

IN NETWORK	GOLD 750 PPO	SILVER 4900 HSA	BRONZE 5000 HSA	BRONZE 6000 PPO
Annual Deductible: Individual Family	\$750 Per Member \$1500 Family Max	\$4,900 Employee Only \$9,800 E + Dependent(s)	\$5,000 Employee Only \$10,000 E + Dependent(s)	\$6,000 Per Member \$12,000 Family Max
Out-of-Pocket Max: Individual Family	\$6,500 Per Member \$13,000 Family Max	\$4,900 Employee Only \$9,800 E + Dependent(s)	\$6,950 Employee Only \$13,900 E + Dependent(s)	\$8,700 Per Member \$17,400 Family Max
Preventive Care Primary Care Physician Specialist Physician Virtual Visit	Covered In Full \$20 Copay \$40 Copay \$20 Copay	Covered In Full 0% After Ded. 0% After Ded. 0% After Ded.	Covered In Full \$40 After Ded. \$60 After Ded. \$40 After Ded.	Covered In Full \$50 Copay \$75 Copay \$50 Copay
Inpatient Outpatient Urgent Care Emergency Room Basic Lab / X-ray services Advanced Imaging: CT, PET, MRI	30% After Ded. 30% After Ded. \$40 Copay \$250 Copay Then 30% After In-Network Ded. 30% Copay 30% After Ded.	0% After Ded. 0% After Ded. 0% After Ded. 0% After In-Network Ded. 0% After Ded. 0% After Ded.	30% After Ded. 30% After Ded. \$60 After Ded. 50% After In-Network Ded. 30% After Ded. 30% After Ded.	30% After Ded. 30% After Ded. \$100 Copay \$250 Copay Then 50% After In-Network Ded. 30% After Ded. 30% After Ded.
Mental Health & Chemical Dependency: Inpatient / Outpatient	30% After Ded. / \$40 Copay	0% After Ded. / 0% After Ded.	30% After Ded. / \$40 After Ded.	30% After Ded. / \$75 Copay
Chiropractic & Acupuncture Alternative Care Annual Benefit	30% After Ded. 30 Visit Annual Maximum	0% After Ded. 30 Visit Annual Maximum	\$40 After Ded. 30 Visit Annual Maximum	\$50 Copay 30 Visit Annual Maximum
Prescription Drug Benefits: (Retail 30-Day Supply) Tier 1: Generic Tier 2: Brand Tier 3: Non Preferred Brand Tier 4: Specialty	NOT SUBJECT TO DED. \$10 Copay \$60 Copay 50% Copay 50% Copay	SUBJECT TO DED. 0% After Ded. 0% After Ded. 0% After Ded. 0% After Ded.	SUBJECT TO DED. 30% After Ded. 30% After Ded. 30% After Ded. 30% After Ded.	NOT SUBJECT TO DED. \$10 Copay 50% Copay 50% Copay 50% Copay

2022 PREMIUMS - MONTHLY

MEDICAL - CIGNA	GOLD 750 PPO	SILVER 4900 HSA	BRONZE 5000 HSA	BRONZE 6000 PPO
Employee Only	\$588.34	\$420.69	\$333.65	\$298.72
Employee + Spouse	\$1,326.69	\$998.82	\$798.17	\$776.01
Employee + Child(ren)	\$1,223.44	\$927.99	\$752.27	\$714.05
Employee + Family	\$1,911.77	\$1,456.64	\$1,185.92	\$1,127.06

DENTAL - PRINCIPAL	
Employee Only	\$38.66
Employee + Spouse	\$78.27
Employee + Child(ren)	\$113.96
Employee + Family	\$162.59

VISION - PRINCIPAL	
Employee Only	\$6.10
Employee + Spouse	\$13.51
Employee + Child(ren)	\$14.10
Employee + Family	\$23.11

SHORT TERM DISABILITY - PRINCIPAL	LONG TERM DISABILITY - PRINCIPAL	
\$0.11 per \$10 of Weekly Benefit **NOTE THAT BENEFIT MAX IS NOW \$1,500	Age-Banded Rates per \$100 of Covered Payroll	
	Age 0-24	\$0.08
	Age 25-29	\$0.07
	Age 30-34	\$0.10
	Age 35-39	\$0.17
	Age 40-44	\$0.30
	Age 45-49	\$0.35
	Age 50-54	\$0.51
	Age 55-59	\$0.58
	Age 60-64	\$0.59
	Age 65-150	\$0.44
	Age 70+	\$0.22

LIFE & AD&D - PRINCIPAL
\$6.35 / month