

2022 MEDICAL PLAN COMPARISON CHART



	SimplePay Core Plan				SimplePay Value HDHP				SimplePay Enhanced HDHP			
	Tier 1	Tier 2	Tier 3	Out-of-Network	Tier 1	Tier 2	Tier 3	Out-of-Network	Tier 1	Tier 2	Tier 3	Out-of-Network
Carrier Network	Aetna Choice POS II				Aetna Choice POS II				Aetna Choice POS II			
Annual Deductible	None				\$2,000 per individual / \$4,000 per family				\$1,500 per individual / \$3,000 per family			
Annual Out-of-Pocket Maximum	\$5,750 per individual / \$11,500 per family				\$5,000 per individual / \$10,000 per family				\$3,350 per individual / \$6,700 per family			
Savings Account Eligibility	Flexible Spending Account (FSA) Eligible				Health Savings Account (HSA) Eligible				Health Savings Account (HSA) Eligible			
Employer Contribution to Savings Account	None				Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year				Individual: \$70 per month / \$840 per year Family: \$140 per month / \$1,680 per year			
Office Visit	\$30	\$40	\$65	\$80	\$15	\$20	\$30	\$40	\$15	\$20	\$30	\$40
Specialist Visit	\$55	\$75	\$125	\$150	\$30	\$40	\$65	\$80	\$30	\$40	\$65	\$80
Teladoc	No Charge	No Charge	No Charge	Not Covered	No Charge	No Charge	No Charge	Not Covered	No Charge	No Charge	No Charge	Not Covered
Chiropractic (20 visits per calendar year)	\$55	\$75	\$125	\$150	\$30	\$40	\$65	\$80	\$30	\$40	\$65	\$80
Diagnostic Lab and X-ray	\$80	\$110	\$180	\$225	\$40	\$55	\$90	\$110	\$40	\$55	\$90	\$110
Urgent Care	\$55	\$75	\$125	\$150	\$30	\$40	\$65	\$80	\$30	\$40	\$65	\$80
Emergency Room	\$525 (copay waived if admitted)				\$265 (copay waived if admitted)				\$265 (copay waived if admitted)			
Inpatient Hospital Services	\$2,850	\$3,800	\$5,750	\$6,900	\$1,425	\$1,900	\$3,165	\$3,800	\$1,300	\$1,600	\$1,750	\$2,500
Outpatient Surgery	\$925	\$1,235	\$2,050	\$2,500	\$465	\$615	\$1,030	\$1,236	\$465	\$615	\$1,030	\$1,240

2022 PHARMACY PLAN COMPARISON CHART



	SimplePay Core Plan				SimplePay Value HDHP				SimplePay Enhanced HDHP			
	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network	All other In-Network Pharmacies	CVS	Walgreens	Out-of-Network
Deductible	Deductible does not apply				Medical deductible applies				Medical deductible applies			
Out-of-Pocket Maximum*	Prescriptions subject to medical out-of-pocket maximums				Prescriptions subject to medical out-of-pocket maximums				Prescriptions subject to medical out-of-pocket maximums			
31 Day Supply (Retail Pharmacy)												
Generic	\$5 copay	\$10 copay	\$20 copay	Not covered	\$5 copay	\$5 copay	\$10 copay	Not Covered	\$5 copay	\$5 copay	\$10 copay	Not Covered
Preferred	\$45 copay	\$50 copay	\$85 copay	Not covered	\$10 copay	\$15 copay	\$25 copay	Not Covered	\$10 copay	\$15 copay	\$25 copay	Not Covered
Non-Preferred	\$65 copay	\$80 copay	\$130 copay	Not covered	\$15 copay	\$15 copay	\$30 copay	Not Covered	\$15 copay	\$20 copay	\$30 copay	Not Covered
90 Day Supply (Home Delivery)												
Generic	\$10 copay		Not covered		\$10 copay		Not covered		\$10 copay		Not covered	
Preferred	\$90 copay		Not covered		\$25 copay		Not covered		\$25 copay		Not covered	
Non-Preferred	\$130 copay		Not covered		\$30 copay		Not covered		\$30 copay		Not covered	
Specialty**	\$85 copay		Not covered		\$15 copay		Not covered		\$15 copay		Not covered	

*If you reach your out-of-pocket maximum, SimplePay Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.

**Specialty medications are required to be filled through Mail Order.

NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.

2022 CONTRIBUTION COMPARISON CHART

Bi-Weekly Paycheck
Deduction

	SimplePay Core Plan	SimplePay Value HDHP	SimplePay Enhanced HDHP
Gross Salary <\$30K			
Team Member Only	\$36.86	\$44.97	\$73.57
Team Member + Spouse or Domestic Partner	\$95.85	\$116.89	\$191.21
Team Member + Child(ren)	\$78.41	\$95.64	\$156.44
Team Member + Family	\$155.80	\$190.02	\$310.78
Gross Salary \$30K – \$59K			
Team Member Only	\$46.93	\$57.24	\$93.64
Team Member + Spouse or Domestic Partner	\$117.96	\$143.90	\$235.33
Team Member + Child(ren)	\$96.49	\$117.70	\$192.50
Team Member + Family	\$186.95	\$228.03	\$372.94
Gross Salary \$60K-99K			
Team Member Only	\$50.26	\$61.33	\$100.31
Team Member + Spouse or Domestic Partner	\$125.34	\$152.88	\$250.03
Team Member + Child(ren)	\$102.52	\$125.07	\$204.55
Team Member + Family	\$197.34	\$240.69	\$393.66
Gross Salary >\$100K			
Team Member Only	\$53.60	\$65.36	\$106.88
Team Member + Spouse or Domestic Partner	\$132.65	\$161.81	\$264.66
Team Member + Child(ren)	\$108.55	\$132.38	\$216.50
Team Member + Family	\$207.73	\$253.36	\$414.38