

## Medical Benefit Options effective January 1, 2022

Services	PPO Plan		HD Plan	
	In-Network	Non-Network	In-Network	Non-Network
<b>Deductible</b> - Individual	\$2,500 \$7,500		\$3,000 \$9,000	\$6,000 \$18,000
<b>Coinsurance</b>	80%	60%	80%	\$60%
<b>Out-of-Pocket</b> - Individual - Family	\$8,150 \$16,300	\$16,300 \$32,600	\$6,900 \$13,800	\$13,800 \$27,600
<b>Amounts that apply to Out-of-Pocket</b>	Deductible, Coinsurance and Copays	N/A	Deductible and Coinsurance	N/A
<b>Hospitalization</b>	You Pay Ded, then 20%	You Pay Ded, then 40%	You Pay Ded, then 20%	You Pay Ded, then 40%
<b>Emergency Room</b>	You Pay Ded, then 20%		You Pay Ded, then 20%	You Pay Ded, then 40%
<b>Physician Office Visits</b> - Primary Care - Specialist - Other Services in office (including diagnostic services)	You Pay \$50 Copay You Pay \$75 Copay You pay 20%, ded waived	You Pay Ded, then 40%	Deductible, then you pay 20%	Deductible, then you pay 40%
<b>Preventive Care</b>	Wellness (100%)	40% Coinsurance, Ded. waived	Wellness (100%)	Deductible, then you pay 40%
<b>Outpatient Surgery/Anesthesia/Facility</b>	Deductible, then you pay 20%	Deductible, then Coinsurance	Deductible, then you pay 20%	Deductible, then you pay 40%
<b>HealthiestYou (telemedicine)</b>	Covered at 100%. You may use this service for all members of your household and there is no cost associated with your Healthiest You doctor consultation.			
<b>Chiropractic Care</b>	40% copay, 20%, 26 visits/yr		Deductible, then you pay 20%	Deductible, then you pay 40%
<b>Home Health</b>	20% coinsurance 100 visits		Deductible, then you pay 20%	Deductible, then you pay 40%
<b>Hospice</b>	100% ded waived		No charge after Deductible	
<b>Retail Prescription Drugs</b> Category 1 Category 2 Category 3 Category 4 Disease Specific RX	\$15 \$35 \$75 \$150 10%, \$150 Min - \$350 Max		Deductible, then you pay 20%	Not covered
<b>Monthly Employee Cost</b> <b>Employee Only</b>	\$280.00		\$260.00	
<b>Employee + 1 Dependent</b>	\$640.00		\$590.00	
<b>Employee + Family</b>	\$765.00		\$703.00	