	Priority Health HMO 1400 / 2800													
											Employer			
										Annual	Contibution to			
	20	021 Rates	2	2022 Rates	Ann	ual Premium	202	22 Hard Cap	Em	ployee Cost	H.S.A.	Deduct	. Exposure	Max Out Pocket
Single	\$	580.92	\$	612.53	\$	7,350.36	\$	7,304.51	\$	45.85	NA	\$	1,445.85	\$2K/\$4K
2 person	\$	1,304.92	\$	1,375.92	\$	16,511.04	\$	15,276.01	\$	1,235.03	NA	\$	4,035.03	\$2K/\$4K
Family	\$	1,623.44	\$	1,711.77	\$	20,541.24	\$	19,921.45	\$	619.79	NA	\$	3,419.79	\$2K/\$4K

	Priority Health POS 1400 / 2800												
	20	021 Rates	2022 Rates	Anr	nual Premium	202	22 Hard Cap	Em	Annual ployee Cost	Employer Contibution to H.S.A.	Deduc	t. Exposure	Max Out Pocket
Single	\$	624.46	\$ 658.42	\$	7,901.04	\$	7,304.51	\$	596.53	NA	\$	1,996.53	\$2K/\$4K
2 person	\$	1,402.72	\$ 1,479.01	\$	17,748.12	\$	15,276.01	\$	2,472.11	NA	\$	5,272.11	\$2K/\$4K
Family	\$	1,745.12	\$ 1,840.02	\$	22,080.24	\$	19,921.45	\$	2,158.79	NA	\$	4,958.79	\$2K/\$4K
				Pr	iority H	ea	Ith PPO	<b>)</b> 1	400 / 2	2800			
	2021 Rates 2022 Rate		2022 Rates	Ann	nual Premium			Em	Annual	Employer Contibution to H.S.A.	Doduo	t Evnagura	Max Out Pocket
Cinala		021 Rates			0 474 04		7 204 54		ployee Cost	П.З.А.	Deduc	t. Exposure	Max Out Pocket

						<b>O</b> 1103 11	<u> </u>							
											Employer			
										Annual	Contibution to			
	2	021 Rates	2	022 Rates	Ann	ual Premium	202	22 Hard Cap	Em	ployee Cost	H.S.A.	Dedu	ct. Exposure	Max Out Pocket
Single	\$	646.05	\$	681.17	\$	8,174.04	\$	7,304.51	\$	869.53	NA	\$	2,269.53	\$2K/\$4K
2 person	\$	1,451.22	\$	1,530.11	\$	18,361.32	\$	15,276.01	\$	3,085.31	NA	\$	5,885.31	\$2K/\$4K
Family	\$	1,805.46	\$	1,903.60	\$	22,843.20	\$	19,921.45	\$	2,921.75	NA	\$	5,721.75	\$2K/\$4K

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are: \$10 Generic / \$20 Preferred / \$40 Nonpreferred; Mail order 2X

	Priority Health HMO 2K / 4K *80%													
	Employer													
									Annual	C	ontibution to			
	20	021 Rates	2	022 Rates	Ann	ual Premium	202	22 Hard Cap	Employee Cost		H.S.A.	Deduc	t. Exposure	Max Out Pocket
Single	\$	446.41	\$	488.23	\$	5,858.76	\$	7,304.51	NA	\$	1,445.75	\$	554.25	\$4K / \$8K
2 person	\$	1,002.77	\$	1,096.71	\$	13,160.52	\$	15,276.01	NA	\$	2,115.49	\$	1,884.51	\$4K / \$8K
_							•							
Family	\$	1,247.54	\$	1,364.41	\$	16,372.92	\$	19,921.45	NA	\$	3,548.53	\$	451.47	\$4K / \$8K

