

BRH Benefit Comparison Plan Year July 2022—June 2023

BENEFIT	Economy	Standard
Medical Premera BCBS of AK Annual Deductible	\$700 / Individual \$1400 / Family	\$350 / Individual \$700 / Family
Plan Pays	80% of the allowable amount (after deductible) 100% of the allowable amount (after out-of-pocket max)	80% of the allowable amount (after deductible) 100% of the allowable amount (after out-of-pocket max)
Out of Pocket Limit (including Deductible)		
Individual	\$3000	\$1850
Family (2 member)	\$6000	\$3700
Family (3+ member)	\$8000	\$5200
Emergency Room Visit	\$150 Co-pay	\$150 Co-pay
Annual/Lifetime Maximum	None	None
Prescription Drugs Premera BCBS of AK 30 = Retail Pharmacy Fill 90 = Mail Order Pharmacy Fill	\$150 deductible/Max OOP \$2000 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	\$75 deductible/Max OOP \$1450 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
BRH Contribution for Health & Dental	\$1680.00 Monthly \$775.39 Bi-Weekly	\$1680.00 Monthly \$775.39 Bi-Weekly
Emp Cont. Biweekly	\$0	\$97.45
Healthy Rewards EE	\$0	\$47.45
EE/ Family Biweekly	\$147.90	\$215.20
Healthy Rewards Family	\$97.90	\$165.20
Vision Premera BCBS of AK Plan Pays Frequency	100% of the allowable charges for Exam/lenses 1x PPY Frames/contacts: \$200 (Per Benefit Year) Bi-weekly Contributions: Employee Only—\$2.30 Family—\$4.60	
Dental Premera BCBS of AK Annual Deductible	\$50 / Individual \$150 / Family	
Basic Coverage (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	
Dental Buy-Up Plan	Buy-up option: 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 \$2500.00 Lifetime coverage for orthodontia per member Bi-weekly Contributions: Employee Only—\$19.61 Family—\$32.22	

BRH Plan Year 2022-2023 PART-TIME Rates

BENEFIT	Economy	Standard
Medical Annual Deductible	\$700 / Individual \$1400 / Family	\$350 / Individual \$700 / Family
Plan Pays	80% of the allowable amount (after deductible) 100% of the allowable amount (after out-of-pocket max)	80% of the allowable amount (after deductible) 100% of the allowable amount (after out-of-pocket max)
Out of Pocket Limit (including Deductible)		
Individual	\$3000	\$1850
Family (2 member)	\$6000	\$3700
Family (3+ member)	\$8000	\$5200
Emergency Room Visit	\$150 Co-pay	\$150 Co-pay
Annual/Lifetime Maximum	None	None
Prescription Drugs	\$150 deductible/Max OOP \$2000	\$75 deductible/Max OOP \$1450
30 = Retail Pharmacy Fill	Preferred Generic \$10 copay 30/90	Preferred Generic \$10 copay 30/90
90 = Mail Order Pharmacy Fill	Preferred Brand \$35 copay 30/90	Preferred Brand \$25 copay 30/90
	Preferred Specialty \$55 copay 30 day mail	Preferred Specialty \$45 copay 30 day mail
	Non-preferred (Generic, Brand & Specialty) \$150 copay 30/90	Non-preferred (Generic, Brand & Specialty) \$100 copay 30/90
Vision Premera BCBS of AK Plan Pays Frequency	100% of the allowable charges for Exam/lenses 1x PPY Frames/contacts: \$200 (Per Benefit Year)	
	Bi-weekly Contributions: Employee Only—\$2.30	Family—\$4.60
Dental	See information on opposite side	
CBJ Contribution (MONTHLY)	Depends on Part-time hours worked	

Hours of work per pay period (Based on 72 hour pay period)	32	36	40	48	60	64
Economy Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Standard Employee	\$504.08	\$463.41	\$422.75	\$341.42	\$219.43	\$178.77
Economy Family	\$551.14	\$510.81	\$470.49	\$389.84	\$250.87	\$228.55
Standard Family	\$618.42	\$578.09	\$537.77	\$457.12	\$336.15	\$295.83
Dental Employee	\$25.20	\$22.92	\$20.64	\$16.08	\$9.24	\$6.96
Dental Family	\$31.51	\$29.23	\$26.95	\$22.39	\$15.55	\$13.27