

JSD 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
JSD Contribution for Health & Dental	\$1716.00 Monthly \$792.00 Bi-Weekly	\$1716.00 Monthly \$792.00 Bi-Weekly
Emp Cont. Biweekly Healthy Rewards EE	\$0 \$0	\$97.45 \$47.45
EE/ Family Biweekly Healthy Rewards Family	\$147.90 \$97.90	\$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	