

2024-2025 Health Care Cost Comparison Worksheet

Pretax Annual Premium Contribution

| PPO | |
|----------------------------|-----------------------------|
| Payroll Deduction | Annual Payroll Contribution |
| Enter per pay contribution | Per pay contribution x 24 |

| QCDHP 2000 | |
|----------------------------|-----------------------------|
| Payroll Deduction | Annual Payroll Contribution |
| Enter per pay contribution | Per pay contribution x 24 |

| QCDHP 3000 | |
|----------------------------|-----------------------------|
| Payroll Deduction | Annual Payroll Contribution |
| Enter per pay contribution | Per pay contribution x 24 |

| | + | Number of Visits/Units | Copay | Visits x Copay or Contract Rate |
|--|---|------------------------|---------------------|---------------------------------|
| Sick Office Visit | | | \$30 | |
| Specialist Visit | | | \$50 | |
| Annual Wellness Office Visit | | | \$0 | |
| Prescription Drug (Preventative) | | | \$0 | |
| Prescription Drug (Tier 0 - Generic Maintenance) | | | \$3 | |
| Prescription Drug (Tier #1) | | | \$20 or less | |
| Prescription Drug (Tier #2) | | | \$40 | |
| Prescription Drug (Tier #3) | | | \$60 | |
| Urgent Care | | | \$40 | |
| Emergency Room | | | \$250 | |
| Deductible Costs (Labs, X-Ray, Surgery, Maternity, etc) | | | Enter Contract Rate | |
| Co-Insurance After Deductible is Met | | | Contract Rate x 10% | |
| Total Out of Pocket Costs (Premium + CoPays + Deductible + Coinsurance) | | | | |

| Contract Rate | Visits x Contract Rate |
|---------------------|------------------------|
| Enter Contract Rate | |
| Enter Contract Rate | |
| \$0 | |
| \$0 | |
| Enter Contract Rate | |
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| Enter Contract Rate | |
| Enter Contract Rate | |
| Enter Contract Rate | |
| Enter Contract Rate | |
| Enter Contract Rate | |
| Enter Contract Rate | |
| Contract Rate x 10% | |
| | |

| Contract Rate | Visits x Contract Rate |
|---------------------|------------------------|
| Enter Contract Rate | |
| Enter Contract Rate | |
| \$0 | |
| \$0 | |
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| Enter Contract Rate | |
| Enter Contract Rate | |
| Contract Rate x 10% | |
| | |

| Full Time Rates 7/1/24-6/30/25 | PPO | QCDHP 2000 | QCDHP 3000 |
|--------------------------------|-----------------------------|------------|------------|
| 40 Hours Per Week | Per pay contribution | | |
| Single | \$75.00 | \$50.00 | \$10.00 |
| Parent & Child(ren) | \$105.00 | \$70.00 | \$15.00 |
| Employee & Spouse | \$210.00 | \$120.00 | \$30.00 |
| Family | \$245.00 | \$140.00 | \$35.00 |