

2022 Health Plan Summary

	PPO Plan	HDHP (High Deductible Health Plan)
Health Savings Account Eligible	No	Yes
Employer Contribution to Employee's Health Savings Account	No	\$100.00 Monthly Contribution (\$1,200.00 Annual Contribution)
Deductible <i>In-Network Single / Family</i> <i>Out-of-Network Single / Family</i> <i>Type of Deductible</i>	\$1,000 / \$2,000 \$2,000 / \$4,000 Embedded*	\$2,800 / \$5,400 \$5,400 / \$10,000 Embedded*
Cost Share After Deductible <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% 50%	20% 40%
Maximum Out-of-Pocket <i>In-Network Single / Family</i> <i>Out-of-Network Single / Family</i>	\$3,500 / \$7,000 \$7,000 / \$14,000	\$3,500 / \$7,000 \$10,000 / \$20,000
Preventive Care	Covered 100%	Covered 100%
Physician Visits <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% After Deductible 50% After Deductible	20% After Deductible 40% After Deductible
Urgent Care and ER <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% After Deductible 50% After Deductible**	20% After Deductible 40% After Deductible**
Inpatient/Outpatient <i>In-Network (Employee Share)</i> <i>Out-of-Network (Employee Share)</i>	20% After Deductible 50% After Deductible	20% After Deductible 40% After Deductible
Prescription Drugs <i>Retail Pharmacies (In-Network)</i> <i>Impact on Deductible</i> <i>Retail Pharmacies (Out-of-Network)</i> <i>Home Delivery (In-Network 90-Day Supply)</i>	Tier 1: Greater of \$15 or 5% Tier 2: Greater of \$45 or 10% Tier 3: Greater of \$75 or 20% Tier 4: 20% to max of \$250 <i>"ACA Preventive Care Drug List" drugs are covered at 100%.</i> Pharmacy copays do not accumulate towards your deductible but help accumulate towards your out-of-pocket expenses. 50% Tier 1: Greater of \$30 or 5% Tier 2: Greater of \$90 or 10% Tier 3: Greater of \$150 or 20% Tier 4: 20% to max of \$250	20% After Deductible "ACA Preventive Rx Plus" and "Preventive Rx Plus" drugs are covered at 100%. See additional qualifying "Preventive Rx Plus" medication list for more information. "Preventive Rx Plus" coverage is for HDHP members only. Pharmacy costs other than "Preventive Rx Plus" drugs accumulate towards your deductible. 40% After Deductible 10% After Deductible

*Embedded deductibles require only an individual deductible to be met for a member on a family plan for coinsurance to begin.

**Out-of-Network ER visits are covered as an in-network benefit.