## Welcome To Your **2022 Benefits**



We are pleased to present your healthcare benefit options. Your health and well-being is important to us, which is why we have chosen to subsidize these benefits for you if you decide to participate. If you choose to decline any company benefits, you will not be compensated in lieu of your participation.

## **Your Medical Plan Offerings:**

	Anthem BCBS Access+ HMO
Network	НМО
Deductible	\$2,000 (I) / \$4,000 (F)
Coinsurance	30%
Out-of-Pocket Maximum	\$3,500 (I) / \$7,000 (F)
PCP/Specialist	\$30 copay / \$45 copay
Emergency Room	\$150 / visit
Pharmacy	\$250 Rx Deductible (Tier 2-4)
Generic	\$15 copay
Preferred Brand	\$30 copay, after deductible
Non-Preferred Brand	\$45 copay, after deductible
Specialty	20% up to \$250, after deductible

## Annual Benefit Maximum Annual Deductible Diagnostic/Preventive Services Spectrum Premier 50/1500/Ortho/MAC \$1,500 \$50 (I) / \$150 (F) 100%

Diagnostic/Preventive Services
Basic Services
Major Services
Orthodontic Services
50

**Dental Plan Design** 

50% 50% / \$1,000 Max

80%



**Open Enrollment is** 

11/22/2021 through

12/3/2021



**Looking for a doctor?** 

Visit: https://www.bcbs. com/find-a-doctor

In the event of any conflict between this document and the official plan documentation, the provisions of the plan documentation shall prevail. If you would like a paper copy of your compliance notices or Summary of Benefits and Coverage (SBC), contact the Human Resources department.

View your Summary Plan Description (SPD) and other important ERISA and HIPAA documents! Copies of these documents can be found at mrstaxbenefits.com.