

# 2023-2024 Health Care Cost Comparison Worksheet

Pretax Annual Premium Contribution	+	Number of Visits/Units	PPO		QCDHP 2000		QCDHP 3000	
			Payroll Deduction	Annual Payroll Contribution	Payroll Deduction	Annual Payroll Contribution	Payroll Deduction	Annual Payroll Contribution
			Enter per pay contribution	Per pay contribution x 24	Enter per pay contribution	Per pay contribution x 24	Enter per pay contribution	Per pay contribution x 24
			Copay	Visits x Copay or Contract Rate	Contract Rate	Visits x Contract Rate	Contract Rate	Visits x Contract Rate
Sick Office Visit			\$30		Enter Contract Rate		Enter Contract Rate	
Specialist Visit			\$50		Enter Contract Rate		Enter Contract Rate	
Annual Wellness Office Visit			\$0		\$0		\$0	
Prescription Drug (Preventative)			\$0		\$0		\$0	
Prescription Drug (Tier 0 - Generic Maintenance)			\$3		Enter Contract Rate		Enter Contract Rate	
Prescription Drug (Tier #1)			\$20 or less		Enter Contract Rate		Enter Contract Rate	
Prescription Drug (Tier #2)			\$40		Enter Contract Rate		Enter Contract Rate	
Prescription Drug (Tier #3)			\$60		Enter Contract Rate		Enter Contract Rate	
Urgent Care			\$40		Enter Contract Rate		Enter Contract Rate	
Emergency Room			\$250		Enter Contract Rate		Enter Contract Rate	
Deductible Costs (Labs, X-Ray, Surgery, Maternity, etc)			Enter Contract Rate		Enter Contract Rate		Enter Contract Rate	
Co-Insurance After Deductible is Met			Contract Rate x 10%		Contract Rate x 10%		Contract Rate x 10%	
<b>Total Out of Pocket Costs (Premium + CoPays + Deductible + Coinsurance)</b>								

Full Time Rates 7/1/23-6/30/24	PPO	QCDHP 2000	QCDHP 3000
<b>40 Hours Per Week</b>	<b>Per pay contribution</b>		
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