

□ Scenario #1 – Preventive Care + Minor Urgent Care Visit

Sarah is a Parkway teacher enrolled in individual coverage. She's generally healthy and doesn't have any chronic medical conditions.

During the year, she schedules her annual physical and flu shot in the spring — both considered preventive care, so she doesn't pay anything out of pocket. In November, she develops a persistent cough and visits an in-network urgent care clinic. The provider prescribes a generic antibiotic, and she fills it at her local pharmacy.

▣ Scenario #1 Cost Comparison

	Base Plan	High Deductible Plan
Premiums	\$50.00 per pay x 24 Deductions = \$1,200	\$0.00 per pay x 24 Deductions = \$ 0
Preventive Care	No Charge = \$ 0	No Charge = \$ 0
Copays		
Primary Care Physician	\$25 per visit x 0 visits = \$ 0	Full-cost until deductible is met = \$ 0
Specialist	\$50 per visit x 0 visits = \$ 0	Full-cost until deductible is met = \$ 0
Urgent Care	\$75 per visit x 1 visits = \$ 75	Full-cost until deductible is met = \$ 180
Emergency Room	\$100 per visit x 0 visits = \$ 0	Full-cost until deductible is met = \$ 0
Lab & X-ray	Full-cost until deductible is met = \$ 0	Full-cost until deductible is met = \$ 0
Hospitalization	Full-cost until deductible is met = \$ 0	Full-cost until deductible is met = \$ 0
Diagnostic Imaging (MRI/CT)	Full-cost until deductible is met = \$ 0	Full-cost until deductible is met = \$ 0
Deductible	Deductible is \$1,100 = \$ 75	Deductible is \$4,000 = \$ 195
Was the Deductible Met?	✗ = Coinsurance doesn't apply	✗ = Coinsurance doesn't apply
Coinsurance (% due after Deductible is met)	10% after deductible is met • \$ 0	0% after deductible is met • \$ 0
Total Medical Out-of-Pocket (Deductible + Coinsurance)	Out-of-Pocket max is \$5,000 • \$ 75	Out-of-Pocket max is \$4,000 • \$ 195
Rx Copays		
Tier 1 → "Generic" Drugs	\$12 per drug x 1 drug fills = \$ 12	Full-cost until deductible is met = \$ 15
Tier 2 → "Preferred" Drugs	\$40 per drug x 0 drug fills = \$ 0	Full-cost until deductible is met = \$ 0
Tier 3 → "Non-preferred" Drugs	\$60 per drug x 0 drug fills = \$ 0	Full-cost until deductible is met = \$ 0
Total Rx Out-of-Pocket	Out-of-Pocket max is \$5,000 • \$ 12	<i>Rx costs apply to Deductible</i>
TOTAL COST <i>includes all out-of-pocket costs</i>	\$ 87	\$ 195
District HSA Contribution	<i>Does not apply</i>	\$696 Initial + \$55 x 23 Pays = -\$1,961.00
Net Annual Impact	You spent \$1,287 on premiums & care	You have +\$1,766 left in your HSA

💬 What This Means

Sarah pays slightly more at the time of her urgent care visit under the HDHP, but because she has no monthly premiums and receives Parkway's \$1,961 HSA contribution, her overall yearly cost is dramatically lower.

If Sarah continues to have low medical usage, the HDHP gives her the best long-term financial advantage — she builds tax-free savings for future care and pays less overall. However, if she

prefers predictable copays and doesn't want to worry about paying the full cost of visits until meeting a deductible, the Base Plan offers that stability at a higher overall cost.

Scenario #2 – Moderate Medical Use (Chronic Condition)

Mark works in the Maintenance Department and covers himself and his spouse on Parkway's medical plan.

He manages a few chronic conditions — high blood pressure and high cholesterol — and visits his primary care doctor every few months for monitoring. He also sees a cardiologist twice a year and has routine labs drawn at each visit. Mark fills two maintenance prescriptions monthly, both Tier 2 brand-name drugs.

Scenario #2 Cost Comparison

	Base Plan	High Deductible Plan
Premiums	\$208.09 x 24 Deductions = \$4,994.16	\$78.16 x 24 Deductions = \$1,875.84
Preventive Care	No Charge = \$ 0.00	No Charge = \$ 0.00
Copays		
Primary Care Physician	\$25 per visit x 5 visits = \$ 125.00	Full-cost until deductible is met = \$ 750.00
Specialist	\$50 per visit x 2 visits = \$ 100.00	Full-cost until deductible is met = \$ 400.00
Urgent Care	\$75 per visit x 1 visits = \$ 75.00	Full-cost until deductible is met = \$ 0.00
Emergency Room	\$100 per visit x 0 visits = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Lab & X-ray	Full-cost until deductible is met = \$ 200.00	Full-cost until deductible is met = \$ 200.00
Hospitalization	Full-cost until deductible is met = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Diagnostic Imaging (MRI/CT)	Full-cost until deductible is met = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Deductible	Maximum is \$3,300 (Medical Only) = \$ 500.00	Maximum is \$8,000 (Medical + Rx) = \$2,790.00
Was the Deductible Met?	✗ = Coinsurance doesn't apply	✗ = Coinsurance doesn't apply
Coinsurance (% due after Deductible is met)	10% after deductible is met • \$ 0.00	0% after deductible is met • \$ 0.00
Total Medical Out-of-Pocket (Deductible + Coinsurance)	Medical Only maximum is \$10,000 • \$ 500.00	Medical + Rx maximum is \$8,000 • \$2,790.00
Rx Copays		
Tier 1 → "Generic" Drugs	\$12 per drug x 0 drug fills = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Tier 2 → "Preferred" Drugs	\$40 per drug x 24 drug fills = \$ 960.00	Full-cost until deductible is met = \$1,440.00
Tier 3 → "Non-preferred" Drugs	\$60 per drug x 0 drug fills = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Total Rx Out-of-Pocket (OOP)	Rx Only maximum is \$10,000 • \$ 960.00	Rx costs apply to Deductible
TOTAL COST <i>includes all out-of-pocket costs</i>	\$1,360.00	\$2,790.00
District HSA Contribution	Does not apply	\$696 Initial + \$55 x 23 Pays = -\$1,961.00
Net Annual Impact	You spent \$6,354.16 on coverage & care	You spent \$2,704.84 on coverage & care

