

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	\$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
CBJ Contribution for Health & Dental	\$652.68 Employee Only Bi-Weekly \$646.83 Family Bi-Weekly	\$652.68 Employee Only Bi-Weekly \$646.83 Family 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
	CBJ Bi-weekly Contribution:	Employee Only—\$11.41 Family—\$10.95
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 Bi-weekly Contribution:	Employee Only—\$43.45 Family—\$49.76

CBJ Plan Year 2022-2023 PART-TIME Rates

Rates are Estimates & may vary dependent on hours worked

Hours of work per pay period (Based on 75 hour pay period)	30	45	60
Economy Employee	\$391.61	\$261.07	\$130.54
Standard Employee	\$489.06	\$358.52	\$227.99
Economy Family	\$536.00	\$406.63	\$277.27
Standard Family	\$603.30	\$473.93	\$344.57
Basic Dental Employee	\$26.07	\$17.38	\$8.69
Basic Dental Family	\$29.86	\$19.90	\$9.95
Buy-up Dental Employee	\$45.68	\$36.99	\$28.30
Buy-up Dental Family	\$62.08	\$52.12	\$42.17
Vision Employee	\$9.15	\$6.87	\$4.58
Vision Family	\$11.17	\$8.98	\$6.79
Hours of work per pay period (Based on 80 hour pay period)	32	48	64
Economy Employee	\$391.61	\$261.07	\$130.54
Standard Employee	\$489.06	\$358.52	\$227.99
Economy Family	\$536.00	\$406.63	\$277.27
Standard Family	\$603.30	\$473.93	\$344.57
Basic Dental Employee	\$26.16	\$17.52	\$8.88
Basic Dental Family	\$29.92	\$19.99	\$10.07
Buy-up Dental Employee	\$45.77	\$37.13	\$28.49
Buy-up Dental Family	\$62.14	\$69.35	\$60.71
Vision Employee	\$9.15	\$6.87	\$4.58
Vision Family	\$11.17	\$8.98	\$6.79