

# 2022 Cost Sharing: Monthly

Plan	Monthly Premium Non-Wellness	Monthly Premium Wellness
<b>Plus Plan</b>		
Employee Only	\$183.00	\$133.00
Employee and Spouse	\$488.00	\$413.00
Employee and Child(ren)	\$426.00	\$376.00
Family	\$671.00	\$596.00
<b>Plus Plan—Employees Earning up to \$39,275</b>		
Employee Only	\$70.00	\$0.00
Employee and Spouse	\$370.00	\$295.00
Employee and Child(ren)	\$308.00	\$258.00
Family	\$553.00	\$478.00
<b>Plus Plan—Employees Earning \$200,000 and over</b>		
Employee Only	\$198.00	\$148.00
Employee and Spouse	\$534.00	\$459.00
Employee and Child(ren)	\$464.00	\$414.00
Family	\$731.00	\$656.00
<b>QHDHP Plan</b>		
Employee Only	\$106.00	\$56.00
Employee and Spouse	\$328.00	\$253.00
Employee and Child(ren)	\$281.00	\$231.00
Family	\$441.00	\$366.00
<b>QHDHP Plan—Employees Earning \$200,000 and over</b>		
Employee Only	\$123.00	\$73.00
Employee and Spouse	\$368.00	\$293.00
Employee and Child(ren)	\$313.00	\$263.00
Family	\$498.00	\$423.00

# 2022 Cost Sharing: Bi-Weekly

Plan	Bi-Weekly Premium Non-Wellness	Bi-Weekly Premium Wellness
<b>Plus Plan</b>		
Employee Only	\$84.46	\$61.38
Employee and Spouse	\$225.23	\$190.62
Employee and Child(ren)	\$196.62	\$173.54
Family	\$309.69	\$275.08
<b>Plus Plan—Employees Earning up to \$39,275</b>		
Employee Only	\$32.31	\$0.00
Employee and Spouse	\$170.77	\$136.15
Employee and Child(ren)	\$142.15	\$119.08
Family	\$255.23	\$220.62
<b>Plus Plan—Employees Earning \$200,000 and over</b>		
Employee Only	\$91.38	\$68.31
Employee and Spouse	\$246.46	\$211.85
Employee and Child(ren)	\$214.15	\$191.08
Family	\$337.38	\$302.77
<b>QHDHP Plan</b>		
Employee Only	\$48.92	\$25.85
Employee and Spouse	\$151.38	\$116.77
Employee and Child(ren)	\$129.69	\$106.62
Family	\$203.54	\$168.92
<b>QHDHP Plan—Employees Earning \$200,000 and over</b>		
Employee Only	\$56.77	\$33.69
Employee and Spouse	\$169.85	\$135.23
Employee and Child(ren)	\$144.46	\$121.38
Family	\$229.85	\$195.23

# 2022 Medical Plan Options



UHC	Plus Plan			QHDHP Plan		
	SLUCare+SSM	In-Network	Out-of-Network	SLUCare+SSM	In-Network	Out-of-Network
<b>Deductible</b>				Non-Embedded: (One member can satisfy entire family deductible)		
Individual	\$400	\$1,000	\$3,000	\$1,500	\$2,000	\$4,000
Family	\$800	\$2,000	\$6,000	\$3,000	\$4,000	\$8,000
Coinsurance	10%	20%	40%	10%	20%	50%
<b>Out-of-Pocket Maximum (includes medical deductibles and medical copays)</b>				Non-Embedded: (One member can satisfy entire family OOP Max)		
Individual	\$2,500	\$3,050	\$8,000	\$2,600	\$4,500	\$9,000
Family	\$5,000	\$6,100	\$16,000	\$5,200	\$9,000	\$18,000
<b>Physician Office Visits</b>						
Primary Care	\$10 copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	50% after ded.
Specialist Care	\$20 copay			10% after ded.		
Preventive Care	100%	100%	100%	100%	100%	100%
<b>Inpatient Hospital</b>						
	10% after ded.	20% after ded.	40% after ded.	10% after ded.	20% after ded.	50% after ded.
<b>Emergency Room</b>						
	\$250 copay	\$250 copay	\$250 copay	10% after ded.	20% after ded.	20% after ded.
<b>Urgent Care Center</b>						
	\$60 copay	\$60 copay	40% after ded.	10% after ded.	20% after ded.	50% after ded.

# 2022 Pharmacy Plan Options

Express Scripts	Plus Plan		QHDHP Plan	
	Retail (34-day supply)	Mail Order (90-day supply)	Retail (34-day supply)	Mail Order (90-day supply)
<b>Prescription Drug Costs</b>				
Tier 1	\$10	\$25	Medical deductible, then 10% coinsurance	
Tier 2	25% coinsurance \$30 min-\$50 max	25% coinsurance \$75 min-\$125 max	Medical deductible, then 10% coinsurance	
Tier 3	50% coinsurance \$50 min-\$100 max	50% coinsurance \$125 min-\$250 max	Medical deductible, then 25% coinsurance	
Tier 4	20% coinsurance up to \$200 max	N/A	Medical deductible, then 10% coinsurance	N/A
Preventive Medications	Priced according to the tier in which they fall		Covered at 100%, no deductible	
<b>Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)</b>				
Individual	\$1,500		Combined with Medical	
Family	\$3,000		Combined with Medical	