



2022 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 **\$17.81/hour or less**
These are the **2022 Premiums**

If you earn **\$17.82/hour or more**
These are the **2022 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	1/1/2022	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE	1/1/2022	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE		
	PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY		PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY		COST	
				X 24 cycles/year					X 24 cycles/year			
Full time-Associate only	642.76	575.76	67.00	\$ 33.50	-19.23	\$ 12.67	642.76	553.76	89.00	\$ 44.50	-19.23	\$ 23.67
Full time-Assoc. & Spouse/DP only	1478.22	1189.22	289.00	\$ 144.50	-38.46	\$ 102.83	1478.22	1138.22	340.00	\$ 170.00	-38.46	\$ 128.33
Full time-Associate & Child(ren)	1657.98	1338.98	319.00	\$ 159.50	-38.46	\$ 117.83	1657.98	1285.98	372.00	\$ 186.00	-38.46	\$ 144.33
Full time-FAMILY	1744.70	1386.70	358.00	\$ 179.00	-38.46	\$ 137.33	1744.70	1329.70	415.00	\$ 207.50	-38.46	\$ 165.83
Part time-Associate only	642.76	514.76	128.00	\$ 64.00	-19.23	\$ 43.17	642.76	495.76	147.00	\$ 73.50	-19.23	\$ 52.67
Part time-Assoc. & Spouse/DP only	1478.22	1083.22	395.00	\$ 197.50	-38.46	\$ 155.83	1478.22	1038.22	440.00	\$ 220.00	-38.46	\$ 178.33
Part time-Associate & Child(ren)	1657.98	1198.98	459.00	\$ 229.50	-38.46	\$ 187.83	1657.98	1145.98	512.00	\$ 256.00	-38.46	\$ 214.33
Part time-FAMILY	1744.70	1248.70	496.00	\$ 248.00	-38.46	\$ 206.33	1744.70	1195.70	549.00	\$ 274.50	-38.46	\$ 232.83

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	1/1/2022	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE	1/1/2022	THOMPSON	ASSOC.	ASSOC.	EFFECTIVE		
	PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY		PREMIUMS	MO. COST	MO. COST	SEMI-MONTHLY		COST	
				X 24 cycles/year					X 24 cycles/year			
Full time-Associate only	578.48	523.48	55.00	\$ 27.50	-19.23	\$ 6.67	578.48	506.48	72.00	\$ 36.00	-19.23	\$ 15.17
Full time-Assoc. & Spouse/DP only	1330.40	1096.40	234.00	\$ 117.00	-38.46	\$ 75.33	1330.40	1055.40	275.00	\$ 137.50	-38.46	\$ 95.83
Full time-Associate & Child(ren)	1492.18	1233.18	259.00	\$ 129.50	-38.46	\$ 87.83	1492.18	1191.18	301.00	\$ 150.50	-38.46	\$ 108.83
Full time-FAMILY	1570.24	1280.24	290.00	\$ 145.00	-38.46	\$ 103.33	1570.24	1234.24	336.00	\$ 168.00	-38.46	\$ 126.33
Part time-Associate only	578.48	474.48	104.00	\$ 52.00	-19.23	\$ 31.17	578.48	461.48	117.00	\$ 58.50	-19.23	\$ 37.67
Part time-Assoc. & Spouse/DP only	1330.40	1011.40	319.00	\$ 159.50	-38.46	\$ 117.83	1330.40	975.40	355.00	\$ 177.50	-38.46	\$ 135.83
Part time-Associate & Child(ren)	1492.18	1121.18	371.00	\$ 185.50	-38.46	\$ 143.83	1492.18	1078.18	414.00	\$ 207.00	-38.46	\$ 165.33
Part time-FAMILY	1570.24	1170.24	400.00	\$ 200.00	-38.46	\$ 158.33	1570.24	1128.24	442.00	\$ 221.00	-38.46	\$ 179.33



2022 Medical and Dental Insurance Premium Rates

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	\$ 11.25	\$ 15.50
Family (2+)	\$ 27.00	\$ 39.00

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)	70-90% covered, subject to deductible
Office Visit Copay (Specialist)	70-80% covered, subject to deductible
Network	National Bluecard
In-network deductible	see plan deductible limit
In-network co-insurance	10-20%
In-network Out of Pocket Max.	\$3,000 or \$5,000 ind./\$6,000 or \$10,000 fam.
PCP Child up to age 19	70-90% covered, subject to deductible
Well Child Visit	Covered in Full
Preventative Health	Covered in Full
(Adult physical, Mammography, Pap Smear, GYN Exam, Prostate Cancer per recommended guidelines)	
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

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 12/19/2021

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/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= 70+ scheduled hours/ pay period

PT- PART TIME= 40-69 scheduled hours/ pay period

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
Completed affidavit required with enrollment form; imputed income applies