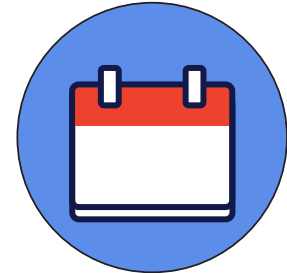


Welcome to Your 2022 Benefits

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.



Open Enrollment is
11/22/2021
through
12/3/2021

Your Medical Plan Offering:

	Blue Cross Blue Shield CA
Network	PPO
Deductible	\$5,500 (I) / \$11,000 (F)
Coinsurance	20%
Out-of-Pocket Maximum	\$6,650 (I) / \$13,300 (F)
PCP/Specialist	20% IN / 50% OON
Urgent Care	20% IN / 50% OON
Emergency Room	\$150 / visit, then 20%
Pharmacy	
Generic	\$10 copay
Preferred Brand	\$25 copay
Non-Preferred Brand	\$40 copay
Specialty	30% up to \$250

California and Non-California Rates Bi-Weekly

Employee-Only	\$87.47
Employee+Spouse	\$192.42
Employee+Child(ren)	\$157.44
Family	\$271.14

New York Rates Weekly

Employee-Only	\$43.73
Employee+Spouse	\$96.21
Employee+Child(ren)	\$78.72
Family	\$135.57

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.