (G + L + Q)						\$
Total estimated annual out-of-pocket costs for Plan 4 (H + M + R)						\$

Out-of-pocket maximum

Remember that once you reach the out-of-pocket maximum for any covered member of your family, prescriptions will be covered at 100%. The out-of-pocket maximum includes the amounts you pay that Sanofi myFlex does not cover, so remember to keep all your receipts!

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Step 3: If available, calculate how much of your out-of-pocket costs your spouse’s plan will cover by coordinating benefits

	Total annual out-of-pocket cost by plan option		Percentage covered by spouse’s plan (if available)		Total remaining out-of-pocket cost by plan option (include negative totals to determine which options would over-insure you and your family)
Plan 1 (D + E + I + J + N + O)	\$	X	You pay % %	=	\$
Plan 2 (F + K + P)	\$	X	You pay % %	=	\$
Plan 3 (G + L + Q)	\$	X	You pay % %	=	\$
Plan 4 (H + N + R)	\$	X	You pay % %	=	\$

Step 4: Decide the best Sanofi myFlex plan to meet you and your family’s prescription drug needs*

Plan 1	
Plan 2	
Plan 3	
Plan 4	

Remember

The higher the coverage, the higher the cost – either in flex credits or, in the case of Plan 4, payroll deductions. If you select Extended Health Care Plan 1 or Plan 2, you will have leftover flex credits that you can put into your Health Spending Account (HSA), Wellness Spending Account, and/or Sanofi Group Tax-Free-Savings Account (Group TFSA) that you can put toward a wider variety of health, wellbeing, and financial wellness goals and expenses.

***Also important to note**

Of course, prescription drugs aren’t the only benefits available in the Extended Health Care Plan. Once you know which coverage option meets your needs for prescription drugs, it’s a good idea to determine your needs for registered paramedical practitioners as well. You can use the worksheet on the next page to do this. You should also refer to the detailed plan summaries available on the Sanofi myFlex microsite to make sure the other health care benefits for your chosen coverage option will work for you as well.

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Paramedical practitioner coverage needs

Use this worksheet to help identify your paramedical practitioner coverage needs for next year by reviewing your expenses from last year. If you have not kept records, you can ask your provider(s) for a history of your visits and payments over the past year.

Step 1: Estimate your annual registered paramedical practitioner expenses

	Total number of registered paramedical practitioner visits (all specialties)		Total per visit cost (before benefits applied)		Total annual cost
You		x	\$	=	\$
Your total annual paramedical practitioner costs (AA)					\$
Spouse		x	\$	=	\$
Your spouse's total annual paramedical practitioner costs (BB)					\$
Child(ren)		x	\$	=	\$
Your child(ren)'s total annual paramedical practitioner costs (CC)					\$
Total estimated annual paramedical practitioner costs (AA + BB + CC)					\$

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Step 2: Determine what percentage each Sanofi myFlex option will cover and what your out-of-pocket costs will be

