



2022 Medical Information

	PPO Plan <i>In-network</i>	CDHP with HRAVEBA Contribution <i>In-network</i>
Deductible	\$300/\$900	\$1,250/\$2,500
Coinsurance	80/20	80/20
Out-of-Pocket Maximum	\$1,300/\$3,900 Deductible counts toward Out-of-Pocket max	\$3,300/\$6,600 Deductible counts toward Out-of-Pocket max
HRA VEBA Contribution	\$100/month	\$1,250/1x annual + \$100/month
Provider Network	Premera PPO	Premera PPO
Physician	\$20 Copay	80/20 after deductible*
Hospital		
Inpatient	80/20 after deductible	80/20 after deductible
Emergency	\$50 Copay	80/20 after deductible
OP Surgery	80/20 after deductible	80/20 after deductible
Prescriptions	\$10/\$25/\$40 Copay	80/20 after deductible
Preventive Care	100% (No Copay)	100% (No deductible*)
Chiropractic	\$20 Copay	80/20 after deductible
Vision Exam (1 per year)	\$20 Copay	80/20 after deductible
Vision Hardware (over 19) *Under age 19	\$300 Hardware 2 years & lenses: 1 pair per year	\$300 Hardware 2 years Frames & lenses: 1 pair per year
Monthly Premium	\$155.96**	\$0**

This is not a contract. This is a summary of benefits.

*Preventative services covered with no cost share

**Cost for Dental & Medical. Does not include \$13.43 charged monthly for Long Term Disability