



#### 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 \$19.30/hour or less**  
**These are the Premiums 1/1-6/30/23**

#### 2023 Medical and Dental Insurance Premium Rates

\*Medical premiums 1/1-6/30/23 (re-evaluated in June)

\*Dental premiums 1/1-12/31/23

**If you earn \$19.31/hour or more**  
**These are the Premiums 1/1-6/30/23**

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

### BLUE PPO- HDHP with H.S.A.; First dollar deductible of \$1,500 single/\$3,000 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	1/1/2023 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	THOMPSON Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST	1/1/2023 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	THOMPSON Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST
Full time-Associate only	684.61	617.61	67.00	\$ 33.50	-19.23	\$ 12.67	684.61	595.61	89.00	\$ 44.50	-19.23	\$ 23.67
Full time-Assoc. & Spouse/DP only	1574.47	1285.47	289.00	\$ 144.50	-38.46	\$ 102.83	1574.47	1234.47	340.00	\$ 170.00	-38.46	\$ 128.33
Full time-Associate & Child(ren)	1765.94	1446.94	319.00	\$ 159.50	-38.46	\$ 117.83	1765.94	1393.94	372.00	\$ 186.00	-38.46	\$ 144.33
Full time-FAMILY	1858.30	1500.30	358.00	\$ 179.00	-38.46	\$ 137.33	1858.30	1443.30	415.00	\$ 207.50	-38.46	\$ 165.83
Part time-Associate only	684.61	556.61	128.00	\$ 64.00	-19.23	\$ 43.17	684.61	537.61	147.00	\$ 73.50	-19.23	\$ 52.67
Part time-Assoc. & Spouse/DP only	1574.47	1179.47	395.00	\$ 197.50	-38.46	\$ 155.83	1574.47	1134.47	440.00	\$ 220.00	-38.46	\$ 178.33
Part time-Associate & Child(ren)	1765.94	1306.94	459.00	\$ 229.50	-38.46	\$ 187.83	1765.94	1253.94	512.00	\$ 256.00	-38.46	\$ 214.33
Part time-FAMILY	1858.30	1362.30	496.00	\$ 248.00	-38.46	\$ 206.33	1858.30	1309.30	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	1/1/2023 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	THOMPSON Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST	1/1/23 PREMIUMS	THOMPSON MO. COST	ASSOC. MO. COST	ASSOC. SEMI-MONTHLY	THOMPSON Health H.S.A. contribution x26 cycles/year	EFFECTIVE COST
Full time-Associate only	616.15	561.15	55.00	\$ 27.50	-19.23	\$ 6.67	616.15	544.15	72.00	\$ 36.00	-19.23	\$ 15.17
Full time-Assoc. & Spouse/DP only	1417.03	1183.03	234.00	\$ 117.00	-38.46	\$ 75.33	1417.03	1142.03	275.00	\$ 137.50	-38.46	\$ 95.83
Full time-Associate & Child(ren)	1589.34	1330.34	259.00	\$ 129.50	-38.46	\$ 87.83	1589.34	1288.34	301.00	\$ 150.50	-38.46	\$ 108.83
Full time-FAMILY	1672.48	1382.48	290.00	\$ 145.00	-38.46	\$ 103.33	1672.48	1336.48	336.00	\$ 168.00	-38.46	\$ 126.33
Part time-Associate only	616.15	512.15	104.00	\$ 52.00	-19.23	\$ 31.17	616.15	499.15	117.00	\$ 58.50	-19.23	\$ 37.67
Part time-Assoc. & Spouse/DP only	1417.03	1098.03	319.00	\$ 159.50	-38.46	\$ 117.83	1417.03	1062.03	355.00	\$ 177.50	-38.46	\$ 135.83
Part time-Associate & Child(ren)	1589.34	1218.34	371.00	\$ 185.50	-38.46	\$ 143.83	1589.34	1175.34	414.00	\$ 207.00	-38.46	\$ 165.33
Part time-FAMILY	1672.48	1272.48	400.00	\$ 200.00	-38.46	\$ 158.33	1672.48	1230.48	442.00	\$ 221.00	-38.46	\$ 179.33



## 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
Tax dependents to age 26	26	26

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. \$1,500/\$3,000 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 12/18/22

## 2023 Medical and Dental Insurance Premium Rates

\*Medical premiums 1/1-6/30/23 (re-evaluated in June)

### 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](http://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