# BRH Comparison Benefit Plan Year July 2021—June 2022

| BENEFIT | Economy | Standard |
|---|---|---|
| **Medical**<br>**Premera BCBS of AK**<br>Annual Deductible | $550 / Individual<br>$1100 / Family | $300 / Individual<br>$600 / Family |
| Plan Pays<br>Based on allowable amount | 80% of the allowable amount | 80% of the allowable amount |
| Out of Pocket Limit<br>(including Deductible)<br><br>**Individual**<br>**Family (2 member)**<br>**Family (3+ member)** | <br><br>**$2550**<br>**$5100**<br>**$7100** | <br><br>**$1800**<br>**$3600**<br>**$5100** |
| **Emergency Room Visit** | $150 Co-pay | $150 Co-pay |
| **Annual/Lifetime Maximum** | None | None |
| **Prescription Drugs**<br>**Premera BCBS of AK**<br><br>**30 = Retail Pharmacy Fill**<br>**90 = Mail Order Pharmacy Fill** | $50 deductible/Max OOP $1750<br>Preferred Generic $10 copay 30/90<br>Preferred Brand $35 copay 30/90<br>Preferred Specialty $55 copay 30 day mail<br>Non-preferred (Generic, Brand & Specialty $150 copay 30/90 | $50 deductible/Max OOP $1250<br>Preferred Generic $10 copay 30/90<br>Preferred Brand $25 copay 30/90<br>Preferred Specialty $45 copay 30 day mail<br>Non-preferred (Generic, Brand & Specialty $100 copay 30/90 |
| **Vision**<br>**Premera BCBS of AK**<br>Plan Pays<br>Frequency | **No benefit** | 100% of the allowable charges<br>Exam/lenses:<br>1x PPY<br>Frames/contacts:<br>$200 (Per Benefit Year) |
| **CBJ Contribution (MONTHLY)**<br><br>Emp Cont. Biweekly<br>Healthy Rewards EE<br><br>EE/ Family Biweekly<br>Healthy Rewards Family | **$1602.00**<br><br>**$0**<br>**$0**<br><br>**$138.20**<br>**$88.20** | **$1602.00**<br><br>**$95.00**<br>**$45.00**<br><br>**$205.40**<br>**$155.40** |
| **Dental**<br>**Premera BCBS of AK**<br>Annual Deductible | $50 / Individual<br>$150 / Family | |
| **Basic Coverage**<br>(No employee contribution for basic dental coverage) | Preventive cleanings—100% of the allowable amount per member per plan year<br><br>General Services—80% of the allowable charges<br>Major Services—50% of the allowable charges<br>$2000.00 Maximum coverage limit per member per plan year | |
| **Dental Buy-Up Plan** | **Buy-up option:**<br>Deductible & Preventive same as above<br>General Services—80% of allowable charges<br>Major Services—80% of allowable charges<br>$3000.00 Maximum coverage limit per member per plan year<br>**$2500.00 Lifetime coverage for orthodontia per member**<br><br>**Bi-weekly Contributions: Employee Only—$18.95 Family—$31.13** | |

# BRH Plan Year 2021-2022 PART-TIME Rates

| BENEFIT | Economy | Standard |
|---|---|---|
| **Medical**<br>Annual Deductible | $550 / Individual<br>$1100 / Family | $300 / Individual<br>$600 / Family |
| Plan Pays<br>Based on allowable amount | 80% of the allowable amount | 80% of the allowable amount |
| Out of Pocket Limit<br>(including Deductible)<br><br>**Individual**<br>**Family (2 member)**<br>**Family (3+ member)** | <br><br>**$2550**<br>**$5100**<br>**$7100** | <br><br>**$1800**<br>**$3600**<br>**$5100** |
| **Emergency Room Visit** | $150 Co-pay | $150 Co-pay |
| **Annual/Lifetime Maximum** | None | None |
| **Prescription Drugs**<br><br>30 = Retail Pharmacy Fill<br>90 = Mail Order Pharmacy Fill | $50 deductible/Max OOP $1750<br>Preferred Generic $10 copay 30/90<br>Preferred Brand $35 copay 30/90<br>Preferred Specialty $55 copay 30 day mail<br>Non-preferred (Generic, Brand & Specialty $150 copay 30/90 | $50 deductible/Max OOP $1250<br>Preferred Generic $10 copay 30/90<br>Preferred Brand $25 copay 30/90<br>Preferred Specialty $45 copay 30 day mail<br>Non-preferred (Generic, Brand & Specialty $100 copay 30/90 |
| **Vision**<br>Plan Pays<br>Frequency | **No benefit** | 100% of the allowable charges<br>Exam/lenses:<br>1x PPY<br>Frames/contacts:<br>$200 (Per Benefit Year) |
| **Dental** | See information on opposite side | |
| **BRH Contribution (MONTHLY)** | **Depends on Part-time hours worked** | |

| Hours of work per pay period | 32 | 36 | 40 | 48 | 60 | 64 |
|---|---|---|---|---|---|---|
| Economy | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Standard | $505.77 | $464.69 | $423.62 | $341.46 | $218.23 | $177.15 |
| **Employee & Family** | **32** | **36** | **40** | **48** | **60** | **64** |
| Economy | $548.97 | $507.89 | $466.82 | $384.66 | $261.43 | $220.35 |
| Standard | $616.17 | $575.09 | $534.02 | $451.86 | $328.63 | $287.55 |