

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	HMO 5000		HSA 3000		PPO 2500	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$5,000 / \$10,000	N/A	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$7,000 / \$14,000	N/A	\$6,900 / \$13,800	Unlimited	\$8,000 / \$16,000	Unlimited
Coinsurance						
	20%*	N/A	20%*	50%*	20%*	50%*
Covered Services						
Office Visits (physician/specialist)	\$30 / \$45 copay	N/A	20%*	50%*	\$30 / \$45 copay	50%*
Virtual Visits	No Charge	N/A	\$44 copay	N/A	No Charge	N/A
Routine Preventive Care	No Charge	N/A	No Charge	30%	No Charge	50%*
Outpatient Diagnostic (lab/X-ray)	No Charge	N/A	20%*	50%*	No Charge	50%*
Complex Imaging	20%*	N/A	20%*	50%*	20%*	50%*
Emergency Room	\$500 plus 20%*	N/A	\$500 plus 20%*		\$500 plus 20%*	
Urgent Care Facility	\$75 Copay	N/A	20%*	50%*	\$75 Copay	50%*
Inpatient Hospital Stay	20%* <small>(prior authorization required)</small>	N/A	20%*	50%*	20%*	50%*
Outpatient Surgery	20%*	N/A	20%*	50%*	20%*	50%*
Prescription Drugs (Disease Management / Tier 1 Generic / Tier 2 Brand/ Tier 3 Non-Preferred / Tier 4 Specialty)						
Retail (30-day) or Mail (90-day)	\$0 / \$10 / \$40 / \$70 / \$100	N/A	\$0 / \$10 / \$40 / \$70 / \$100	N/A	\$0 / \$10 / \$40 / \$70 / \$100	N/A
Medical Rates 2022-2023						
Contributions (per month)	<u>Monthly Premium</u>	<u>Employee Cost</u>	<u>Monthly Premium</u>	<u>Employee Cost</u>	<u>Monthly Premium</u>	<u>Employee Cost</u>
Employee Only	\$417.54	\$7.54	\$426.30	\$16.30	\$458.46	\$48.46
Employee & Spouse	\$842.42	\$432.42	\$860.20	\$450.20	\$925.48	\$515.48
Employee & Child(ren)	\$731.04	\$321.04	\$746.46	\$336.46	\$803.06	\$393.06
Employee & Family	\$1,221.90	\$811.90	\$1247.76	\$837.76	\$1,342.64	\$932.64

Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	HMO 1500		PPO 1200	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$1,500 / \$3,000	N/A	\$1,200 / \$2,400	\$2,400 / \$4,800
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$5,000 / \$10,000	N/A	\$7,000 / \$14,000	Unlimited
Coinsurance				
	20%*	N/A	20%*	50%*
Covered Services				
Office Visits (physician/specialist)	\$30 / \$45 copay	N/A	\$30 / \$45 copay	50%*
Virtual Visits	No Charge	N/A	No Charge	N/A
Routine Preventive Care	No Charge	N/A	No Charge	50%*
Outpatient Diagnostic (lab/X-ray)	No Charge	N/A	No Charge	50%*
Complex Imaging	20%*	N/A	20%*	50%*
Emergency Room	\$500 plus 20%*	N/A	\$500 plus 20%*	
Urgent Care Facility	\$75 Copay	N/A	\$75 Copay	50%*
Inpatient Hospital Stay	20%* <small>(prior authorization required)</small>	N/A	20%*	50%*
Outpatient Surgery	20%*	N/A	20%*	50%*
Prescription Drugs (Disease Management / Tier 1 Generic / Tier 2 Brand/ Tier 3 Non-Preferred / Tier 4 Specialty)				
Retail (30-day) or Mail (90-day)	\$0 / \$10 / \$40 / \$70 / \$100	N/A	\$0 / \$10 / \$40 / \$70 / \$100	N/A
Medical Rates 2022-2023				
Contributions (per month)	<u>Monthly Premium</u>	<u>Employee Cost</u>	<u>Monthly Premium</u>	<u>Employee Cost</u>
Employee Only	\$496.24	\$86.24	\$508.32	\$98.32
Employee & Spouse	\$1,002.18	\$592.18	\$1,026.70	\$616.70
Employee & Child(ren)	\$869.56	\$459.56	\$890.82	\$480.82
Employee & Family	\$1,454.10	\$1,044.10	\$1,489.72	\$1,079.72