	Priority Health HMO 2K / 4K														
	0.0	204 D 1	0000 D						Annual		Cont	nployer tibution to	<b>.</b>	_	
	20	)21 Rates	2022 Ra	ates	Ann	Annual Premium		2022 Hard Cap		oloyee Cost	ŀ	1.S.A.	Deduct.	Exposure	Max Out Pocket
Single	\$	519.36	\$ 5	51.61	\$	6,619.32	\$	7,304.51		NA	\$	685.19	\$	1,314.81	\$4K / \$8K
2 person	\$	1,166.64	\$ 1,23	39.08	\$	14,868.96	\$	15,276.01		NA	\$	407.05	\$	3,592.95	\$4K / \$8K
Family	\$	1,451.41	\$ 1,54	41.53	\$	18,498.36	\$	19,921.45		NA	\$	1,423.09	\$	2,576.91	\$4K / \$8K
					F	Priority	Н	ealth P	PO	2K / 4	K				
										Annual		nployer tibution to			
	20	21 Rates	2022 Ra	ates	Ann	ual Premium	202	2 Hard Cap		oloyee Cost		H.S.A.	Deduct.	Exposure	Max Out Pocket
Single	\$	581.08	\$ 6	17.18	\$	7,406.16	\$	7,304.51	\$	101.65		NA	\$	2,101.65	\$4K / \$8K
2 person	\$	1,305.28	\$ 1,38	86.37	\$	16,636.44	\$	15,276.01	\$	1,360.43		NA	\$	5,360.43	\$4K / \$8K
Family	\$	1,623.89	\$ 1,72	24.77	\$	20,697.24	\$	19,921.45	\$	775.79		NA	\$	4,775.79	\$4K / \$8K

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are: \$10 Generic / \$20 Preferred / \$40 Nonpreferred; Mail order 2X

					F	Priority	Не	ealth H	MO 3K / 6	K				
									Annual		Employer ontibution to			
	20	)21 Rates	20	22 Rates	Ann	ual Premium	202	22 Hard Cap		CO	H.S.A.	Deduc	t. Exposure	Max Out Pocket
Single	\$	451.20	\$	482.92	\$	5,795.04	\$	7,304.51	NA	\$	1,509.47	\$	1,490.53	\$5K / \$10K
2 person	\$	1,013.53	\$	1,084.78	\$	13,017.36	\$	15,276.01	NA	\$	2,258.65	\$	3,741.35	\$5K / \$10K
Family	\$	1,260.93	\$	1,349.57	\$	16,194.84	\$	19,921.45	NA	\$	3,726.61	\$	2,273.39	\$5K / \$10K
	Priority Health HMO 3K / 6K *80%													
									Annual		Employer entibution to			
	20	)21 Rates	20	22 Rates	Ann	ual Premium	202	22 Hard Cap	Employee Cost		H.S.A.	Deduc	t. Exposure	Max Out Pocket
Single	\$	403.15	\$	436.19	\$	5,234.28	\$	7,304.51	NA	\$	2,070.23	\$	929.77	\$5K / \$10K
2 person	\$	905.59	\$	979.81	\$	11,757.72	\$	15,276.01	NA	\$	3,518.29	\$	2,481.71	\$5K / \$10K
Family	\$	1,126.65	\$	1,218.98	\$	14,627.76	\$	19,921.45	NA	\$	5,293.69	\$	706.31	\$5K / \$10K

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are: \$10 Generic / \$20 Preferred / \$40 Nonpreferred; Mail order 2X

## **Priority Health HMO 100/200 (Previously Total Health Care)**

## Note - this plan is only available to SSEPA Members

		•				Employer	
					Annual	Contibution to	
	2021 Rates	2022 Rates	Annual Premium	2022 Hard Cap	Employee Cost	H.S.A.	Max Out Pocket
Single		\$ 600.13	\$ 7,201.56	\$ 7,304.51	NA	NA	\$8,550 / \$17,100
2 person		\$ 1,200.26	\$ 14,403.12	\$ 15,276.01	NA	NA	\$8,550 / \$17,100
Family		\$ 1,860.40	\$ 22,324.80	\$ 19,921.45	\$ 2,403.35	NA	\$8,550 / \$17,100

## **Priority Health HMO 3K / 6K (Previously Total Health Care)**

## Note - this plan is only available to SSEPA Members

	Note - this plan is only available to ook! A Members													
						Employer								
					Annual	Contibution to								
	2021 Rates	2022 Rates	Annual Premium	2022 Hard Cap	Employee Cost	H.S.A.	Max Out Pocket							
Single		\$ 451.80	\$ 5,421.60	\$ 7,304.51	NA	NA	\$8,550 / \$17,100							
2 person		\$ 930.60	\$ 11,167.20	\$ 15,276.01	NA	NA	\$8,550 / \$17,100							
Family		\$ 1,400.58	\$ 16,806.96	\$ 19,921.45	NA	NA	\$8,550 / \$17,100							

Max out of pocket is based on "in network" care; out of network care is usually doubled so must stay in network.

Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are: \$10 Generic / \$20 Preferred / \$40 Nonpreferred; Mail order 2X