

2022 Active Employees Monthly Health Premiums

ALL REGIONS					
	BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS	EMPLOYER SHARE
PREMIER PPO					
Employee Only	\$143	\$143	\$208	\$208	\$573
Employee + Child(ren)	\$215	\$215	\$280	\$280	\$859
Employee + Spouse	\$308	\$308	\$438	\$438	\$1,232
Employee + Spouse + Child(ren)	\$372	\$372	\$502	\$502	\$1,489
STANDARD PPO					
Employee Only	\$98	\$98	\$163	\$163	\$573
Employee + Child(ren)	\$147	\$147	\$212	\$212	\$859
Employee + Spouse	\$210	\$210	\$340	\$340	\$1,232
Employee + Spouse + Child(ren)	\$253	\$253	\$383	\$383	\$1,489
CDHP/HSA					
Employee Only	\$64	\$64	\$129	\$129	\$573
Employee + Child(ren)	\$96	\$96	\$161	\$161	\$859
Employee + Spouse	\$137	\$137	\$267	\$267	\$1,232
Employee + Spouse + Child(ren)	\$165	\$165	\$295	\$295	\$1,489

2023 Active Employees Monthly Health Premiums

ALL REGIONS					
	BCBST NETWORK S	CIGNA LOCALPLUS	BCBST NETWORK P	CIGNA OPEN ACCESS	EMPLOYER SHARE
PREMIER PPO					
Employee Only	\$152.00	\$152.00	\$217.00	\$217.00	\$607.00
Employee + Child(ren)	\$228.00	\$228.00	\$293.00	\$293.00	\$910.00
Employee + Spouse	\$334.00	\$334.00	\$464.00	\$464.00	\$1,335.00
Employee + Spouse + Child(ren)	\$394.00	\$394.00	\$524.00	\$524.00	\$1,578.00
STANDARD PPO					
Employee Only	\$98.00	\$98.00	\$163.00	\$163.00	\$607.00
Employee + Child(ren)	\$147.00	\$147.00	\$212.00	\$212.00	\$910.00
Employee + Spouse	\$216.00	\$216.00	\$346.00	\$346.00	\$1,335.00
Employee + Spouse + Child(ren)	\$254.00	\$254.00	\$384.00	\$384.00	\$1,578.00
CDHP/HSA					
Employee Only	\$68.00	\$68.00	\$133.00	\$133.00	\$607.00
Employee + Child(ren)	\$102.00	\$102.00	\$167.00	\$167.00	\$910.00
Employee + Spouse	\$150.00	\$150.00	\$280.00	\$280.00	\$1,335.00
Employee + Spouse + Child(ren)	\$176.00	\$176.00	\$306.00	\$306.00	\$1,578.00

2022 Monthly Vision Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.07	\$5.56
Employee + Child(ren)	\$6.13	\$11.12
Employee + Spouse	\$5.82	\$10.57
Employee + Spouse + Child(ren)	\$9.01	\$16.35

2023 Monthly Vision Premiums

	BASIC PLAN	EXPANDED PLAN
ACTIVE MEMBERS		
Employee Only	\$3.18	\$6.30
Employee + Child(ren)	\$6.35	\$12.60
Employee + Spouse	\$6.03	\$11.98
Employee + Spouse + Child(ren)	\$9.33	\$18.54

2022 Pharmacy Benefits

PHARMACY						
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
90-Day Supply (certain maintenance medications from 90-day network pharmacy or mail order) ^[3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medications (30-day supply from a specialty network pharmacy)	10%; min \$50; max \$150	N/A - no network	10%; min \$50; max \$150	N/A - no network	20%	N/A - no network

2023 Pharmacy Benefits

PHARMACY						
30-Day Supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day Supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
Maintenance Medications (90-day supply of certain maintenance medications from 90-day network pharmacy or mail order) ^[3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medication Tier 1 (generics; 30-day supply from a specialty network pharmacy)	20%; min \$100; max \$200	N/A - no network	20%; min \$100; max \$200	N/A - no network	20%	N/A - no network
Specialty Medication Tier 2 (all brands; 30-day supply from a specialty network pharmacy)	30%; min \$200; max \$400		30%; min \$200; max \$400			

2022 Healthcare Covered Services

HEALTHCARE OPTION	PREMIER PPO Member Costs		STANDARD PPO Member Costs		CDHP/HSA Member Costs	
COVERED SERVICES	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE – OUTPATIENT FACILITIES						
• Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%	No charge	40%
OTHER SERVICES						
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Inpatient behavioral health and substance use ^[2] ^[6]	10%	40%	20%	40%	20%	40%
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	10%	40%	20%	40%	20%	40%
Home Care ^[4] • Home health; home infusion therapy	10%	40%	20%	40%	20%	40%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] ; outpatient • IN-NETWORK outpatient PT/ST/OT ^[5]	10%	40%	20%	40%	20%	40%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ^[5]	10%		20%		20%	40%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	10%	40%	20%	40%	20%	40%
Pathology and Radiology Reading, Interpretation and Results ^[5]	10%		20%		20%	
Ambulance (medically necessary, air and ground)	10%		20%		20%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	10%	40%	20%	40%	20%	40%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.					

