


# CBJ Benefit Comparison Plan Year July 2020—June 2021

BENEFIT	Economy	Standard
<b>Medical</b> <b>Premera BCBS of AK</b> Annual Deductible	\$550 / Individual \$1100 / Family	\$300 / Individual \$600 / Family
Plan Pays Based on allowable amount	80% of the allowable amount	80% of the allowable amount
Out of Pocket Limit (including Deductible)		
<b>Individual</b> <b>Family (2 member)</b> <b>Family (3+ member)</b>	<b>\$2550</b> <b>\$5100</b> <b>\$7100</b>	<b>\$1800</b> <b>\$3600</b> <b>\$5100</b>
<b>Emergency Room Visit</b>	\$150 Co-pay	\$150 Co-pay
<b>Annual/Lifetime Maximum</b>	None	None
<b>Prescription Drugs</b> <b>Premera BCBS of AK</b>  30 = Retail Pharmacy Fill 90 = Mail Order Pharmacy Fill	\$50 deductible/Max OOP \$1750  Preferred Generic    \$10 copay    30/90 Preferred Brand        \$35 copay    30/90 Preferred Specialty    \$55 copay    30 day mail Non-preferred (Generic, Brand & Specialty)    \$150 copay    30/90	\$50 deductible/Max OOP \$1250  Preferred Generic    \$10 copay    30/90 Preferred Brand        \$25 copay    30/90 Preferred Specialty    \$45 copay    30 day mail Non-preferred (Generic, Brand & Specialty)    \$100 copay    30/90
<b>Vision</b> <b>Premera BCBS of AK</b> Plan Pays Frequency	<b>No benefit</b>	100% of the allowable charges Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year)
<b>CBJ Contribution (MONTHLY)</b>  Emp Cont. Biweekly Healthy Rewards EE  EE/ Family Biweekly Healthy Rewards Family	<b>\$1390.00</b>  <b>\$0</b> <b>\$0</b>  <b>\$88.20</b> <b>\$38.20</b>	<b>\$1390.00</b>  <b>\$70.00</b> <b>\$20.00</b>  <b>\$155.40</b> <b>\$105.40</b>
<b>Dental</b> <b>Premera BCBS of AK</b> Annual Deductible	\$50 / Individual \$150 / Family	
<b>Basic Coverage</b> (No employee contribution for basic dental coverage)	Preventive cleanings—100% of the allowable amount per member per plan year  General Services—80% of the allowable charges Major Services—50% of the allowable charges \$2000.00 Maximum coverage limit per member per plan year	
<b>Dental Buy-Up Plan</b>  	<b>Buy-up option:</b> Deductible & Preventive same as above General Services—80% of allowable charges Major Services—80% of allowable charges \$3000.00 Maximum coverage limit per member per plan year <b>\$2500.00 Lifetime coverage for orthodontia per member</b>	
	<b>Bi-weekly Contributions:    Employee Only—\$12.46                      Family—\$24.00</b>	