



2022 Medical/Rx Plan Offerings

Effective January 1, 2022

| 2022 MEDICAL/Rx BENEFITS | | GOLD PPO | SILVER PPO | GOLD HDHP |
|--------------------------|---|-------------------------------|-------------------------------|--|
| IN-NETWORK | Required Employer Contributions to HSA | N/A | N/A | \$1,000 Individual/ \$2,000 Family |
| | Medical Plan Annual Deductibles: Individual/Two-Person/Family | \$1,050/\$2,100/ \$2,950 | \$1,850/\$3,700/ \$5,350 | \$3,050/\$6,100 Combined Medical & Rx Deductible |
| | Prescription Drug Plan Annual Deductibles: Individual/Two-Person/Family | \$200/\$400/\$500 | \$250/\$500/ \$700 | |
| | Co-Insurance: (after deductible) Plan pays/Individual pays | 80%/20% | 70%/30% | 80%/20% |
| | Maximum out-of-pocket (in-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family | \$5,100/\$10,200/ \$10,200 | \$6,750/\$13,500/ \$13,500 | \$6,750/\$13,500 |
| | Wellness and Preventive Care Visits (Not subject to deductible) See Preventive Care Schedule for list of covered services. | \$0 | \$0 | \$0 |
| | 98point6: On-demand primary care via private, secure in-app messaging | \$0 | \$0 | \$5 co-pay |
| | Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible) | \$20 | \$25 | 20% |
| | Retail Clinic | \$35 | \$40 | 20% |
| | Specialist Visit (co-pay not credited toward annual deductible) | \$60 | \$60 | 20% |
| | Urgent Care (co-pay not credited toward annual deductible) | \$45 | \$50 | 20% |
| | Emergency room services (per visit) (deductible does not apply for PPO plans) | \$250 | \$250 | 20% |
| | Outpatient Surgery/Outpatient Services (CT Scan, MRI, Diagnostic) (after deductible) | 20% | 30% | 20% |
| | Hospital inpatient (including maternity) | 20% after \$250 Co-Pay | 30% after \$250 Co-Pay | 20% after \$250 Co-Pay |
| | Inpatient Mental Health/Substance Abuse | 20% after \$250 Co-Pay | 30% after \$250 Co-Pay | 20% after \$250 Co-Pay |
| | Outpatient Mental Health/Substance Abuse (office and professional services) | \$60 Co-Pay | \$60 Co-Pay | 20% |
| | Habilitative Services (with limitations) | 20% | 30% | 20% |
| | Rehabilitative and Therapy Services (for Medical Necessity) Maximum 30 Visits | 20% | 30% | 20% |
| | Chiropractic Services | 50% | 50% | 50% |

| 2022 PRESCRIPTION DRUG BENEFITS (All coinsurance and co-pays are effective after deductible is met) | | GOLD PPO | SILVER PPO | GOLD HDHP |
|--|-----------------------------|---|---|---|
| Short-Term Med | Generic Drug, Co-Pay | \$10 for Generic | \$10 for Generic | 20% (Plan pays 80%) |
| | Formulary Brand, Co-Pay | \$45 for 30-Day Supply | \$50 for 30-Day Supply | |
| | Non-Formulary Brand, Co-Pay | \$90 for 30-Day Supply | \$100 for 30-Day Supply | |
| Long-Term Maintenance | Generic Drug, Co-Pay | \$25 for 90-Day Supply | \$25 for 90-Day Supply | 20% (Plan pays 80%) |
| | Formulary Brand, Co-Pay | \$95 for 90-Day Supply | \$100 for 90-Day Supply | |
| | Non-Formulary Brand, Co-Pay | \$190 for 90-Day Supply | \$200 for 90-Day Supply | |
| SPECIALTY Accredo | Generic Drug, Co-Pay | Participant pays 20% up to a max \$500 per 30-Day Supply | Participant pays 20% up to a max \$500 per 30-Day Supply | Participant pays 20% up to a max \$500 per 30-Day Supply |
| | Formulary Brand, Co-Pay | | | |
| | Non-Formulary Brand, Co-Pay | | | |



| 2022 OUT-OF-NETWORK MEDICAL BENEFITS | | PLATINUM PPO | GOLD PPO | SILVER PPO | GOLD HDHP | BRONZE HDHP |
|--------------------------------------|--|-----------------------------|-------------------------------|-------------------------------|--|-------------|
| OUT-OF-NETWORK | Medical Plan Annual Deductibles: Individual/Two-Person/Family | \$1,350/\$2,700/ \$4,050 | \$2,000/\$4,000/ \$6,000 | \$3,800/\$7,600/ \$11,400 | \$3,050/\$6,100 Combined Medical & Rx Deductible | N/A |
| | Co-Insurance: (after deductible) Plan pays/Individual pays | 60%/40% | 60%/40% | 60%/40% | 60%/40% | Not Covered |
| | Maximum out-of-pocket (out-of-network services only, including deductible, co-pays, and co-insurance, combined Medical/Rx): Individual/Two-Person/Family | \$4,200/\$8,400/ \$8,400 | \$6,300/\$12,600/ \$12,600 | \$7,900/\$15,800/ \$15,800 | \$6,750/\$13,500 | Not Covered |
| | Wellness and preventive care visits | 40% | 40% | 40% | 40% | Not Covered |
| | 98point6: On-demand primary care via private, secure in-app messaging | \$0 | \$0 | \$0 | \$5 co-pay | \$5 co-pay |
| | Primary Care Visit, Co-Pay (co-pay not credited toward annual deductible) | 40% | 40% | 40% | 40% | Not Covered |
| | Specialist Visit, Co-Pay (co-pay not credited toward annual deductible) | 40% | 40% | 40% | 40% | Not Covered |
| | Urgent Care, co-pay (co-pay not credited toward annual deductible) | 40% | 40% | 40% | 40% | Not Covered |
| | Emergency Room Services (per visit) (Deductible does not apply for PPO plans) | \$175 | \$250 | \$250 | 40% | 40% |
| | Retail Clinic | 40% | 40% | 40% | 40% | Not Covered |
| | Outpatient Surgery/Outpatient Services (CT scan, MRI, Diagnostic) (after deductible) | 40% | 40% | 40% | 40% | Not Covered |
| | Hospital Inpatient (including maternity) | 40% after \$250 Co-Pay | 40% after \$250 Co-Pay | 40% after \$250 Co-Pay | 40% after \$250 Co-Pay | Not Covered |
| | Inpatient Mental Health/Substance Abuse | 40% after \$250 Co-Pay | 40% after \$250 Co-Pay | 40% after \$250 Co-Pay | 40% after \$250 Co-Pay | Not Covered |
| | Outpatient Mental Health/Substance Abuse (Office and professional services) | 40% | 40% | 40% | 40% | Not Covered |
| | Therapy and Rehabilitation Services (for Medical Necessity) Limit: 30 visits | 40% | 40% | 40% | 40% | Not Covered |
| Chiropractic Services | 50% | 50% | 50% | 50% | Not Covered | |