

Medical Plans Summary (January 01, 2022 - December 31, 2022)

Types of Coverage		Silver PPO Plan		Copper PPO Plan		CDHP w/ Optional HSA Plan		Charter HMO Plan	
		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible	Employee	\$3,000	\$9,000	\$3,500	\$7,000	\$4,500	\$9,000	\$1,000	
	Family	\$6,000	\$18,000	\$7,000	\$14,000	\$9,000	\$18,000	\$2,000	
Out-of-Pocket Limit (including deductible)	Employee	\$6,350	\$19,000	\$6,200	\$12,400	\$6,650	\$13,300	\$4,500	No Coverage
	Family	\$12,700	\$38,000	\$12,400	\$24,800	\$13,300	\$26,600	\$9,000	No Coverage
Coinsurance (After Deductible)		30%	50%	30%	50%	30%	50%	30%	
Emergency Room		\$750 copay		30% after Deductible		30% after Deductible		\$750 copay	
Physician Visit	Primary Care [Tier 1]	\$40 copay	50% after Ded.	\$60 copay	50% after Ded.	30% after Ded.	50% after Ded.		
	Specialist [Tier 1]	\$80 copay	50% after Ded.	\$120 copay	50% after Ded.	30% after Ded.	50% after Ded.		
	Primary Care [Non-Tier 1]	\$80 copay	50% after Ded.	\$100 copay	50% after Ded.	30% after Ded.	50% after Ded.	\$30	
	Specialist [Non-Tier 1]	\$120 copay	50% after Ded.	\$160 copay	50% after Ded.	30% after Ded.	50% after Ded.	\$60	
Hospital	Inpatient	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	No Coverage
	Outpatient	30% after Ded.	50% after Ded.	30% after Ded.	50% after Ded.	30% after Ded.	Prior Auth. is required	30% after Ded.	No Coverage
Prescription Drugs									
Retail	Tier 1	\$10		30% after Deductible		30% after Deductible		\$10	
	Tier 2	30% [\$40 min. & \$80 max.]		30% after Deductible		30% after Deductible		30% [\$30 min. & \$150 max.]	
	Tier 3	30% [\$75 min. & \$150 max.]		30% after Deductible		30% after Deductible		30% [\$50 min. & \$250 max.]	
	Tier 4	30% [\$125 min. & \$250 max.]		30% after Deductible		30% after Deductible		30% [\$100 min. & \$400 max.]	
Mail	Tier 1	\$20		30% after Deductible		30% after Deductible		\$20	
	Tier 2	30% [\$80 min. & \$160 max.]		30% after Deductible		30% after Deductible		30% [\$60 min. & \$300 max.]	
	Tier 3	30% [\$150 min. & \$300 max.]		30% after Deductible		30% after Deductible		30% [\$100 min. & \$500 max.]	
	Tier 4	30% [\$250 min. & \$500 max.]		30% after Deductible		30% after Deductible		30% [\$200 min. & \$800 max.]	
Vision (Embedded in the Medical Plan: Different from the Stand Alone Vision Insurance)									
Vision Benefits: Are limited to 1(one) exam every 2 years		100% after \$40 copay per visit	50% after Ded. has been met	30% after Ded. has been met	50% after Ded. has been met	30% after Ded. has been met	50% after Ded. has been met		