

2022 Medical Plan Coverage and Costs

Text in green reflects a change for 2022

Medical Plan	SEQA	EQA	PPO			HSA		
	Tier 1 BSWQA	Tier 1 BSWQA	Tier 1 BSWQA	Tier 2 Cigna National	Tier 3 Out of Network	Tier 1 BSWQA	Tier 2 Cigna National	Tier 3 Out of Network
Annual Deductible								
Employee only	\$250	\$750	\$1,500	\$3,000	\$10,000	\$1,750	\$3,500	\$7,000
Employee + family	\$500 [^]	\$1,500 [^]	\$3,000 [^]	\$6,000 [^]	\$20,000 [^]	\$3,500	\$7,000	\$14,000
Out-of-Pocket Maximum								
Employee only	\$3,000	\$4,000	\$4,000	\$7,000	No Limit	\$3,950	\$7,000	No Limit
Employee + family	\$6,000 ^{^^}	\$8,000 ^{^^}	\$8,000 ^{^^}	\$14,000 ^{^^}	No Limit	\$7,900 ^{^^}	\$14,000 ^{^^}	No Limit
Your Cost for Care and Services								
Preventive care*	\$0	\$0	\$0	\$0	Not Covered	\$0	\$0	Not Covered
eVisit	\$0	\$0	\$0	\$70/\$100**	Not Covered	0% AD	50% AD	Not Covered
Primary Care Physician (PCP) and video visit	\$10	\$30	\$35	\$70	80% AD	10% AD	50% AD	80% AD
Specialist office and video visit	\$40	\$50	\$60	\$100	80% AD	10% AD	50% AD	80% AD
Urgent care office visit	\$50	\$75	\$75	\$100	\$100	10% AD	50% AD	50% AD
Emergency room ⁺	\$250	\$250	\$350 +10% coinsurance	\$350 +10% coinsurance	\$350 +10% coinsurance	10% AD	10% AD	10% AD
Bundled maternity copay ^{**}	\$400	\$400	\$1,200	N/A	N/A	N/A	N/A	N/A
Diagnostic labs and X-rays	Labs: 20% X-rays: \$75	Labs: 30% X-rays: \$75	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Advanced imaging – PET, CT, CAT	\$100	\$100	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Advanced imaging – MRI, MRA	\$150	\$150	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Inpatient hospitalization	10% AD	10% AD	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Outpatient care	10% AD	10% AD	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD

NOTE:

• AD means after deductible.

• Medical expenses will only apply to the applicable network tier.

• The cost for video visits now aligns with the applicable office visit copay.

* In order for preventive care to be covered at 100%, services must be coded as preventive. Please see [BSWH.SWHP.org](https://www.bswhealth.com/bswh.org) for a complete list of covered preventive care services.

** Covered at the applicable copay: PCP \$70, specialist \$100.

* Copay for SEQA, EQA and PPO is waived if admitted.

** Copay applies to the facility claim. All other services billed with a maternity/delivery diagnosis code (e.g., OBGYN, anesthesia, pathology) will be paid at 100%, including prenatal services and well-baby charges if your newborn is added to the plan for coverage.

[^]The plan provides after-deductible coverage once an individual with family coverage meets the individual deductible, even if the family deductible has not been met.

^{^^}Once an individual with family coverage has met the out-of-pocket maximum, the plan provides 100% coverage for that individual, even if the family out-of-pocket maximum has not been met.

Prescription Drug Costs

Text in green reflects a change for 2022

Type of Rx	SEQA		EQA and PPO		HSA
	BSW Pharmacy 30-day cost/ 90-day* cost	Contracted Pharmacy 30-day* supply only	BSW Pharmacy 30-day cost/ 90-day* cost	Contracted Pharmacy 30-day* supply only	BSW or Contracted Pharmacy 90-day* supplies are only available through the BSW Pharmacy
Preferred generic	\$5/\$10	\$12	\$5/\$10	\$12	10% AD
Preferred brand	\$25/\$50	\$50	\$35/\$70	\$50	10% AD
Non-preferred brand and generic	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50%	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50% after \$100 individual deductible	10% AD
Specialty	\$100	N/A	20% (\$200 Max)	N/A	10% AD*
Chronic and preventive**	\$10/\$20 \$0 Diabetic Treatment [^]	\$20 \$0 Diabetic Treatment [^]	\$10/\$20	\$20	10% AD

* Only BSW pharmacies can fill a 90-day supply of a medication. The max day supply through a contracted pharmacy is 30 days. Specialty drugs are only available at BSW pharmacies.