What This Means

Mark's ongoing conditions mean he regularly uses care — doctor visits, labs, and prescriptions — but he doesn't come close to hitting his deductible. On the Base Plan, he enjoys predictable copays and pays small amounts each visit, but the higher premiums make it much more expensive overall. On the High Deductible Plan, Mark pays more upfront at each visit and for prescriptions, but Parkway's \$1,961 annual HSA contribution plus lower payroll deductions save him over \$3,600 by year's end.

If Mark prefers consistent, smaller bills and doesn't want to manage higher point-of-service costs, the Base Plan may still feel more comfortable. But if he's financially able to pay out-of-

pocket as needed and wants to maximize long-term savings, the HDHP clearly comes out ahead.

Scenario #3 – Major Medical Event (Hospitalization)

Lisa works at the District Office and covers her spouse and two children on the family medical plan. In April, her youngest child, Ethan, breaks his arm during soccer practice. He goes to the Emergency Room, needs X-rays, an MRI, and outpatient surgery, followed by six weeks of physical therapy. The rest of the family only uses preventive care.

This is the kind of year when the family's costs rise substantially — so it's a good look at how each plan protects against high medical expenses.

Scenario #3 Cost Comparison

	Base Plan	High Deductible Plan
Premiums	\$369.37 x 24 Deductions = \$8,864.88	\$222.44 x 24 Deductions = \$5,338.56
Preventive Care	No Charge = \$ 0.00	No Charge = \$ 0.00
Copays		
Primary Care Physician	\$25 per visit x 6 visits = \$ 150.00	Full-cost until deductible is met = \$ 900.00
Specialist	\$50 per visit x 4 visits = \$ 200.00	Full-cost until deductible is met = \$ 800.00
Urgent Care	\$75 per visit x 0 visits = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Emergency Room	\$200 per visit x 1 visits = \$ 200.00	Full-cost until deductible is met = \$ 0.00
Lab & X-ray	Full-cost until deductible is met = \$ 300.00	Full-cost until deductible is met = \$ 300.00
Hospitalization	Full-cost until deductible is met = \$4,800.00	Full-cost until deductible is met = \$4,800.00
Diagnostic Imaging (MRI/CT)	Full-cost until deductible is met = \$1,000.00	Full-cost until deductible is met = \$1,000.00
Surgery/Procedures	Full-cost until deductible is met = \$6,000.00	Full-cost until deductible is met = \$6,000.00
Deductible	\$1,100 Individual / \$3,300 Family = \$1,100.00 (Medical Only)	\$4,000 Individual / \$8,000 Family = \$4,000.00 (Medical & Rx)
Was the Deductible Met?	✓ = Coinsurance applies to remaining costs after deductible is met	✓ = Coinsurance applies to remaining costs after deductible is met
Coinsurance (% due after Deductible is met)	10% x \$11,000 after deductible • \$1,100.00	0% x \$10,520 after deductible • \$ 0.00
Total Medical Out-of-Pocket (Copays + Deductible + Coinsurance)	Medical Only maximum is \$10,000 • \$2,750.00	Medical + Rx maximum is \$8,000 • \$4,000.00
Rx Copays		
Tier 1 → "Generic" Drugs	\$12 per drug x 0 drug fills = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Tier 2 → "Preferred" Drugs	\$40 per drug x 12 drug fills = \$ 480.00	Full-cost until deductible is met = \$ 720.00
Tier 3 → "Non-preferred" Drugs	\$60 per drug x 0 drug fills = \$ 0.00	Full-cost until deductible is met = \$ 0.00
Total Rx Out-of-Pocket (OOP)	Rx Only maximum is \$10,000 • \$ 480.00	Rx costs apply to Deductible
TOTAL COST <i>includes all out-of-pocket costs</i>	\$3,230.00	\$4,000.00
District HSA Contribution	<i>Does not apply</i>	\$696 Initial + \$55 x 23 Pays = -\$1,961.00
Net Annual Impact	You spent \$12,094.88 on coverage & care	You spent \$7,377.56 on coverage & care

What This Means

Even in a high-cost year with a child's surgery and hospital care, the High Deductible Plan (HDHP) still comes out ahead. Lisa's family pays a higher deductible under the HDHP, but the lower monthly premiums and \$1,961 Parkway HSA contribution reduce the total cost by roughly \$4,700 compared to the Base Plan.

Under the Base Plan, predictable copays and lower individual deductibles provide convenience but at a higher annual price due to premiums. If a family member has significant medical needs in multiple years, the HDHP's combination of lower payroll deductions and tax-free HSA funds continues to provide strong financial protection and savings.