## 2022 Plan Cost

<table>
<thead>
<tr>
<th>Plan Cost</th>
<th>Total</th>
<th>Employee</th>
<th>Total</th>
<th>Employee</th>
<th>Total</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>$863.00</td>
<td>$170.00</td>
<td>$816.00</td>
<td>$80.00</td>
<td>$19.59</td>
<td>$11.02</td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$1,734.00</td>
<td>$415.00</td>
<td>$2,160.00</td>
<td>$240.00</td>
<td>$41.13</td>
<td>$25.24</td>
</tr>
<tr>
<td>Self &amp; Child</td>
<td>$1,441.00</td>
<td>$345.00</td>
<td>$1,786.00</td>
<td>$200.00</td>
<td>$41.13</td>
<td>$25.24</td>
</tr>
<tr>
<td>Family</td>
<td>$2,313.00</td>
<td>$555.00</td>
<td>$2,868.00</td>
<td>$320.00</td>
<td>$63.65</td>
<td>$41.11</td>
</tr>
</tbody>
</table>

### Dental and Vision Benefits

<table>
<thead>
<tr>
<th>Plan Cost</th>
<th>Total</th>
<th>Employee</th>
<th>HSA Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>$863.00</td>
<td>$170.00</td>
<td>$19.59</td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$1,734.00</td>
<td>$415.00</td>
<td>$41.13</td>
</tr>
<tr>
<td>Self &amp; Child</td>
<td>$1,441.00</td>
<td>$345.00</td>
<td>$41.13</td>
</tr>
<tr>
<td>Family</td>
<td>$2,313.00</td>
<td>$555.00</td>
<td>$63.65</td>
</tr>
</tbody>
</table>

### Employee Out-of-Pocket

<table>
<thead>
<tr>
<th>Plan Cost</th>
<th>Total</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>$863.00</td>
<td>$170.00</td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$1,734.00</td>
<td>$415.00</td>
</tr>
<tr>
<td>Self &amp; Child</td>
<td>$1,441.00</td>
<td>$345.00</td>
</tr>
<tr>
<td>Family</td>
<td>$2,313.00</td>
<td>$555.00</td>
</tr>
</tbody>
</table>

### Medical Benefits

- **PPO Plan**
  - WI- UHC; MI- BCBS
  - WI- UHC; MI- BCBS

- **High Deductible Plan**
  - WI- UHC; MI- BCBS

**Preventive Care**
- 0%
- 0%

**Office Visit Co-pay**
- Primary Care Physician: $35
- Urgent Care/Specialist Office Visit: $60

**Annual Individual Deductible**
- $1,200
- $1,400

**Annual Family Deductible**
- $2,400
- $2,800

**Coinsurance**
- 20%
- 20%

**Individual Maximum Out-of-Pocket**
- $3,500
- $2,800

**Family Maximum Out-of-Pocket**
- $7,000
- $5,600

**Emergency Room**
- $200 copay then Deductible
- 20% coinsurance after deductible

**Mental Health Benefits**
- WI - UHC; MI - BCBS Network
- WI - UHC; MI - BCBS Network
- WI - UHC; MI - BCBS Network

**Individual Counseling Sessions**
- $35 copay
- 20% coinsurance after deductible
- 20% coinsurance after deductible

**Prescription (EMPIRX- WI)**
- RETAIL MAIL ORDER (90 day supply)
- RETAIL MAIL ORDER
- RETAIL MAIL ORDER

**Preventive Drug Co-pay**
- $10 copay after deductible
- $25 copay after deductible
- $0 for generic preventive drugs

**Generic Co-pay**
- 30% (Min. $25; Max. $75)
- 40% (Min. $50; Max $100)
- 40% (Min. $50; Max $100)

**Formulary Brand**
- $0 for generic preventive drugs
- 30% coinsurance after deductible (Min. $25; Max. $75)
- 40% coinsurance after deductible (Min. $25; Max. $75)

**Non-Formulary Brand**
- 30% (Min. $25; Max. $75)
- 40% (Min. $125; Max. $250)
- 40% (Min. $125; Max. $250)

**Optional Employee Pre-Tax**

<table>
<thead>
<tr>
<th>Plan Cost</th>
<th>Total</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Savings Account</td>
<td>Not available</td>
<td>$3,650 Employee Only; $7,300 Families</td>
</tr>
<tr>
<td>FSA</td>
<td>$2,750</td>
<td>$2,750 (Dental &amp; Vision only)</td>
</tr>
<tr>
<td>Dependent Care FSA</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

**For Out-of-Network costs please refer to the Healthcare page at www.concordiaplans.org.**

***HSA Funds may be used to pay for medical, dental, and vision and other health expenses. See SPD for details***