

2025-2026 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)			\$5	
Prescription Drug (Tier #1)			\$25 or less	
Prescription Drug (Tier #2)			\$50	
Prescription Drug (Tier #3)			\$70	
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 30%	
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	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Contract Rate x 30%	

Contract Rate	Visits x Contract Rate
Enter Contract Rate	
Enter Contract Rate	
\$0	
\$0	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Enter Contract Rate	
Contract Rate x 30%	

Full Time Rates 7/1/25-6/30/26	PPO	QCDHP 2000	QCDHP 3000
40 Hours Per Week	Per pay contribution		
Single	\$85.00	\$60.00	\$20.00
Parent & Child(ren)	\$120.00	\$85.00	\$30.00
Employee & Spouse	\$230.00	\$140.00	\$50.00
Family	\$265.00	\$160.00	\$55.00