** To help make some frequently prescribed preferred drugs for asthma, diabetes and some other chronic conditions more affordable, we've placed a select group on a special chronic and preventive medication list. Find the complete list on BSWH.SWHP.org.

[^] Selected diabetes devices, drugs and insulin.

NOTE:

- Fertility drugs are covered at 20% with a maximum \$400 copay and a \$7,500 lifetime maximum pharmacy benefit.
- Drugs not listed on formulary require prior authorization. If authorized, you'll pay the applicable non-preferred or specialty copay.



2022 Medical Premiums Per Pay Periods

Your Hourly Rate	Coverage Tier	SEQA	EQA	PPO	HSA
Up to \$15/hour	Employee only	\$10	The EQA Plan is unavailable for this hourly rate	\$42	\$12
	Employee + spouse	\$71		\$112	\$50
	Employee + child(ren)	\$70		\$108	\$49
	Employee + family	\$119		\$163	\$76
\$15.01 to \$27/hour	Employee only	\$21		\$66	\$31
	Employee + spouse	\$116		\$183	\$99
	Employee + child(ren)	\$102		\$143	\$80
	Employee + family	\$164		\$234	\$133
\$27.01 to \$48/hour	Employee only	The SEQA Plan is unavailable for this hourly rate	\$69	\$90	\$59
	Employee + spouse		\$176	\$225	\$149
	Employee + child(ren)		\$150	\$192	\$124
	Employee + family		\$230	\$306	\$207
\$48.01 to \$72/hour	Employee only		\$95	\$116	\$85
	Employee + spouse		\$211	\$271	\$190
	Employee + child(ren)		\$183	\$227	\$157
	Employee + family		\$275	\$353	\$264
NEW \$72.01 per hour and above	Employee only		\$98	\$119	\$88
	Employee + spouse		\$218	\$280	\$196
	Employee + child(ren)		\$190	\$235	\$162
	Employee + family		\$285	\$365	\$273

· Premiums are deducted on a pre-tax basis.

Part-Time Medical Premiums Per Pay Period

Coverage Tier	SEQA (\$27/hour and below) EQA (\$27.01/hour and above)	PPO	HSA
Employee only	\$104	\$254	\$108
Employee + spouse	\$309	\$453	\$314
Employee + child(ren)	\$219	\$444	\$225
Employee + family	\$369	\$678	\$375

· Premiums are deducted on a pre-tax basis.

Dental Premiums Per Pay Period

Coverage Tier	PPO	PPO Plus
Employee only	\$9.29	\$18.33
Employee + spouse	\$18.60	\$35.74
Employee + child(ren)	\$24.90	\$46.00
Employee + family	\$31.58	\$63.42

• Premiums are deducted on a pre-tax basis.

Vision Premiums Per Pay Period

Coverage Tier	Cost
Employee only	\$3.08
Employee + spouse	\$6.12
Employee + child(ren)	\$6.00
Employee + family	\$9.12

• Premiums are deducted on a pre-tax basis.

Short-Term Disability (STD)

STD coverage pays a portion of your salary if you're sick or injured. It's also the **only** way to receive maternity, parental or adoption benefits.

Person Covered	Cost
You	\$0.867 per \$100 of monthly covered payroll

- Premiums are deducted on a pre-tax basis. Any income received from disability would be treated as taxable income.
- Full-rate calculations are available in the PeoplePlace enrollment system.
- **Actively at work provision:** If you request to elect or increase your coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

Long-Term Disability (LTD)

We provide basic LTD at no cost to you. A voluntary buy-up plan is available for purchase, and rate calculations are available in the PeoplePlace enrollment system.

Person Covered	Coverage you pay for
You	Additional 10% of your base salary following 180 days of disability

- Premiums for voluntary LTD are deducted post-tax; therefore, income received for this portion would not be taxed.
- Pre-existing condition limitations may apply.
- **Actively at work provision:** If you request to elect or increase your coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

As a reminder, if you previously opted out of STD coverage, you must elect it in order to receive maternity, parental and adoption leave benefits.

If you are newly enrolling in STD coverage, you are subject to the pre-existing condition provision, which states that if you've been diagnosed, treated or received medical advice for a condition (including pregnancy) within three months of your effective date on the plan, that condition will be excluded for a period of 12 months. If you are pregnant at the time you enroll, your delivery and recovery will be excluded from the STD benefits for that coverage year. If you are currently enrolled in the plan or are a new hire or newly benefit eligible and elect during your initial enrollment, you are not subject to the provision.

