## **CDHP SCENARIO WORKSHEET**

SCENARIO:			
TIER:			
Service	Full Cost	CDHP-Plan Cost	PPO Plan Cost
Total Out-of-Pocket Cost:			

## SAMPLE SERVICE COSTS LIST

ER VISIT: \$2,500

**URGENT CARE VISIT: \$700** 

PRIMARY CARE PHYSICIAN VISIT: \$125

SPECIALIST CONSULT: \$500

MRI: \$1,500

X-RAYS: \$450

**BLOOD WORK: \$500** 

**OUT-PATIENT SURGERY: \$7,000** 

**IN-PATIENT SURGERY: \$15,000** 

HOME HEALTH CARE: \$125/VIST

SPEECH THERAPY: \$100/VISIT

PHYSICAL THERAPY: \$125/VISIT

**HOSPICE CARE: \$550** 

CHILDBIRTH: \$12,000

GENERIC RX: \$50

PREFERRED BRAND NAME RX: \$75

NON-PREFERRED BRAND NAME RX: \$200

SPECIALTY RX: \$250

MENTAL HEALTH COUNSELING VISIT: \$125