



2021 Medical and Dental Insurance Premium Rates

Medical Insurance Eligibility:

1st of the month following your hire date as a FT/PT Associate, or a qualifying event (see reverse)

****DURING YEAR END OPEN ENROLLMENT, CONFIRM ELECTIONS ON-LINE ULTIPTRO****

If you earn \$15.70/hour or less
These are the 2021 Premiums

If you earn \$15.71/hour or more
These are the 2021 Premiums

(Associate semi-monthly premiums taken out during 2 payrolls each month)

BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$1,400 single/\$2,800 family with \$3,000 single/\$6,000 family max IN-OOP

High Deductible Health Plan with Health Savings Account-

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2021 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST	1/1/2021 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST
				X 24 cycles/year	Thompson Health H.S.A. contribution x26 cycles/year				X 24 cycles/year	Thompson Health H.S.A. contribution x26 cycles/year
Full time-Associate only	582.74	521.74	61.00	\$ 30.50	-19.23 \$ 9.67	582.74	501.74	81.00	\$ 40.50	-19.23 \$ 19.67
Full time-Assoc. & Spouse/DP only	1340.18	1078.18	262.00	\$ 131.00	-38.46 \$ 89.33	1340.18	1032.18	308.00	\$ 154.00	-38.46 \$ 112.33
Full time-Associate & Child(ren)	1503.15	1214.15	289.00	\$ 144.50	-38.46 \$ 102.83	1503.15	1166.15	337.00	\$ 168.50	-38.46 \$ 126.83
Full time-FAMILY	1581.77	1256.77	325.00	\$ 162.50	-38.46 \$ 120.83	1581.77	1205.77	376.00	\$ 188.00	-38.46 \$ 146.33
Part time-Associate only	582.74	466.74	116.00	\$ 58.00	-19.23 \$ 37.17	582.74	449.74	133.00	\$ 66.50	-19.23 \$ 45.67
Part time-Assoc. & Spouse/DP only	1340.18	982.18	358.00	\$ 179.00	-38.46 \$ 137.33	1340.18	941.18	399.00	\$ 199.50	-38.46 \$ 157.83
Part time-Associate & Child(ren)	1503.15	1087.15	416.00	\$ 208.00	-38.46 \$ 166.33	1503.15	1039.15	464.00	\$ 232.00	-38.46 \$ 190.33
Part time-FAMILY	1581.77	1131.77	450.00	\$ 225.00	-38.46 \$ 183.33	1581.77	1083.77	498.00	\$ 249.00	-38.46 \$ 207.33

BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$2,500 single/\$5,000 family with \$5,000 single/\$10,000 family max IN-OOP

High Deductible Health Plan with Health Savings Account- IN ADDITION TO LOWER PREMIUMS,

Thompson funds an annual contribution to your H.S.A. of up to \$500 (\$19.23/pay x 26) for a single contract and up to \$1,000 (\$38.46/pay x 26) for a family contract (2 or more enrolled)

PLAN TYPE	1/1/2021 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST	1/1/21 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	EFFECTIVE COST
				X 24 cycles/year	Thompson Health H.S.A. contribution x26 cycles/year				X 24 cycles/year	Thompson Health H.S.A. contribution x26 cycles/year
Full time-Associate only	524.46	474.46	50.00	\$ 25.00	-19.23 \$ 4.17	524.46	459.46	65.00	\$ 32.50	-19.23 \$ 11.67
Full time-Assoc. & Spouse/DP only	1206.16	994.16	212.00	\$ 106.00	-38.46 \$ 64.33	1206.16	957.16	249.00	\$ 124.50	-38.46 \$ 82.83
Full time-Associate & Child(ren)	1352.83	1117.83	235.00	\$ 117.50	-38.46 \$ 75.83	1352.83	1079.83	273.00	\$ 136.50	-38.46 \$ 94.83
Full time-FAMILY	1423.60	1160.60	263.00	\$ 131.50	-38.46 \$ 89.83	1423.60	1118.60	305.00	\$ 152.50	-38.46 \$ 110.83
Part time-Associate only	524.46	430.46	94.00	\$ 47.00	-19.23 \$ 26.17	524.46	418.46	106.00	\$ 53.00	-19.23 \$ 32.17



