

# Your 2022 Medical Benefits at a Glance

## Coverage with the Medical Plans

	Health Savings Plan***			Traditional Plan		
	Full Time	Part Time		Full Time	Part Time	
Team Member	\$23.13	\$ 47.61		\$ 66.53	\$172.27	
Team Member + Spouse	\$99.97	\$219.07		\$223.82	\$339.79	
Team Member + Child(ren)	\$71.27	\$172.46		\$182.43	\$277.25	
Team Member + Family	\$153.64	\$321.79		\$338.31	\$496.26	
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
<b>Annual Deductible*</b> • Individual • Family	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	\$500 \$1,000	\$1,000 \$2,000	\$2,000 \$4,000
<b>Coinsurance</b>	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost
<b>Doctor Office Visit</b> (PCP/Specialist)	You pay 10% of the cost	You pay 20% of the cost	You pay 60% of the cost	You pay \$25/\$50	You pay \$40/\$65	You pay 60% of the cost
<b>Retail Prescription Drugs</b> (30-day or less)	\$10 copay for generic drugs  20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum)  20% of the cost of non-formulary drugs** (\$50 minimum/no maximum)  20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)		Not covered	\$10 copay for generic drugs  20% of the cost of formulary drugs** (\$25 minimum/\$150 maximum)  20% of the cost of non-formulary drugs** (\$50 minimum/no maximum)  20% of the cost of specialty drugs (\$50 minimum/\$200 maximum)		Not covered
<b>Mail Order Prescription Drugs</b> (90-day)	\$10 copay for generic drugs  20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum)  20% of the cost of non-formulary drugs** (\$100 minimum/no maximum)  20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)		Not covered	\$10 copay for generic drugs  20% of the cost of formulary drugs** (\$50 minimum/\$300 maximum)  20% of the cost of non-formulary drugs** (\$100 minimum/no maximum)  20% of the cost of specialty drugs (\$100 minimum/\$400 maximum)		Not covered
<b>Annual Out-of-Pocket Maximum</b> • Individual • Family	\$4,000 \$8,150	\$6,000 \$8,150	No Limit No Limit	\$3,000 \$6,000	\$4,000 \$8,000	No limit No limit

\* Tier 3 deductibles don't apply to your out-of-pocket maximum.

\*\* Certain "preferred" brand-name drugs are in what's called a "formulary"—a list of brand-name drugs that are preferred over other brand-name drugs that may be prescribed for the same condition. You pay less for formulary drugs than non-formulary drugs. A list of these drugs can be found online at [myadventhealthrx.com](http://myadventhealthrx.com) and may change from time to time.

\*\*\* All eligible covered expenses count toward the deductible. The deductible must be met before the Prescription Drug copay applies (certain preventive/generic drugs are not subject to the deductible).

Bi-weekly, non-tobacco rates shown above. Tobacco users subject to an additional \$600 annual surcharge. Attestation required in order to receive non-tobacco user rate.