

## Sioux City Community School District Health Plan Design Scenarios for 2021-22

	Value \$1,500 Plan	\$3,500 HDHP
	<b>Employee Pays Plan Processing</b>	<b>Employee Pays Plan Processing</b>
<b>Scenario 1: Employee in Good Health</b>		
*1 Routine Exam	\$0.00 Preventive paid at 100%	\$0.00 Preventive paid at 100%
1 Office Visit	\$25.00 \$25 Office Visit Copay	\$120.00 OV Cost to Deductible/OPM
* 1 Virtual Visit	\$10.00 \$10 Virtual Copay	\$49.00 Virtual Visit Cost to Deductible/OPM
1- Tier 1 Prescriptions each month	\$120.00 \$10 Copay, 12 times	\$312.00 Prescription Cost to Deductible/OPM
1- Tier 1 Prescription, once	\$10.00 \$10 Copay	\$26.00 Prescription Cost to Deductible/OPM
Employee Pays for Medical Care	\$165.00	\$507.00
Annual Premium (based on 7/2020 rates)	\$11,364.00	\$9,408.00
<b>Total Spend</b>	<b>\$11,529.00</b>	<b>\$9,915.00</b>
<b>Scenario 2: Employee with Chronic Condition</b>		
*1 Routine Exam	\$0.00 Preventive paid at 100%	\$0.00 Preventive paid at 100%
2 Office Visits	\$50.00 \$25 Office Visit Copay	\$240.00 OV Cost to Deductible/OPM
4 Specialist Office Visits	\$160.00 \$40 Specialist Copay	\$600.00 Specialist Cost to Deductible/OPM
*1 Emergency Room Visit	\$150.00 \$150 ER Copay	\$1,750.00 ER Cost to Deductible/OPM
2 - Tier 1 Prescriptions each Month	\$240.00 \$10 Copay, 24 times	\$624.00 Prescription Cost to Deductible/OPM
2 - Tier 2 Prescriptions each Month	\$840.00 \$35 Copay, 24 times	\$286.00 Prescription Cost to Deductible/OPM and met Deductible/OPM
Employee Pays for Medical Care	\$1,440.00	\$3,500.00
Annual Premium (based on 7/2020 rates)	\$11,364.00	\$9,408.00
<b>Total Spend</b>	<b>\$12,804.00</b>	<b>\$12,908.00</b>
<b>Scenario 3: Employee Hospitalized</b>		
1 Inpatient Hospital Stay	\$1,500.00 First \$1,500 to Deductible	\$3,500.00 Hospital Cost to Deductible/OPM and met Deductible/OPM
	\$2,000.00 20% coinsurance, capped at OPM	
6 Specialist Visits	\$0.00 Met OPM	\$0.00 Met Deductible/OPM
2 Office Visits	\$0.00 Met OPM	\$0.00 Met Deductible/OPM
2 - Tier 2 Prescriptions each Month	\$0.00 Met OPM	\$0.00 Met Deductible/OPM
Employee Pays for Medical Care	\$3,500.00	\$3,500.00
Annual Premium (based on 7/2020 rates)	\$11,364.00	\$9,408.00
<b>Total Spend</b>	<b>\$14,864.00</b>	<b>\$12,908.00</b>

**\*Important to Note: The Deductible/OPM re-starts each January 1st.**