	Total annual paramedical practitioner cost (all specialties, before benefits applied)		Sanofi myFlex plan option coverage	=	Total annual out-of-pocket cost by plan option	
You (AA)	\$	X	Plan 1 – no coverage You pay 100%	=	(AA)	\$
	\$	X	Plan 2 – 70% You pay 30% Plus any amount above the \$500 maximum per year	=	(DD) (AA) - 500 \$ = (EE)	\$ \$
	\$	X	Plan 3 – 80% You pay 20% Plus any amount above the \$1,000 maximum per year	=	(FF) (AA) - \$1,000 = (GG)	\$ \$
	\$	X	Plan 4 – 90% You pay 10% Plus any amount above the \$1,500 maximum per year	=	(HH) (AA) - \$1,500 = (II)	\$ \$
Spouse (BB)	\$	X	Plan 1 – no coverage You pay 100%	=	(BB)	\$
	\$	X	Plan 2 – 70% You pay 30% Plus any amount above the \$500 maximum per year	=	(JJ) (BB) - \$500 = (KK)	\$ \$
	\$	X	Plan 3 – 80% You pay 20% Plus any amount above the \$1,000 maximum per year	=	(LL) (BB) - \$1,000 = (MM)	\$ \$
	\$	X	Plan 4 – 90% You pay 10% Plus any amount above the \$1,500 maximum per year	=	(NN) (BB) - \$1,500 = (OO)	\$ \$
Child(ren) (CC)	\$	X	Plan 1 – no coverage You pay 100%	=	(CC)	\$
	\$	X	Plan 1 – 70% You pay 30%	=	(PP) (CC) - \$500 = (QQ)	\$ \$
	\$	X	Plan 3 – 80% You pay 20% Plus any amount above the \$1,000 maximum per year	=	(RR) (CC) - \$1,000 = (SS)	\$ \$
	\$	X	Plan 4 – 90% You pay 10% Plus any amount above the \$1,500 maximum per year	=	(TT) (CC) - \$1,500 = (UU)	\$ \$
Total estimated annual out-of-pocket costs for Plan 1 (AA + BB + CC)						\$
Total estimated annual out-of-pocket costs for Plan 2 (DD + EE + JJ + KK + PP + QQ)						\$
Total estimated annual out-of-pocket costs for Plan 3 (FF + GG + LL + MM + RR + SS)						\$
Total estimated annual out-of-pocket costs for Plan 4 (HH + II + NN + OO + TT + UU)						\$

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Step 3: If available, calculate how much of the remaining amount your spouse's plan will cover

	Total annual out-of-pocket cost by plan option		Percentage covered by spouse's plan (if available)		Total remaining out-of-pocket cost by plan option <small>(include negative totals to determine which options would over-insure you and your family)</small>
Plan 1 (AA + BB + CC)	\$	x	You pay %	=	\$
Plan 2 (DD + EE + JJ + KK + PP + QQ)	\$	x	You pay %	=	\$
Plan 3 (FF + GG + LL + MM + RR + SS)	\$	x	You pay %	=	\$
Plan 4 (HH + II + NN + OO + TT + UU)	\$	x	You pay %	=	\$

Step 4: Determine the best Sanofi myFlex plan to meet you and your family's registered paramedical practitioner needs

Plan 1	
Plan 2	
Plan 3	
Plan 4	

Combined paramedical maximums

Most of us only use one or two paramedical practitioners at most, and we often don't claim the maximum amount. Individual maximums for each paramedical practitioner limit how much you can claim for the practitioners you actually use most. Combined maximums give you a larger maximum to use and greater control over where and how you want to use your benefits.

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Credits and costs

Don't forget to factor in how you want to use your flex credits and (if necessary) your payroll deductions. As mentioned above under determining your prescription drug needs for next year, the higher the coverage option you choose, the higher the price tag – either in flex credits or, in the case of Plan 4, payroll deductions. So consider your options wisely and review their price tags when you use the online enrollment tool.

Extended Health Care					
Annual flex credits you will receive					
	Employee	Employee + 1	Employee + 2 or more	+	Additional wellness flex credits **
	\$919	\$1,745	\$2,388	+	\$300
Annual employer (ER) and employee (EE)* costs					
Plan 1	ER: \$455 EE: \$0	ER:\$864 EE: \$0	ER: \$1,182 EE: \$0		
Plan 2	ER: : \$671 EE: : \$0	ER: \$1,275 EE: \$0	ER: \$1,745 EE: \$0		
Plan 3	ER: \$919 EE: \$0	ER: \$1,745 EE: \$0	ER: \$2,388 EE: \$0		
Plan 4	ER: \$919 EE: \$302	ER: \$1,745 EE: \$575	ER: \$2,388 EE: \$786		
Annual leftover flex credits					
Plan 1	\$464	\$881	\$1,206		
Plan 2	\$248	\$470	\$643		
Plan 3	-	-	-	+	\$300
Plan 4	-	-	-		

* Annual payroll deduction amounts, if required, are spread across each of your regular bi-weekly pay periods during the year.'

** The \$300 Wellness flex credits can be used to help minimize payroll deductions to reduce your annual costs. There is a total of \$300 Wellness flex credits available per benefit year.