

Insurance Carrier: Anthem
 Effective: January 1, 2022



| <u>Benefits</u> | <u>HDHP Plan</u> (optional H.S.A.) |
|---------------------------------------|---------------------------------------|
| Deduct Single/Family-Network | \$1500/\$3000 |
| Deduct Single/Family - Out of Network | \$4500/\$9000 |
| Co-Insurance - Network | 100% |
| Co-Insurance - Out of Network | 70% |
| Max Out of Pocket - Network* | \$0/\$0 |
| Max Out of Pocket - Out of Network* | \$15,000/\$30,000 |
| Office Visit - Network | deduct/co-ins. |
| Office Visit - Out of Network | deduct/co-ins. |
| Urgent Care Copay | deduct/co-ins. |
| Prescription - Generic/Brand | deduct/co-ins. |
| Non-Formulary - Brand | deduct/co-ins. |
| RX 4 | deduct/co-ins. |
| Mail Order (90 day supply) | deduct/co-ins. |
| RX Max out of pocket | NA |
| Preventive | 100% in net |
| Emergency Room | deduct/co-ins. |
| Emergency Room Physician | deduct/co-ins. |
| DME, Home Hth, Skilled Nse | deduct/co-ins. |
| Mental Health | |
| Inpatient | deduct/co-ins. |
| Outpatient | deduct/co-ins. |

TOTAL COST per employee per month

Employee Only Coverage \$594.00

Family Coverage \$1823.00

EMPLOYER PORTION of premium per employee per month

Employee Only Coverage \$508.80

Family Coverage \$1346.20

EMPLOYEE PORTION of premium per employee per month (per pay)

Employee Only Coverage \$85.20 (\$42.60)

Family Coverage \$476.80 (\$238.40)

*Spreadsheet is for informational purposes only. Any discrepancy in this & the case documents, the case documents will prevail.

| BENEFITS | HIGH | MID | LOW |
|------------------------|------------------|------------------|-----------------|
| Basic Benefit Overview | 100/80/50 | 100/50/30 | 100/50/0 |

| | In-Network | Out of Network | In-Network | Out of Network | In-Network | Out of Network |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Annual Individual Deductible | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Annual Family Deductible | \$150 | \$150 | \$150 | \$150 | \$150 | \$150 |
| Preventative Services (Exam, Cleaning, X-Ray) | 100% | 100% | 100% | 100% | 100% | 100% |
| Basic Services (Fillings) | 80% | 80% | 50% | 50% | 50% | 50% |
| Major Services (Inlays, Onlays, Crowns, Prosthodontics) | 50% | 50% | 30% | 30% | 0% | 0% |
| Periodontic | 50% | 50% | 50% | 50% | 0% | 0% |
| Endodontic | 50% | 50% | 50% | 50% | 0% | 0% |
| Oral Surgery | 80% | 80% | 50% | 50% | 0% | 0% |
| Implants | 50% | 50% | 30% | 30% | 0% | 0% |
| Orthodontia Services | 50% | 50% | 50% | 50% | N/A | N/A |
| Lifetime Orthodontic Maximum | \$1500 | \$1500 | \$1500 | \$1500 | N/A | N/A |
| Calendar Year Maximum | \$1500 | \$1500 | \$1500 | \$1500 | \$1000 | \$1000 |
| Waiting Periods | 12 Months Major, Ortho | 12 Months Major, Ortho | 12 Months Major, Ortho | 12 Months Major, Ortho | None | None |
| Out of Network UCR | Varies | Varies | Varies | Varies | Varies | Varies |
| <u>RATES</u> | <u>Monthly Rate</u> | <u>Per Pay Rate</u> | <u>Monthly Rate</u> | <u>Per Pay Rate</u> | <u>Monthly Rate</u> | <u>Per Pay Rate</u> |
| Employee | \$29.82 | \$14.91 | \$26.08 | \$13.04 | \$13.22 | \$6.61 |
| Employee + 1 | \$59.48 | \$29.74 | \$47.20 | \$23.60 | \$26.94 | \$13.47 |
| Family | \$106.82 | \$53.41 | \$79.34 | \$39.67 | \$57.46 | \$28.73 |

Rate Guarantee is effective for 12 months.

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| Benefit | Network | Non-Network |
|---|-----------------|-------------|
| Eye Exams (12 months) | \$25 copay | Up to \$35 |
| Lenses- Single Vision (12 months) | \$10 copay | Up to \$25 |
| Lenses- Bifocal (12 months) | \$10 copay | Up to \$40 |
| Lenses- Trifocal (12 months) | \$10 copay | Up to \$55 |
| Contact Lenses- Medically Necessary (12 months) | \$110 allowance | Up to \$210 |
| Contact Lenses- Elective | \$110 allowance | Up to \$105 |
| Frames (12 months) | \$100 allowance | Up to \$45 |

Rates

| Plan | Employer Cost | Employee Cost |
|-------------------|---------------------------------|---------------------------------|
| Employee Only | \$2.92 per month/\$1.46 per pay | \$1.94 per month/\$.97 per pay |
| Employee + Spouse | \$5.82 per month/\$2.91 per pay | \$3.90 per month/\$1.95 per pay |
| Employee + Child | \$5.97 per month/\$2.99 per pay | \$4.00 per month/\$2.00 per pay |
| Family | \$8.91 per month/\$4.46 per pay | \$5.92 per month/\$2.96 per pay |

Rates - Cafeteria

| Plan | Employer Cost | Employee Cost |
|-------------------|----------------------------------|----------------------------------|
| Employee Only | \$5.26 per month/\$2.63 per pay | \$3.50 per month/\$1.75 per pay |
| Employee + Spouse | \$10.48 per month/\$5.24 per pay | \$7.02 per month/\$3.51 per pay |
| Employee + Child | \$10.77 per month/\$5.38 per pay | \$7.20 per month/\$3.60 per pay |
| Family | \$16.06 per month/\$8.02 per pay | \$10.66 per month/\$5.33 per pay |