

<b>2022 Medical Plan Comparison Sheet</b>				
	<b>Plus Plan</b>	<b>Basic Plan</b>	<b>HDHP Plan*</b>	
<b>Office Visit</b>	\$30.00	\$30.00	Subject to Deductible	
<b>Specialist</b>	\$50.00	Subject to Deductible	Subject to Deductible	
<b>Urgent Care</b>	\$75.00	Subject to Deductible	Subject to Deductible	
<b>Telemedicine</b>	\$10.00	\$10.00	\$65.00	
<b>Onsite Clinic</b>	\$0.00	\$0.00	\$45.00	
<b>Emergency Room</b>	\$250 Copay/then Deductible	Subject to Deductible	Subject to Deductible	
<b>Preventative Visit</b>	\$0.00	\$0.00	\$0.00	
<b>Deductible</b>				
Deductible - Individual	\$800.00	\$1,500.00	\$2,800.00	
Deductible - Family	\$2,400.00	\$4,500.00	\$5,600.00	
<b>Out of Pocket Maximum(OOPM)</b>				
OOPM - Individual	\$4,000.00	\$6,000.00	\$6,550.00	
OOPM - Family	\$8,000.00	\$12,000.00	\$13,100.00	
<b>Premiums - Monthly</b>				
Employee Only	\$187.55	\$94.64	\$46.52	
Emp + Child(ren)	\$363.59	\$122.81	\$78.10	
Emp + Spouse	\$479.37	\$216.36	\$118.23	
Family	\$707.71	\$328.98	\$184.40	
<b>Premiums - Annual</b>				
Employee Only	\$2,250.60	\$1,135.68	\$558.24	
Emp + Child(ren)	\$4,363.08	\$1,473.72	\$937.20	
Emp + Spouse	\$5,752.44	\$2,596.32	\$1,418.76	
Family	\$8,492.52	\$3,947.76	\$2,212.80	
<b>Maximum Annual Liability (OOPM + Premiums)</b>				
Employee Only	\$6,250.60	\$7,135.68	\$7,108.24	
Emp + Child(ren)	\$12,363.08	\$13,473.72	\$14,037.20	
Emp + Spouse	\$13,752.44	\$14,596.32	\$14,518.76	
Family	\$16,492.52	\$15,947.76	\$15,312.80	
			<b>*H.S.A Seed Dollars (\$500 Employee Only/</b>	
			<b>* Hospital Indemnity</b>	
<b>Prescriptions - 30 Day</b>				
Generic Maintenance	\$10 Copay	\$10 Copay	Subject to Deductible	
Generic Non-Maintenance	\$10 Copay	\$10 Copay	Subject to Deductible	
Preferred Brand	50% to a max of \$100	50% to a max of \$100	Subject to Deductible	
Non-Preferred Brand	50% to a max of \$250	50% to a max of \$250	Subject to Deductible	
Specialty	50% to a max of \$250	50% to a max of \$250	Subject to Deductible	
<b>Prescriptions - 90 Day</b>				
Generic Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible	
Generic Non-Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible	
Preferred Brand	50% to a max of \$250	50% to a max of \$250	Subject to Deductible	
Non-Preferred Brand	50% to a max of \$500	50% to a max of \$500	Subject to Deductible	
Specialty	Not Covered	Not Covered	Not Covered	
<b>Prescriptions - BCBS Home Delivery(90 Day)</b>				
Generic Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible	
Generic Non-Maintenance	\$25 Copay	\$25 Copay	Subject to Deductible	
Preferred Brand	50% to a max of \$250	50% to a max of \$250	Subject to Deductible	
Non-Preferred Brand	50% to a max of \$500	50% to a max of \$500	Subject to Deductible	
Specialty	Not Covered	Not Covered	Not Covered	