

JBH Medical Plan Comparison Effective 9/1/2022	Gold	Silver
EE Contributions (Per Pay Period/ MDV)	New (G652CHC) - 820	New (\$665CHC) - 834
Employee Only	\$106.13	\$55.78
Employee + Spouse	\$304.54	\$203.83
Employee + Child(ren)	\$308.34	\$207.64
Employee + Family	\$511.59	\$360.54

In Network Benefits	New (G652CHC) - 820	New (\$665CHC) - 834
Deductible (Family)	\$1,500 (\$4,500)	\$3,250 (\$9,750)
Primary Care Visit / Specialist Copay	\$40 / \$80	\$50 / \$80
Coinsurance % Plan (You)	80% (20%)	60% (40%)
Out of Pocket Max (Family)	\$5,000 (\$10,000)	\$8,550 (\$17,100)
Lab / Xray	80% after deductible	40% after deductible
Imaging (CT, MRI)	\$250 no deductible	40% after deductible
Inpatient Hospital	80% after deductible	\$250, then deductible / 40%
Outpatient Surgery	80% after deductible	\$200, then deductible / 40%
Urgent Care Visit Copay	\$100	\$100
Emergency Room Care	\$500, then deductible / 20%	\$500, then deductible / 40%
Pharmacy In Network (Preferred Pharmacy Network (PPN) / Non-Preferred Pharmacy)	TX Preferred Pharmacy - Walmart & Tom Thumb TX Non-Preferred - CVS & Kroger	
Preferred Generic	\$0 / \$10	\$0 / \$10
Non-Preferred Generic	\$10 / \$20	\$10 / \$20
Preferred Brand Name	\$50 / \$70	\$50 / \$70
Non-Preferred Brand Name	\$100 / \$120	\$100 / \$120
Specialty (Preferred Specialty)	\$150	\$150
Non-Preferred Specialty	\$250	\$250
Mail Order	\$0/\$30/\$150/\$300	\$0/\$30/\$150/\$300

Out of Network Benefits (Subject to Allowable Amount)	New (G652CHC) - 820	New (\$665CHC) - 834
Deductible (Family)	\$3,000 (\$9,000)	\$6,500 (\$19,500)
Out of Pocket Max (Family)	Unlimited - NA	Unlimited - NA
Coinsurance % Plan (You)	60% (40%)	60% (40%)
Inpatient Hospital	deductible / 60%	\$350, then deductible / 60%
Outpatient Surgery	deductible / 60%	\$300, then deductible / 60%