

Plan Overview

A Choice of Two Health Plans from EHP

The table below offers an overview of both plans.

The EPO Plan is an in-network-only health plan with lower premiums than the PPO plan. Most services provided by EHP Preferred Providers and facilities are covered at 90% (but they may not cost the least), while EHP in-network services are covered at 80%. Out-of-network services are not covered.

The PPO Plan offers lower deductibles and out-of-pocket maximums in exchange for a higher premium each pay period. It covers the same in-network services as the EPO plan, and it covers out-of-network services at 70%.

COMPARISON OF OUT-OF-POCKET COSTS FOR 2022 HEALTH PLANS

Coverage Details	EHP EPO Plan (in-network only)		EHP PPO Plan		
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
Annual Deductible					
per person	\$500		\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) <i>(determined by salary tier)</i>		\$750 <i>(all salary tiers)</i>
per family	\$1,000		\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) <i>(determined by salary tier)</i>		\$1,500 <i>(all salary tiers)</i>
Annual Out-of-Pocket Max.					
per person	\$3,000		\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) <i>(determined by salary tier)</i>		\$3,500 <i>(all salary tiers)</i>
per family	\$6,000		\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) <i>(determined by salary tier)</i>		\$7,000 <i>(all salary tiers)</i>
Coinsurance	pay 10%	pay 20%	pay 10%	pay 20%	pay 30%

Office Visits	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
Primary Care Office Visit	\$20 copay	\$20 copay	\$10 copay at designated PCP, otherwise \$20 copay		pay 30%*
Specialist Office Visit	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*
Mental Health Visit	\$20 copay	20 copay	\$10 copay	\$10 copay	pay 30%*
Wellness Visit	\$0 copay	\$0 copay	\$0	\$0	pay 30%*

Facility Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
Hospital Inpatient	\$250 copay, then pay 10%*	\$250 copay, then pay 20%*	\$150 copay, then pay 10%	\$150 copay, then pay 20%*	\$500 copay, then pay 30%*
Hospital Outpatient	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*
Lab Services	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*
Emergency Room	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*
Urgent Care	\$40 copay	\$40 copay	\$25	\$25	pay 30%*

* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

** You can locate providers in the Preferred Network and EHP Network at ehp.org.

This newsletter contains only a summary of the key changes to the plans. Details of the benefits can be found in plan documents available from the Department of Human Resources or from the websites and customer service phone numbers for each plan. If there is a conflict between the plan documents and this newsletter, the plan documents prevail.

For non-represented employees of JHH and JHSC