

2021-22 College Community School Medical Plan Cost Comparisons

| Plan | EE Prem-Monthly | Deductible | EE Prem-Annual | OOP Max | Total Prem+OOP | Max Cost | Max Cost | Premium |
|----------------------|-----------------|-----------------|----------------|-----------------|----------------|---------------------------------------|---|----------------------------|
| | | | | | | (premium + OOP Max) Compared w/Choice | Savings(premium + OOP Max) Compared w/Premier | Savings Compared w/ Choice |
| HDHP | | | | | | | | |
| EE/Child | \$ 72.00 | \$5000/\$10,000 | \$ 864.00 | \$5000/\$10,000 | \$ 10,864.00 | \$ (2,388.00) | \$ (1,684.00) | \$ (5,388.00) |
| EE/Spouse | \$ 123.00 | \$5000/\$10,000 | \$ 1,476.00 | \$5000/\$10,000 | \$ 11,476.00 | \$ (2,784.00) | \$ (2,176.00) | \$ (5,784.00) |
| Family | \$ 469.00 | \$5000/\$10,000 | \$ 5,628.00 | \$5000/\$10,000 | \$ 15,628.00 | \$ (5,700.00) | \$ (5,800.00) | \$ (8,700.00) |
| HMO Essential | | | | | | | | |
| EE/Child | \$ 318.00 | \$2000/\$4000 | \$ 3,816.00 | \$4000/\$8000 | \$ 11,816.00 | \$ (1,436.00) | \$ (732.00) | \$ (2,436.00) |
| EE/Spouse | \$ 385.00 | \$2000/\$4000 | \$ 4,620.00 | \$4000/\$8000 | \$ 12,620.00 | \$ (1,640.00) | \$ (1,032.00) | \$ (2,640.00) |
| Family | \$ 866.00 | \$2000/\$4000 | \$ 10,392.00 | \$4000/\$8000 | \$ 18,392.00 | \$ (2,936.00) | \$ (3,036.00) | \$ (3,936.00) |
| PPO Choice | | | | | | | | |
| EE/Child | \$ 521.00 | \$1250/\$2500 | \$ 6,252.00 | \$3500/\$7000 | \$ 13,252.00 | | \$ 704.00 | |
| EE/Spouse | \$ 605.00 | \$1250/\$2500 | \$ 7,260.00 | \$3500/\$7000 | \$ 14,260.00 | | \$ 608.00 | |
| Family | \$ 1,194.00 | \$1250/\$2500 | \$ 14,328.00 | \$3500/\$7000 | \$ 21,328.00 | | \$ (100.00) | |
| PPO Premier | | | | | | | | |
| EE/Child | \$ 629.00 | \$750/\$1500 | \$ 7,548.00 | \$2500/\$5000 | \$ 12,548.00 | | | |
| EE/Spouse | \$ 721.00 | \$750/\$1500 | \$ 8,652.00 | \$2500/\$5000 | \$ 13,652.00 | | | |
| Family | \$ 1,369.00 | \$750/\$1500 | \$ 16,428.00 | \$2500/\$5000 | \$ 21,428.00 | | | |

Notes:

- *Primary care doctor is no longer a requirement under HMO
- *Emergency care is always covered anywhere
- *Referrals are normally not needed under HMO plan
- *Almost ALL doctors and hospitals in Iowa are covered under HMO plan

Definitions:

| | |
|------|---------------|
| EE | Employee |
| OOP | Out of Pocket |
| Prem | Premium |

*Mayo clinic is not covered under HMO plans

*HMO plan has an annual vision exam covered

*Under all plans except HDHP drug charges have separate OOP Max

Premium
Savings
Compared
w/ Premier

\$ (6,684.00)
\$ (7,176.00)
\$ (10,800.00)

\$ (3,732.00)
\$ (4,032.00)
\$ (6,036.00)

\$ (1,296.00)
\$ (1,392.00)
\$ (2,100.00)