

PY 2022 Semi-Monthly Premium Rates for Active Employees

For complete information, please visit the Plan Year 2022 SEHP Enrollment Guide.

**A. Non-Discounted**

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Avésis Vision		
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced	
<b>Full-Time</b>								
Employee Only	\$39.90	\$35.20	\$52.56	\$23.25	\$6.69	\$1.44	\$2.92	
Employee + Spouse	\$237.27	\$123.69	\$153.38	\$84.30	\$16.34	\$2.92	\$5.40	
Employee + Children	\$126.56	\$65.02	\$91.27	\$43.92	\$14.41	\$3.16	\$6.35	
Employee + Family	\$415.40	\$208.33	\$262.79	\$150.17	\$24.09	\$4.34	\$8.18	
<b>Part-Time</b>								
Employee Only	\$115.68	\$52.62	\$65.60	\$34.76	\$12.07	\$1.44	\$2.92	
Employee + Spouse	\$353.96	\$158.20	\$179.76	\$107.83	\$24.24	\$2.92	\$5.40	
Employee + Children	\$200.22	\$88.32	\$108.80	\$59.65	\$21.79	\$3.16	\$6.35	
Employee + Family	\$561.67	\$251.24	\$299.61	\$181.08	\$34.05	\$4.34	\$8.18	
<b>HealthyKIDS</b>								
Employee + Children	\$82.82	\$49.37	\$79.52	\$33.36	\$8.40	\$3.16	\$6.35	
Employee + Family	\$310.55	\$190.54	\$247.52	\$137.34	\$18.05	\$4.34	\$8.18	

**B. Discounted**

(\$20 semi-monthly reduction for employees who qualified for the HealthQuest Rewards Program Premium Incentive Discount)

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Avésis Vision		
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced	
<b>Full-Time</b>								
Employee Only	\$19.90	\$15.20	\$32.56	\$3.25	\$6.69	\$1.44	\$2.92	
Employee + Spouse	\$217.27	\$103.69	\$133.38	\$64.30	\$16.34	\$2.92	\$5.40	
Employee + Children	\$106.56	\$45.02	\$71.27	\$23.92	\$14.41	\$3.16	\$6.35	
Employee + Family	\$395.40	\$188.33	\$242.79	\$130.17	\$24.09	\$4.34	\$8.18	
<b>Part-Time</b>								
Employee Only	\$95.68	\$32.62	\$45.60	\$14.76	\$12.07	\$1.44	\$2.92	
Employee + Spouse	\$333.96	\$138.20	\$159.76	\$87.83	\$24.24	\$2.92	\$5.40	
Employee + Children	\$180.22	\$68.32	\$88.80	\$39.65	\$21.79	\$3.16	\$6.35	
Employee + Family	\$541.67	\$231.24	\$279.61	\$161.08	\$34.05	\$4.34	\$8.18	
<b>HealthyKIDS</b>								
Employee + Children	\$62.82	\$29.37	\$59.52	\$13.36	\$8.40	\$3.16	\$6.35	
Employee + Family	\$290.55	\$170.54	\$227.52	\$117.34	\$18.05	\$4.34	\$8.18	

Network Info	Plan A	Plan C	Plan J	Plan N
Medical & Pharmacy *				
Medical Deductible	Single: \$900 Family: \$1,800	Single: \$2,750 Family: \$5,500 (1)	Single: \$500 Family: \$1,000	Single: \$2,750 Family: \$5,500 (1)
Coinsurance	20%	10%	25%	35%
PCP Office Visit	\$30 Copay	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist Visit	\$60 Copay	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Pharmacy Coinsurance	20%/35%/60%	20%/35%/60%	20%/35%/60%	20%/35%/60%
Special Case Rx	\$100 Max for 30-Day Supply	N/A	N/A	N/A
Out of Pocket Maximum: Medical & Pharmacy	Single: \$5,250 Family: \$10,500	Single: \$4,500 Family: \$9,000	Single: \$7,350 Family: \$14,700	Single: \$6,650 Family: \$13,300
<b>Non-Network</b>				
Medical Deductible *	Single: \$900 Family: \$1,800	Single: \$2,750 Family: \$5,500 (1)	Single: \$1,000 Family: \$2,000	Single: \$2,750 Family: \$5,500 (1)
Coinsurance	50%	50%	50%	50%
Out of Pocket Max Medical & Pharmacy *	Single: \$5,250 Family: \$10,500	Single: \$4,500 Family: \$9,000	Single: \$10,000 Family: \$20,000	Single: \$6,650 Family: \$13,300
Health Savings Account (HSA) or Health Reimbursement Account (HRA)?	None	EE can choose either HSA or HRA. If HSA elected, EE required to contribute minimum \$25 semi-monthly.	HRA only for HQ credits	EE can choose either HSA or HRA. If HSA elected, EE does not have to contribute to get the ER contribution.
Employer Annual Contribution (EE Only/EE & Spouse & EE & Family/Employee & Children)	None	For Full-time Employees: \$1,000/\$1,250/\$1,750 For Part-time Employees: \$625.20/\$687.60/\$1,187.60	None	For Full-time Employees: \$500/\$625/\$875 For Part-time Employees: \$312.60/\$343.80/\$593.80
Can EE/SP earn HQ HSA/HRA dollars?	No	Yes, EE/SP: \$500/\$1,000	HRA only, EE/SP: \$500/\$1,000	Yes, EE/SP: \$500/\$1,000

(EE - Employee SP - Spouse HSA - Health Savings Account HRA - Health Reimbursement Account HQ - HealthQuest Rewards Premium Incentive Program.)

\*Discount Tier & non-covered items or services do not count toward Deductible or Out of Pocket Maximum.

(1) Plan C and N: The deductible for all "non-single policies" (EE/SP; EE/Children; EE/Family) will be \$2,800 for all individuals within the family. However, the overall

For employees with 2021 medical plan coverage who do not make an election during Open Enrollment for PY 2022, default is Plan N with an HRA.