



Highmark Basic Option 2022

Deductible		Employee Only	Employee + One	Family
Preventive Care 100%	HRA Funded by Laitram	\$800	\$1,200	\$1,600
	Employee Responsibility	\$1,000	\$1,400	\$1,800
	Co-Insurance	80% In-Network Providers 60 % of Allowable Charges for Out-of-Network Providers		
	Out of Pocket Maximum	\$1,700 In-Network \$3,200 Out-of-Network	\$2,300 In-Network \$4,175 Out-of-Network	\$2,900 In-Network \$5,150 Out-of-Network
	Annual Maximum Responsibility	\$2,700 In-Network \$4,200 Out-of-Network	\$3,700 In-Network \$5,575 Out-of-Network	\$4,700 In-Network \$6,950 Out-of-Network



Highmark Enhanced Option 2022

Deductible		Employee Only	Employee + One	Family
Preventive Care 100%	HRA Funded by Laitram	\$800	\$1,200	\$1,600
	Employee Responsibility	\$800	\$1,100	\$1,400
	Co-Insurance	90% In-Network Providers 70 % of Allowable Charges for Out-of-Network Providers		
	Out of Pocket Maximum	\$900 In-Network \$1,900 Out-of-Network	\$1,100 In-Network \$2,350 Out-of-Network	\$1,300 In-Network \$2,800 Out-of-Network
	Annual Maximum Responsibility	\$1,700 In-Network \$2,700 Out-of-Network	\$2,200 In-Network \$3,450 Out-of-Network	\$2,700 In-Network \$4,200 Out-of-Network

Prescription Drug Co-Pays*

*Co-pays go toward satisfying the Out of Pocket Maximum

Category	Co-Pay	Co-Pay for 90 Day Supply	Discounts @ Laitram Pharmacy
Preventive Medications	\$10	\$20	\$0
Generic	\$10	\$20	\$8
Preferred Brand	\$30	\$60	\$20
Non-Preferred Brand	\$50	\$100	\$40
Specialty	\$50	N/A - 30 Day Supply Only	N/A



Health Plan Premiums for 2022

Health Plan Premiums 2022			
BASIC OPTION	Per Pay Period Cost (26 pay periods)		
Coverage Level	Preferred Rate	Non-Preferred Rate	Non-Preferred 2 Rate
Single	\$8.24	\$31.32	N/A
Employee + 1	\$93.23	\$116.31	\$139.38
Family	\$128.05	\$151.13	\$174.20
Employee Married to Employee	\$68.54	\$91.62	\$114.70
ENHANCED OPTION			
Single	\$31.98	\$55.06	N/A
Employee + 1	\$142.15	\$165.23	\$188.31
Family	\$205.73	\$228.80	\$251.88
Employee Married to Employee	\$77.12	\$100.20	\$123.28

Preferred Rate: Employee & Spouse (if applicable) have completed all incentive requirements

Non-Preferred Rate: Employee OR Spouse (if applicable) have not completed all incentive requirements

Non-Preferred Rate 2: Employee & Spouse have not completed all incentive requirements

Dental Plan Premiums 2022	
OPTION	Per Pay Period Cost (26 Pay Periods)
Employee Only	\$5.19
Family	\$15.75