

Williamson Central School District Out-of-Pocket Cost Estimator - 2022-2023

Edit BLUE sections in highlighted yellow cells

Select Contract Tier and HSA Seed:

Single

100%

2020-2021 Annual Premium

Annual Deductible

Annual Out-of-Pocket Maximum

Coinsurance (after deductible)

District Contribution Towards Premium %

District Contribution Towards Premium \$

Out-of-Pocket Expense Description	Est. Actual Cost Per Unit	Quantity Per Year	BP2 \$5/\$10-\$10/\$25/\$40Rx			Base Plan			HB \$40/\$60 - \$0ded/\$500 IP - \$5/\$35/\$70 Rx			Signature \$1,500/\$3,000 HDHP - 100% HSA Seed		
			Unit Cost	Quantity Per Year	Total	Unit Cost	Quantity Per Year	Total	Unit Cost	Quantity Per Year	Total	Unit Cost	Quantity Per Year	Total
Payroll deduction for premium		20	\$185	20	\$3,701	\$109	20	\$2,180	\$101	20	\$2,012	\$0	20	\$0
Annual physical exam (1/year per adult)	\$150	1	\$0	1	\$0	\$0	1	\$0	\$0	1	\$0	\$0	1	\$0
Well child primary care visit (CHILD)	\$100	0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0	\$0	0	\$0
Diagnostic primary care visit (ADULT)	\$100	2	\$5	2	\$10	\$30	2	\$60	\$40	2	\$80	\$100	2	\$200
Diagnostic primary care visit (CHILD)	\$90	0	\$5	0	\$0	\$30	0	\$0	\$40	0	\$0	\$90	0	\$0
Specialist visit	\$180	2	\$10	2	\$20	\$50	2	\$100	\$60	2	\$120	\$180	2	\$360
Inpatient admission	\$12,000	0	\$0	0	\$0	\$500	0	\$0	\$500	0	\$0	\$12,000	0	\$0
Outpatient surgery (facility)	\$2,700	0	\$0	0	\$0	\$250	0	\$0	\$250	0	\$0	\$2,700	0	\$0
Emergency room visit (not admitted)	\$1,100	0	\$50	0	\$0	\$250	0	\$0	\$250	0	\$0	\$1,100	0	\$0
Freestanding urgent care center visit	\$250	2	\$25	2	\$50	\$50	2	\$100	\$60	2	\$120	\$250	2	\$500
Tier 1 Prescription Drugs (Generic) - Kids*	\$20	0	\$10	0	\$0	\$0	0	\$0	\$0	0	\$0	\$20	0	\$0
Tier 1 Prescription Drugs (Generic)* - Adults	\$20	12	\$10	12	\$120	\$5	12	\$60	\$5	12	\$60	\$20	12	\$240
Tier 2 Prescription Drugs (Preferred brand)*	\$340	0	\$25	0	\$0	\$35	0	\$0	\$35	0	\$0	\$340	0	\$0
Tier 3 Prescription Drugs (Non-Preferred brand)*	\$340	0	\$40	0	\$0	\$70	0	\$0	\$70	0	\$0	\$340	0	\$0
Lab work	\$70	2	\$0	2	\$0	\$0	2	\$0	\$0	2	\$0	\$70	2	\$140
Radiology	\$750	1	\$0	1	\$0	\$0	1	\$0	\$0	1	\$0	\$750	1	\$750
SUBTOTAL					\$3,901			\$2,500			\$2,392			\$2,190

Employee's Share of Premium	\$3,701	\$2,180	\$2,012	\$0
Subject to Deductible	\$0	\$0	\$0	\$1,500
Employee's Share of Coinsurance (costs above deductible)	\$0	\$0	\$0	\$138
Employee's Actual Costs (subject to Out-of-Pocket max)	\$3,901	\$2,500	\$2,392	\$1,638
Minus District Contribution to Health Reimbursement Account (HRA)	\$450	\$450	\$450	\$0
Minus District Contribution to Health Savings Account (HSA)**	No Seed \$0	No Seed \$0	No Seed \$0	100% of Deduc \$1,500
Employee's Actual Out-of-Pocket Costs***	\$3,451	\$2,050	\$1,942	\$138

