

2022 Plan Comparison

The deductible must be met before coinsurance rates apply.

Deductible, copays, and coinsurance apply to the out-of-pocket maximum.

All tiers cross-accumulate. The provider tier determines payment for the claim. The amount of the claim that applies to the deductible and out-of-pocket maximum will apply to all tiers.

Prescription drug deductible, copays, and coinsurance apply to Tier 1.

	CDHP 1			CDHP 2			Traditional		
	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network	Tier 1 – HealthSync	Tier 2 – In-Network	Out of Network
Deductible									
Single	\$2,000	\$2,500	\$2,500	\$1,400	\$1,750	\$1,750	\$750	\$1,000	\$1,000
Family	\$4,000	\$5,000	\$5,000	\$2,800	\$3,500	\$3,500	\$1,500	\$2,000	\$2,000
Out-of-Pocket Maximum									
Single	\$3,500	\$4,000	\$4,000	\$2,500	\$3,000	\$3,000	\$2,000	\$2,500	\$2,500
Family	\$7,000	\$8,000	\$8,000	\$5,000	\$6,000	\$6,000	\$4,000	\$5,000	\$5,000
Coinsurance Rates									
Office Visit	10%	30%	50%	10%	30%	50%	10%	30%	50%
Inpatient	10%	30%	50%	10%	30%	50%	10%	30%	50%
Emergency Room	10%	10%	10%	10%	10%	10%	10%	10%	10%
Urgent Care	10%	30%	50%	10%	30%	50%	10%	30%	50%
Wellness Prevention	0%	0%	50%	0%	0%	50%	0%	0%	50%

	CDHP 1			CDHP 2			Traditional		
	Base	Wellness	NTUA	Base	Wellness	NTUA	Base	Wellness	NTUA
Employee Premium									
Single	\$68.84	\$54.44	-\$35.00	\$81.90	\$67.50	-\$35.00	\$134.40	\$120.00	-\$35.00
Family	\$138.80	\$95.60	-\$35.00	\$186.54	\$143.34	-\$35.00	\$374.64	\$331.44	-\$35.00
Employer Premium									
Single		\$230.16			\$243.12			\$273.42	
Family		\$690.18			\$716.10			\$776.70	
Employer HSA Contribution									
Single		\$1,124.76			\$787.80			\$0	
Family		\$2,249.52			\$1,575.60			\$0	

	Prescription Drug Coverage		
	Deductible must be met before coinsurance rates apply		
	Retail Pharmacy Network (Up to 30-day supply)	Mail Order Pharmacy (Up to 90-day supply)	Retail Pharmacy Network (Up to 90-day supply)
Preventive Medicines (mandated by the ACA)	\$0 (no deductible)	\$0 (no deductible)	\$0 (no deductible)
Generic Medicines	\$10 copay	\$20 copay	\$30 copay
Preferred Brand-Name Medicines	20% Min \$30, Max \$50	20% Min \$60, Max \$100	20% Min \$90, Max \$150
Non-Preferred Brand-Name Medicines	40% Min \$50, Max \$70	40% Min \$100, Max \$140	40% Min \$150, Max \$210
Specialty Medicines	40% Min \$75, Max \$150 (30-day supply)		

