2022 Medical Plan Options

UHC	Plus Plan			QHDHP Plan		
	SLUCare+SSM	In-Network	Out-of-Network	SLUCare+SSM	In-Network	Out-of-Network
Deductible				Non-Embedded: (One member can satisfy entire family deductible)		
Individual	$400	$1,000	$3,000	$1,500	$2,000	$4,000
Family	$800	$2,000	$6,000	$3,000	$4,000	$8,000
Coinsurance	10%	20%	40%	10%	20%	50%
Out-of-Pocket Maximum (includes medical deductibles and medical copays)				Non-Embedded: (One member can satisfy entire family OOP Max)		
Individual	$2,500	$3,050	$8,000	$2,600	$4,500	$9,000
Family	$5,000	$6,100	$16,000	$5,200	$9,000	$18,000
Physician Office Visits						
Primary Care	$10 copay	20% after ded.	40% after ded.	0% after ded.	20% after ded.	50% after ded.
Specialist Care	$20 copay			10% after ded.		
Preventive Care	100%	100%	100%	100%	100%	100%
Inpatient Hospital						
	10% after ded.	20% after ded.	40% after ded.	10% after ded.	20% after ded.	50% after ded.
Emergency Room						
	$250 copay	$250 copay	$250 copay	10% after ded.	20% after ded.	20% after ded.
Urgent Care Center						
	$60 copay	$60 copay	40% after ded.	10% after ded.	20% after ded.	50% after ded.

2022 Pharmacy Plan Options

Express Scripts	Plus Plan		QHDHP Plan	
	Retail (34-day supply)	Mail Order (90-day supply)	Retail (34-day supply)	Mail Order (90-day supply)
Prescription Drug Costs				
Tier 1	$10	$25	Medical deductible, then 10% coinsurance	
Tier 2	25% coinsurance $30 min-$50 max	25% coinsurance $75 min-$125 max	Medical deductible, then 10% coinsurance	
Tier 3	50% coinsurance $50 min-$100 max	50% coinsurance $125 min-$250 max	Medical deductible, then 25% coinsurance	
Tier 4	20% coinsurance up to $200 max	N/A	Medical deductible, then 10% coinsurance	N/A
Preventive Medications	Priced according to the tier in which they fall		Covered at 100%, no deductible	
Out-of-Pocket Maximum (Includes Rx Copays and Coinsurance)				
Individual	$1,500		Combined with Medical	
Family	$3,000		Combined with Medical	