

2022-2023 Employee Health Plan Options

HSA Non-Qualified Health Plan			HSA Qualified High-Deductible Health Plan			HSA Qualified High-Deductible Health Plan		
\$1,000 PPO			\$1,500 HDHP			\$2,500 HDHP		
	In Network	OON		In-Network	OON		In-Network	OON
ER Copay	\$150	\$150	ER Copay	n/a	n/a	ER Copay	n/a	n/a
Deductible *			Deductible ^			Deductible ^		
Single	\$1,000	\$2,000	Single	\$1,500	\$5,000	Single	\$2,500	\$5,000
Family	\$2,000	\$4,000	Not Single	\$3,000	\$10,000	Not Single	\$5,000	\$10,000
Coinsurance	20%	50%	Coinsurance	20%	50%	Coinsurance	20%	50%
OOP Maximum			OOP Maximum			OOP Maximum		
Single	\$4,000	\$8,000	Single	\$4,500	\$10,000	Single	\$6,000	\$10,000
Family	\$8,000	\$16,000	Not Single ^^	\$9,000	\$20,000	Not Single ^^	\$12,000	\$20,000
Pharmacy Retail	\$10 / 20% +	\$15 / 30% + \$20	Pharmacy Retail	20% afte	r deductible	Pharmacy Retail	20% afte	r deductible
Pharmacy Retail \$10 / 20% + \$15 / 30% + \$20 Pharmacy Mail \$0/20%/30% + \$15		Pharmacy Mail Program	20% after deductible		Pharmacy Mail Program	20% after deductible		
Pharmacy Specialty Rx		\$15 / 30% + \$20	Pharmacy Specialty Rx		r deductible	Pharmacy Specialty Rx		r deductible
Preventative Procedures Covered at 100% In-network		Preventative Procedures Covered at 100% In-network		Preventative Procedures Covered at 100% In-network				
Out of Pocket maximum	includes ded	uctibles	Out of Pocket maximum	includes ded	uctibles	Out of Pocket maximum	includes dedu	uctibles
and Medical and Pharmacy copays. Pharmacy counts			for Medical and Pharmacy. Pharmacy counts			for Medical and Pharmacy. Pharmacy counts		
towards in-network only.			towards in-network only.			towards in-network only.		
* Deductible:			^ Deductible:					
If you have family coverage, any combination			If you have family coverage, any combination of covered family members can help meet the					
of covered family members can help meet the			maximum family deductible.					
maximum family deductible, up to each			^^ Not Single In-Network Out-of Pocket Maximum:					
person's individual amount.		\$6,850 PPO Maximum amount that any one person will satisfy towards the annual family						

PLEASE NOTE:

- The \$1000 PPO Plan has a **medical-only** deductible with pharmacy benefits covered immediately based on a tiered coverage structure. The \$1000 PPO Plan does qualify for a Flex Spending Account with pre-tax contributions.
- The \$1500/\$3000 and \$2500/\$5000 HDHPs have a combined **medical and pharmacy** deductible. The entire deductible, for single or family enrollment, must be met for pharmacy benefits to begin. The HDHPs qualify for a Health Savings Account and pre-tax contributions.
- All plans cover <u>in-network</u> preventive/wellness care and procedures at 100% with the deductible waived.

OOP in-network only.

Stand-Alone Dent	Stand-Alone Dental & Vision Plans					
	Dental					
* Deductible:						
Single	\$50					
Two-Party	\$100					
Diagnostic/Preventive	100% (ded waived)					
Basic Services	80%					
Major Services	80%					
Orthodontic	80%					
Annual Benefit Maximum	\$2,000 per person					
Lifetime Ortho Maximum	\$1,500 per person					
	Vision					
Eye Exam (1 per year)	100%					
Lenses (1 set per year)	100% to \$350 Max					
Frames (1 pair per year)	100% to \$200 Max					
Elective Contacts (1x year)	\$100 to \$350 Max					

Medical enrollment is not required to maintain Dental and/or Vision coverages.

* One set of frames and lenses for glasses **OR** one order of elective contact lenses allowed per plan year.

* Deductible:

0

If you have two-party coverage, any combination of covered members can help meet the maximum two-party deductible, up to each person's individual amount.