

BRH Comparison Benefit Plan Year July 2020—June 2021

| BENEFIT | Economy | Standard |
|--|--|--|
| Medical Premera BCBS of AK Annual Deductible | \$550 / Individual \$1100 / Family | \$300 / Individual \$600 / Family |
| Plan Pays Based on allowable amount | 80% of the allowable amount | 80% of the allowable amount |
| Out of Pocket Limit (including Deductible) | | |
| Individual Family (2 member) Family (3+ member) | \$2550 \$5100 \$7100 | \$1800 \$3600 \$5100 |
| Emergency Room Visit | \$150 Co-pay | \$150 Co-pay |
| Annual/Lifetime Maximum | None | None |
| Prescription Drugs Premera BCBS of AK 30 = Retail Pharmacy Fill 90 = Mail Order Pharmacy Fill | \$50 deductible/Max OOP \$1750 Preferred Generic \$10 copay 30/90 Preferred Brand \$35 copay 30/90 Preferred Specialty \$55 copay 30 day mail Non-preferred (Generic, Brand & Specialty) \$150 copay 30/90 | \$50 deductible/Max OOP \$1250 Preferred Generic \$10 copay 30/90 Preferred Brand \$25 copay 30/90 Preferred Specialty \$45 copay 30 day mail Non-preferred (Generic, Brand & Specialty) \$100 copay 30/90 |
| Vision Premera BCBS of AK Plan Pays Frequency | No benefit | 100% of the allowable charges Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year) |
| CBJ Contribution (MONTHLY) | \$1490.00 | \$1490.00 |
| Emp Cont. Biweekly Healthy Rewards EE | \$0 \$0 | \$70.00 \$20.00 |
| EE/ Family Biweekly Healthy Rewards Family | \$88.20 \$38.20 | \$155.40 \$105.40 |
| Dental Premera BCBS of AK Annual Deductible | \$50 / Individual \$150 / Family | |
| Basic Coverage (No employee contribution for basic dental coverage) | Preventive cleanings—100% of the allowable amount per member per plan year General Services—80% of the allowable charges Major Services—50% of the allowable charges \$2000.00 Maximum coverage limit per member per plan year | |
| Dental Buy-Up Plan <div style="background-color: red; color: white; padding: 2px; display: inline-block; transform: rotate(-15deg);">NEW</div> | Buy-up option: Deductible & Preventive same as above General Services—80% of allowable charges Major Services—80% of allowable charges \$3000.00 Maximum coverage limit per member per plan year \$2500.00 Lifetime coverage for orthodontia per member | |
| | Bi-weekly Contributions: Employee Only—\$12.46 Family—\$24.00 | |

BRH Plan Year 2020-2021 PART-TIME Rates

| BENEFIT | Economy | Standard |
|---|--|---|
| Medical Annual Deductible | \$550 / Individual \$1100 / Family | \$300 / Individual \$600 / Family |
| Plan Pays Based on allowable amount | 80% of the allowable amount | 80% of the allowable amount |
| Out of Pocket Limit (including Deductible) | | |
| Individual | \$2550 | \$1800 |
| Family (2 member) | \$5100 | \$3600 |
| Family (3+ member) | \$7100 | \$5100 |
| Emergency Room Visit | \$150 Co-pay | \$150 Co-pay |
| Annual/Lifetime Maximum | None | None |
| Prescription Drugs | \$50 deductible/Max OOP \$1750 | \$50 deductible/Max OOP \$1250 |
| 30 = Retail Pharmacy Fill | Preferred Generic \$10 copay 30/90 | Preferred Generic \$10 copay 30/90 |
| 90 = Mail Order Pharmacy Fill | Preferred Brand \$35 copay 30/90 | Preferred Brand \$25 copay 30/90 |
| | Preferred Specialty \$55 copay 30 day mail | Preferred Specialty \$45 copay 30 day mail |
| | Non-preferred (Generic, Brand & Specialty) \$150 copay 30/90 | Non-preferred (Generic, Brand & Specialty) \$100 copay 30/90 |
| Vision Plan Pays Frequency | No benefit | 100% of the allowable charges Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year) |
| Dental | See information on opposite side | |
| BRH Contribution (MONTHLY) | Depends on Part-time hours worked | |

| Hours of work per pay period | 32 | 36 | 40 | 48 | 60 | 64 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Economy | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Standard | \$452.05 | \$413.85 | \$375.64 | \$299.23 | \$184.62 | \$146.41 |
| Employee & Family | 32 | 36 | 40 | 48 | 60 | 64 |
| Economy | \$470.25 | \$432.05 | \$393.84 | \$317.43 | \$202.82 | \$164.61 |
| Standard | \$537.45 | \$499.25 | \$461.04 | \$384.63 | \$270.02 | \$231.81 |