Williamson Central School District Out-of-Pocket Cost Estimator - 2022-2023

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Select Contract Tier and HSA Seed:

Family

100%

2020-2021 Annual Premium

Annual Deductible

Annual Out-of-Pocket Maximum

Coinsurance (after deductible)

District Contribution Towards Premium %

District Contribution Towards Premium \$

Out-of-Pocket Expense Description	Est. Actual Cost Per Unit	Quantity Per Year	BP2 \$5/\$10-\$10/\$25/\$40Rx			Base Plan			HB \$40/\$60 - \$0ded/\$500 IP - \$5/\$35/\$70 Rx			Signature \$1,500/\$3,000 HDHP - 100% HSA Seed		
			Unit Cost	Quantity Per Year	Total	Unit Cost	Quantity Per Year	Total	Unit Cost	Quantity Per Year	Total	Unit Cost	Quantity Per Year	Total
Payroll deduction for premium		20	\$459	20	\$9,180	\$270	20	\$5,391	\$249	20	\$4,974	\$0	20	\$0
Annual physical exam (1/year per adult)	\$150	2	\$0	2	\$0	\$0	2	\$0	\$0	2	\$0	\$0	2	\$0
Well child primary care visit (CHILD)	\$100	2	\$0	2	\$0	\$0	2	\$0	\$0	2	\$0	\$0	2	\$0
Diagnostic primary care visit (ADULT)	\$100	2	\$5	2	\$10	\$30	2	\$60	\$40	2	\$80	\$100	2	\$200
Diagnostic primary care visit (CHILD)	\$90	4	\$5	4	\$20	\$30	4	\$120	\$40	4	\$160	\$90	4	\$360
Specialist visit	\$180	4	\$10	4	\$40	\$50	4	\$200	\$60	4	\$240	\$180	4	\$720
Inpatient admission	\$12,000	0	\$0	0	\$0	\$500	0	\$0	\$500	0	\$0	\$12,000	0	\$0
Outpatient surgery (facility)	\$2,700	0	\$0	0	\$0	\$250	0	\$0	\$250	0	\$0	\$2,700	0	\$0
Emergency room visit (not admitted)	\$1,100	0	\$50	0	\$0	\$250	0	\$0	\$250	0	\$0	\$1,100	0	\$0
Freestanding urgent care center visit	\$250	4	\$25	4	\$100	\$50	4	\$200	\$60	4	\$240	\$250	4	\$1,000
Tier 1 Prescription Drugs (Generic) - Kids*	\$20	12	\$10	12	\$120	\$0	12	\$0	\$0	12	\$0	\$20	12	\$240
Tier 1 Prescription Drugs (Generic)* - Adults	\$20	24	\$10	24	\$240	\$5	24	\$120	\$5	24	\$120	\$20	24	\$480
Tier 2 Prescription Drugs (Preferred brand)*	\$340	2	\$25	2	\$50	\$35	2	\$70	\$35	2	\$70	\$340	2	\$680
Tier 3 Prescription Drugs (Non-Preferred brand)*	\$340	2	\$40	2	\$80	\$70	2	\$140	\$70	2	\$140	\$340	2	\$680
Lab work	\$70	6	\$0	6	\$0	\$0	6	\$0	\$0	6	\$0	\$70	6	\$420
Radiology	\$750	1	\$0	1	\$0	\$0	1	\$0	\$0	1	\$0	\$750	1	\$750
SUBTOTAL					\$9,840			\$6,301			\$6,024			\$5,530

Employee's Share of Premium	\$9,180	\$5,391	\$4,974	\$0
Subject to Deductible	\$0	\$0	\$0	\$3,000
Employee's Share of Coinsurance (costs above deductible)	\$0	\$0	\$0	\$506
Employee's Actual Costs (subject to Out-of-Pocket max)	\$9,840	\$6,301	\$6,024	\$3,506
Minus District Contribution to Health Reimbursement Account (HRA)	\$550	\$550	\$550	\$0
Minus District Contribution to Health Savings Account (HSA)**	No Seed \$0	No Seed \$0	No Seed \$0	100% of Deduc \$3,000
Employee's Actual Out-of-Pocket Costs***	\$9,290	\$5,751	\$5,474	\$506