

CBJ 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 Family (2 member) Family (3+ member)	\$3000 \$6000 \$8000	\$1850 \$3700 \$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
CBJ Contribution for Health & Dental	\$1533.00 Monthly \$707.54 Bi-Weekly	\$1533.00 Monthly \$707.54 Bi-Weekly
Emp Cont. Biweekly Healthy Rewards EE EE/ Family Biweekly Healthy Rewards Family	\$0 \$0 \$147.90 \$97.90	\$97.45 \$47.45 \$215.20 \$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

CBJ 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 75 hour pay period)	32	36	40	48	60	64
Economy Employee	\$380.89	\$345.49	\$310.09	\$239.29	\$133.09	\$97.69
Standard Employee	\$478.33	\$442.93	\$407.53	\$336.73	\$230.53	\$195.13
Economy Family	\$522.48	\$487.08	\$451.68	\$380.88	\$274.68	\$239.28
Standard Family	\$589.76	\$554.36	\$518.96	\$448.16	\$341.96	\$306.56
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