2023 Healthcare Covered Services

HEALTHCARE OPTION	PREMIER PPO		STANDARD PPO		CDHP/HSA	
COVERED SERVICES	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
PREVENTIVE CARE – OUTPATIENT FACILITIES						
• Recommended screenings such as colonoscopy, mammogram, colorectal, and bone density scans	No charge ^[5]	40%	No charge ^[5]	40%	No charge	40%
OTHER SERVICES						
Hospital/Facility Services ^[4] • Inpatient care ^[7] ; outpatient surgery ^[7] • Inpatient behavioral health and substance use ^[2] ^[6]	15%	40%	20%	40%	20%	40%
• Emergency room services ^[7]	15%		20%		20%	
Maternity • Global billing for labor and delivery and routine services beyond the initial office visit	15%	40%	20%	40%	20%	40%
Home Care ^[4] • Home health; home infusion therapy	15%	40%	20%	40%	20%	40%
Rehabilitation and Therapy Services • Inpatient and skilled nursing facility ^[4] • Outpatient PT/ST/OT/ABA ^[5] ; Other therapy	15%	40%	20%	40%	20%	40%
X-Ray, Lab and Diagnostics (not including advanced x-rays, scans and imaging) ^[5]	15%		20%		20%	40%
Advanced X-Ray, Scans and Imaging • Including MRI, MRA, MRS, CT, CTA, PET and nuclear cardiac imaging studies ^[4]	15%	40%	20%	40%	20%	40%
Pathology and Radiology Reading, Interpretation and Results ^[5]	15%		20%		20%	
Ambulance (medically necessary, air and ground)	15%		20%		20%	
Equipment and Supplies ^[4] • Durable medical equipment and external prosthetics • Other supplies (i.e., ostomy, bandages, dressings)	15%	40%	20%	40%	20%	40%
Allergy Serum	15%	40%	20%	40%	20%	40%
Also Covered	Certain limited Dental benefits, Hospice Care and Out-of-Country Charges are also covered. See Member Handbook for coverage details.					

2022 Healthcare Deductibles

	PREMIER PPO Member Costs		STANDARD PPO Member Costs		CDHP/HSA Member Costs	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
DEDUCTIBLE						
Employee Only	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000
Employee + Child(ren)	\$750	\$1,500	\$1,500	\$3,000	\$3,000	\$6,000
Employee + Spouse	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000
Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$2,500	\$5,000	\$3,000	\$6,000

2023 Healthcare Deductibles

	PREMIER PPO Member Costs		STANDARD PPO Member Costs		CDHP/HSA Member Costs	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
DEDUCTIBLE — ONLY ELIGIBLE EXPENSES COUNT TOWARD THE DEDUCTIBLE						
Employee Only	\$750	\$1,500	\$1,300	\$2,600	\$1,700	\$3,400
Employee + Child(ren)	\$1,125	\$2,250	\$1,950	\$3,900	\$3,400	\$6,800
Employee + Spouse	\$1,500	\$3,000	\$2,600	\$5,200	\$3,400	\$6,800
Employee + Spouse + Child(ren)	\$1,875	\$3,750	\$3,250	\$6,500	\$3,400	\$6,800

2022 Healthcare Out-Of-Pocket Maximum

	PREMIER PPO Member Costs		STANDARD PPO Member Costs		CDHP/HSA Member Costs	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED – ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM						
Employee Only	\$3,600	\$7,200	\$4,000	\$8,000	\$2,500	\$5,000
Employee + Child(ren)	\$5,400	\$10,800	\$6,000	\$12,000	\$5,000	\$10,000
Employee + Spouse	\$7,200	\$14,400	\$8,000	\$16,000	\$5,000	\$10,000
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$10,000	\$20,000	\$5,000	\$10,000

2023 Healthcare Out-Of-Pocket Maximum

	PREMIER PPO Member Costs		STANDARD PPO Member Costs		CDHP/HSA Member Costs	
	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]	IN-NETWORK ^[1]	OUT-OF-NETWORK ^[1]
OUT-OF-POCKET MAXIMUM – MEDICAL AND PHARMACY COMBINED – ELIGIBLE EXPENSES, INCLUDING DEDUCTIBLE, COUNT TOWARD THE OUT-OF-POCKET MAXIMUM						
Employee Only	\$3,600	\$7,200	\$4,400	\$8,800	\$2,800	\$5,600
Employee + Child(ren)	\$5,400	\$10,800	\$6,600	\$13,200	\$5,600	\$11,200
Employee + Spouse	\$7,200	\$14,400	\$8,800	\$17,600	\$5,600	\$11,200
Employee + Spouse + Child(ren)	\$9,000	\$18,000	\$11,000	\$22,000	\$5,600	\$11,200

2022 CDHP State Health Savings Account (HSA) Contribution

\$250 for employee only; \$500 for employee+child(ren),
employee+spouse and employee+spouse+child(ren)

2023 CDHP State Health Savings Account (HSA) Contribution

\$500 for employee only; \$1,000 for other coverage levels