Critical Illness Insurance Premiums Per Pay Period

\$15,000 Benefit				
Attained Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
0-24	\$2.10	\$4.25	\$4.84	\$6.99
25-29	\$2.49	\$4.88	\$5.23	\$7.62
30-34	\$3.43	\$6.52	\$6.18	\$9.26
35-39	\$5.05	\$9.61	\$7.79	\$12.34
40-44	\$6.51	\$12.46	\$9.25	\$15.20
45-49	\$9.09	\$17.86	\$11.82	\$20.60
50-54	\$12.09	\$25.50	\$14.83	\$28.23
55-59	\$15.94	\$35.32	\$18.69	\$38.06
60-64	\$19.81	\$44.40	\$22.55	\$47.14
65-69	\$24.28	\$53.20	\$27.02	\$55.95
70-74	\$33.84	\$73.18	\$36.57	\$75.92
75-79	\$43.79	\$95.48	\$46.52	\$98.22
80-84	\$60.91	\$116.25	\$63.65	\$118.98
85+	\$77.41	\$159.36	\$80.14	\$162.09

\$30,000 Benefit				
Attained Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
0-24	\$4.20	\$8.50	\$9.67	\$13.98
25-29	\$4.98	\$9.76	\$10.46	\$15.23
30-34	\$6.87	\$13.04	\$12.35	\$18.51
35-39	\$10.10	\$19.21	\$15.57	\$24.69
40-44	\$13.02	\$24.92	\$18.49	\$30.40
45-49	\$18.18	\$35.72	\$23.65	\$41.20
50-54	\$24.18	\$51.00	\$29.66	\$56.47
55-59	\$31.89	\$70.65	\$37.37	\$76.13
60-64	\$39.61	\$88.80	\$45.09	\$94.27
65-69	\$48.56	\$106.41	\$54.04	\$111.89
70-74	\$67.68	\$146.36	\$73.15	\$151.84
75-79	\$87.57	\$190.97	\$93.05	\$196.44
80-84	\$121.82	\$232.49	\$127.30	\$237.96
85+	\$154.81	\$318.71	\$160.29	\$324.18

- Spouse and child rates are derived from employee age. Children are eligible up to age 26.
- Premiums are deducted on a post-tax basis.

- **Actively at work provision:** If you request to elect or increase you or your dependent's coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

Accidental Injury Insurance Premiums Per Pay Period

Coverage Tier	Cost
Employee only	\$4.61
Employee + spouse	\$7.94
Employee + child(ren)	\$7.62
Employee + family	\$9.57



- Premiums are deducted on a post-tax basis.
- **Actively at work provision:** If you request to elect or increase you or your dependent's coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

Supplemental Life Insurance Premiums Per Pay Period

We provide basic life insurance of 1x your annual salary at no cost to you. Supplemental plans are available for purchase, and rates are listed below.

Your Age	Per \$1,000 Coverage for You	Per \$1,000 Coverage for Your Spouse	Per \$1,000 Coverage for Your Child(ren)
<25	\$0.013	\$0.025	\$0.035 (one premium covers all children in family)
25-29	\$0.016	\$0.031	
30-34	\$0.022	\$0.041	
35-39	\$0.028	\$0.047	
40-44	\$0.036	\$0.054	
45-49	\$0.054	\$0.080	
50-54	\$0.084	\$0.138	
55-59	\$0.138	\$0.254	
60-64	\$0.192	\$0.416	
65 ⁺ -69	\$0.313	\$0.810	
70 ⁺ -74	\$0.630	\$1.563	
75+	\$0.819	\$1.563	

Supplemental AD&D Premiums Per Pay Period

We provide basic AD&D of 1x your annual salary at no cost to you. Supplemental plans are available for purchase, and rates are listed below.

Per \$1,000 Coverage for You	Per \$1,000 Coverage for Your Spouse	Per \$1,000 Coverage for Your Child(ren)
\$0.006	\$0.007	\$0.008

Important notes for Life and AD&D plans:

- Premiums are deducted on a post-tax basis.
- Full-rate calculations are available in the PeoplePlace enrollment system.
- **Actively at work provision:** If you request to elect or increase you or your dependent's coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.
- **Evidence of insurability (EOI):** Certain levels of life coverage may require you to demonstrate good health by completing an EOI form. In these cases, your coverage will not take effect until approved.

* **Age reduction provision:** If you have reached age 65, you and your spouse's amount of life insurance will be 65% of the amount of life insurance you had prior to 65. If you have reached 70 or more, you and your spouse's amount of life insurance will be 50% of the amount you had prior to the first reduction.