



Health Insurance as of January 1, 2022

Coverage	In Network	Out of Network	
Office Visits	\$15 Primary Physician, \$30 Specialist	80%* of PRC	
Preventative Care	100% (deductible does not apply)	80% (deductible may apply)	
Outpatient Surgery	100%*	80%* of PRC	
Emergency Room (waived if admitted)	100% after \$150 copay (waived if admitted)	80% after \$150 copay (waived if admitted)	
Retail Clinic Visit	\$10	80%* of PRC	
Urgent Care Visit	\$40	80%* of PRC	
Virtual Visits (non-specialist visit, via the Capital Blue Virtual Care Platform.)	No charge	N/A	
Virtual Visits (specialist visit, via the CapBlue Virtual Care Platform)	\$25 copay	N/A	
Outpatient Diagnostic Tests (x-rays, etc.)	100%*	80%	
Inpatient Hospital Services	100%*	80%* of PRC	
Mental Health/Substance Abuse:			
<i>Inpatient</i>	100%*	80%* of PRC	
<i>Inpatient Detoxification/Rehabilitation</i>	100%*	80%* of PRC	
<i>Outpatient</i>	100% after \$25 copay*	80%* of PRC	
Co-Insurance	N/A	80% / 20%	
Annual Deductible	\$350 individual / \$700/family	\$1,000 individual / \$2,000 family	
Maximum Out of Pocket <i>(once met, plan pays 100%)</i>	\$8,150 individual / \$16,300 family		
Prescription Drugs <i>Mandatory generic plan **</i>	Up to 30-day supply at Pharmacy: \$10 generic, \$35 preferred brand, \$50 non-preferred brand Specialty Rx: 20% coinsurance up to \$150/fill maximum		
Mandatory Mail Order <i>Required after 2 refills of a 30-day Rx</i>	Maintenance Rx must be filled by mail, with a 90-day supply provided at the following rates: \$25 Generic, \$85 Preferred Brand, \$125 non-preferred brand		
RATES (NO Vision) - Non-Tobacco/Smoke/Vape Users		RATES (NO Vision) - Tobacco/Smoke/Vape Users	
Employee only: \$129 per month / \$59.54 biweekly Employee+Child: \$224 per month / \$103.38 biweekly Employee+Spouse: \$296 per month / \$136.62 biweekly Employee+Children: \$365 per month / \$168.46 biweekly Employee+Spouse+Child(ren): \$403 per month / \$186 biweekly		Employee only: \$229 per month / \$105.69 biweekly Employee+Child: \$324 per month / \$149.54 biweekly Employee+Spouse: \$396 per month / \$182.77 biweekly Employee+Children: \$465 per monthly / \$214.62 biweekly Employee+Spouse+Child(ren): \$503 per month / \$232.15 biweekly	
SPOUSAL SURCHARGE:			
Additional \$100 per month surcharge applies if covering a spouse who has other coverage available (through an employer or Medicare).			
Vision Rates (Highmark/Davis Vision): Employee only: \$3.60 per month/ \$1.66 biweekly; Employee plus dependent(s): \$10.40 per month, \$4.80 biweekly			

LEGEND

+= Up to **\$350** of Individual in-network deductible expense is reimbursable for employees earning **\$32,000** or less annually.
 *= After satisfying the deductible; subject to maximum out-of-pocket limit.
 N/A = Not Applicable
 PRC = Provider's Reasonable Charge

**** Mandatory Generic:** If there is a generic equivalent and you obtain the brand name drug instead, even if this is at your doctor's request, you pay the difference between the cost of the generic and the brand name PLUS the brand co-pay. If there is no generic available, you pay just the brand name co-pay for the brand name drug.

Please Note: This summary is not intended to replace or supersede the insurer's certificate of coverage. Be sure to examine the handbook provided by the insurer for complete details, restrictions and exclusions.