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 Offering:

	Blue Cross Blue Shield CA
Network	Trio HMO
Deductible	\$2,000 (I) / \$4,000 (F)
Coinsurance	30%
Out-of-Pocket Maximum	\$3,500 (I) / \$7,000 (F)
PCP/Specialist	\$30 / visit
Urgent Care	\$30 / visit
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



Dental Plan Design

	Spectrum Premier 50/1500/Ortho/MAC
Annual Benefit Maximum	\$1,500
Annual Deductible	\$50 (I) / \$150 (F)
Diagnostic/Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontic Services	50% / \$1,000 Max



Looking for a doctor?

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

You are eligible to enroll in employer paid Life and AD&D \$50,000.

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.