

MEDICAL PLANS – CURRENT & 2022 RATES – BLUE CROSS BLUE SHIELD

INSURANCE

2021 RATES – BCBS

2022 RATES – BCBS

Major Medical

2021- PPO MTBCP011

2022-PPO MTBCP011

Employee Only

	\$ 818.48	\$ 860.06
Employee + Spouse	1882.50	1978.13
Employee + Child(ren)	1473.26	1548.10
Employee + Family	2537.28	2666.18

2021-PPO MTBCP014

2022-PPO MTBCP014

Employee Only

	\$ 787.63	\$ 827.88
Employee + Spouse	1811.54	1904.13
Employee + Child(ren)	1417.73	1490.19
Employee + Family	2441.65	2566.44

2021-HMO MTBEE011

2022-HMO MTBEE011

Employee Only

	\$ 753.24	\$ 785.81
Employee + Spouse	1732.45	1807.36
Employee + Child(ren)	1355.83	1414.45
Employee + Family	2335.04	2436.00

MTBCP011: Ded. Ind/Fam: \$1000/\$3000; Out -of-Pocket Max: Ind/Fam: \$4000/\$12000; Co-Ins:20%; ER: \$500 plus Deductible plus 20%; Urgent Care \$75; PCP Copay: \$30; Specialist: \$60; Pharmacy: \$0/\$10/\$50/\$100/\$150/\$250

Out-of-Network: Ded: Ind/Fam: \$2000/\$6000

MTBCP014: Ded. Ind/Fam: \$1500/\$4500; Out -of-Pocket Max: Ind/Fam: \$4500/\$13500; Co-Ins:20%; ER: \$500 plus Deductible plus 20%; Urgent Care \$75; PCP Copay: \$35; Specialist: \$70; Pharmacy: \$0/\$10/\$50/\$100/\$150/\$250

Out-of-Network: Ded: Ind/Fam: \$3000/\$9000

MTBEE011: Ded. Ind/Fam: \$1000/\$3000; Out -of-Pocket Max: Ind/Fam: \$4000/\$12000; Co-Ins:20%; ER: \$500 plus Deductible plus 20%; Urgent Care \$75; PCP Copay: \$30; Specialist: \$60; Pharmacy: \$0/\$10/\$50/\$100/\$150/\$250

Out-of-Network: **No Coverage.**

DENTAL PLANS – 2022 RATES – GUARDIAN

***The plans and rates remain unchanged**

Guardian

Managed Dental Care

(This works like an HMO)

DHMO Plan

Employee Only	\$ 9.88
Employee + Spouse	16.93
Employee + Child(ren)	25.79
Employee + Family	30.52

PPO

Plan 2 Value Plan

Employee Only	\$ 27.96
Employee + Spouse	55.52
Employee + Child(ren)	65.95
Employee + Family	93.51

PPO

Plan 3 NAP Plan

Employee Only	\$ 37.00
Employee + Spouse	73.46
Employee + Child(ren)	96.10
Employee + Family	132.54

Managed Dental Care (DHMO): This is an In-Network only plan where all services are based on Copays.

*Must enroll with a dentist that is In-Network.

PPO Value Plan: Ded. Ind/Fam: \$50/\$150; Preventive Care: 0%, ded. waived; Basic care: 20% after ded.;

Major care: 50% after ded.; Orthodontics: N/A; Annual benefit max: \$1500 per person

PPO NAP Plan: Ded. Ind/Fam: \$50/\$150; Preventive Care: 0%, ded. waived; Basic care: 20% after ded.;

Major care: 50% after ded.; Orthodontics: 50% ded. waived, \$1000 lifetime max; Annual benefit max: \$1500 per person

VISION PLAN – 2022 Rates – Superior Vision

***The plan and rates remain unchanged**

Superior Vision

Employee Only	\$ 6.40
Employee + Spouse	12.80
Employee + Child(ren)	14.70
Employee + Family	22.64

*Benefits: **In-Network** – Exam (Ophthalmologist or Optometrist) \$10 Copay; Frames: \$25 Copay, \$150 Allowance plus 20% Off; Lenses (Standard) Per Pair – Single \$25 Copay; Bifocal \$25 Copay; Trifocal \$25 Copay; Contact Lens Fitting: \$25/\$50 Copay; Contact Lenses: \$150 Allowance; Medically Necessary Contact Lenses: Covered in Full*

VOLUNTARY LIFE PLAN – 2022 Rates – LINCOLN

***The plan and rates remain unchanged.**

Supplemental Life

Employee Age:	Rate per \$10,000:
0 – 29	\$ 1.20
30 – 34	\$ 1.30
35 – 39	\$ 1.60
40 – 44	\$ 2.40
45 – 49	\$ 3.70
50 – 54	\$ 7.20
55 – 59	\$ 11.50
60 – 64	\$ 16.00
65 – 69	\$ 17.29
70 – 74	\$ 17.64
75 – 79	\$ 11.03

Spouse Age:	Rate per \$5,000:
0 – 29	\$ 0.60
30 – 34	\$ 0.65
35 – 39	\$ 0.80
40 – 44	\$ 1.20
45 – 49	\$ 1.85
50 – 54	\$ 3.60
55 – 59	\$ 5.75
60 – 64	\$ 8.00
65 – 69	\$ 8.65

Dependent Child:	\$ 1.62/month
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