Part time-Assoc. & Spouse/DP only	1206.16	917.16	289.00	\$ 144.50	-38.46	\$ 102.83
Part time-Associate & Child(ren)	1352.83	1016.83	336.00	\$ 168.00	-38.46	\$ 126.33
Part time-FAMILY	1423.60	1060.60	363.00	\$ 181.50	-38.46	\$ 139.83

DENTAL PLANS (Associate semi-monthly premiums taken out during 2 payrolls each month)

Eligibility: 1st of the month following hire date

	BASIC DENTAL	PREMIER DENTAL
Class 1 Preventative	100%	100%
Class 2 (i.e cavities)	60%	80%
Class 3	50%	50%
Class 4	50%	50%
Annual Deductible:	\$50/ \$150 Applies to classes 2 & 3	\$50/ \$150 Applies to classes 2 & 3
Annual Maximum:	\$1,000	\$2,000
Orthodontia Lifetime Max:	\$1,000	\$2,000 includes adult
Dependents to age 23	23	23

PLAN TYPE	ASSOC. SEMI-MO. COST	ASSOC. SEMI-MO. COST
Single	\$ 10.25	\$ 14.00
Family (2+)	\$ 24.50	\$ 35.50

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

Quick Reference-

Shows in-network only	HDHP with H.S.A. \$1,400/\$2,800 or \$2,500/\$5,000 Deductible
Office Visit Copay (PCP)	in-network information below
Office Visit Copay (Specialist)	70-90% covered, subject to deductible
Network	70-80% covered, subject to deductible
In-network deductible	National Bluecard
In-network co-insurance	see plan deductible limit
In-network Out of Pocket Max.	10-20%
PCP Child up to age 19	\$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.
Well Child Visit	70-90% covered, subject to deductible
Preventative Health	Covered in Full
(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)	Covered in Full
Prescriptions	\$5/35/70, subject to deductible at FFTH/CMG Pharmacies
(w/ mail order 3 for 2 savings-ask for brochure, or see on-line)	\$15/50/95, subject to deductible at all other pharmacies
Diagnostic X-rays	70-90% covered, subject to deductible
Diagnostic Labs	70-90% covered, subject to deductible
Inpatient Hospital	70-80% covered, subject to deductible
Urgent Care Center	70-90% covered, subject to deductible
Emergency Room	80% covered, subject to deductible
Outpatient Surgical Care	80-90% covered, subject to deductible
Routine Vision	80% covered, subject to deductible
Eyewear Allowance	none

ACA-Qualified Dependents to Age: 26

26

2021 Medical and Dental Insurance Premium Rates

1206.16	884.16	322.00	\$ 161.00	-38.46	\$ 119.33
1352.83	977.83	375.00	\$ 187.50	-38.46	\$ 145.83
1423.60	1022.60	401.00	\$ 200.50	-38.46	\$ 158.83

Several Methods to help you select an appropriate plan: What you will find on the Internet/Intranet:

- Medical plan comparisons
- Dental plan information
- AHP Network link
- HSA information
- Voluntary benefit information

From Home:

<https://www.thompsonhealth.com/Careers/Compensation-Benefits>

No access? Associate Services has forms and information

www.ahpnetwork.com

1.585.784.8855 or 1.888.457.7463

LOWEST COST? Use AHP Providers or Thompson Health Enhanced Benefit

[Click here for Intranet \(from work\)](#)

We offer domestic partner (DP) coverage for medical and dental insurance
Completed affidavit required with enrollment form; imputed income applies

Legend:

FT- FULL TIME
PT- PART TIME

When can I change my plan??

Open Enrollment Times:
Next January 1
OR within 30 days of a status change:
(I.e. birth, death, adoption, marriage, divorce, loss of coverage, change of FT/PT hours)

We offer domestic partner (DP) coverage for medical and dental insurance



2021 Medical and Dental Insurance Premium Rates

Completed affidavit required with enrollment form; imputed income applies

Quick Reference Summary only: PLEASE obtain plan booklet or side-by-side comparisons.
The information above describes the most common benefits. Plans are governed by Excellus BC/BS Documents
If your work status changes between full-time and part-time, or you receive a promotion/demotion, your payroll deductions will be adjusted as appropriate.
Premium based on wage in effect as of 12/20/20