

2022 HEALTH INSURANCE

Open enrollment is the one-time opportunity you have each year to make changes to your benefits. You can change plans, as well as add or drop coverage provided your dependent(s) meets all eligibility requirements. You may also change who you cover on your insurance during this time. Any changes made during open enrollment must remain until the following open enrollment period, unless you experience a family status change. More information is available under the section titled “Mid-Year Changes” or from Human Resources.

Mid-Year Changes

Certain coverages allow limited changes to elections during the year. Under these benefits, you may only make changes to your elections during the year if you have a change in family status.

Family status changes include:

- Marriage, divorce, or legal separation.
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit.
- Changes in your spouse’s employment affecting benefit eligibility.
- Changes in your spouse’s benefit coverage with another employer that affects benefit eligibility.

The change to your benefit elections must be consistent with the change in family status. You have 31 days from the date of a change in family status to submit an enrollment change form and documentation of the family status change to Human Resources. In most cases, your election will become effective the date of the change in family status (date of birth, date of marriage). Otherwise, you must wait until the next annual enrollment period to make a change to your elections.

If you have a qualifying event, contact your Human Resources representative. Any benefit changes must be made within 31 days of the event and must be consistent with the qualifying event

EMPLOYEE PREMIUMS:

Coverage Tier	High Deductible Health Plan Employee Contribution	Copay Plan Employee Contribution
Employee Only	\$92.00	\$126.50
Employee + Child(ren)	\$425.50	\$460.00
Employee + Spouse	\$707.25	\$747.50
Employee + Family	\$1,201.75	\$1,265.00

HEALTH INSURANCE—CHART OF BENEFITS

This chart gives a side-by-side look at the two medical plan options showing in-network benefits only.

Plan Feature	Copay Plan	High Deductible Health Plan
Deductible - Individual - Family	\$3,500 \$7,000 (embedded)*	\$3,000 \$6,000 (embedded)*
Coinsurance	Plan 70% / Member 30%	Plan 100% / Member 0%
Out-of-pocket Maximum - Individual - Family	\$5,000 \$10,000 (embedded)	\$3,000 \$6,000 (embedded)
Preventive Care	Covered at 100%	Covered at 100%
Physician Office Visit	\$35 copay PCP / \$70 copay Specialist	Deductible, then 0%
Emergency Services	\$500 copay	Deductible, then 0%
Facility Services	Deductible, then 30%	Deductible, then 0%
Outpatient Services	Deductible, then 30%	Deductible, then 0%
X-ray and Laboratory Services	Deductible, then 30%	Deductible, then 0%
Mental Health and Substance Abuse Services	\$35 copay for office visit; Deductible then 30% for inpatient services	Deductible, then 0%
Prescription Drug Coverage	\$10 / \$45 / 50% up to \$100 / 50% up to \$100	0% after deductible

Family deductibles are “embedded,” meaning that a single member of a family doesn’t have to meet the full family deductible for after-deductible benefits to begin. For example: a family of 4 is enrolled in the health plan. 1 member of the family has paid claims that amount to the in-network individual deductible amount of \$3,000. This member now has 100% coverage, while the remaining 3 family members are still required to meet the remaining \$3,000 of the family deductible. Note that no family will pay more than \$6,000 of in-network expenses combined among all covered family members.