




BRH Comparison Benefit Plan Year July 2019—June 2020

BENEFIT	Economy	Standard
Medical Annual Deductible	 \$550 / Individual \$1100 / Family	\$300 / Individual \$600 / Family
Plan Pays Based on allowable amount	80% of the allowable amount	80% of the allowable amount
Out of Pocket Limit (including Deductible)		
Individual Family (2 member) Family (3+ member)	\$2550 \$5100 \$7100	\$1800 \$3600 \$5100
Emergency Room Visit	\$150 Co-pay	\$150 Co-pay
Annual/Lifetime Maximum	None	None
Prescription Drugs 30 = Retail Pharmacy Fill 90 = Mail Order Pharmacy Fill 	\$50 deductible/Max OOP \$1750 Preferred Generic \$10 copay 30/90 Preferred Brand \$35 copay 30/90 Preferred Specialty \$55 copay 30 day mail Non-preferred (Generic, Brand & Specialty) \$150 copay 30/90	\$50 deductible/Max OOP \$1250 Preferred Generic \$10 copay 30/90 Preferred Brand \$25 copay 30/90 Preferred Specialty \$45 copay 30 day mail Non-preferred (Generic, Brand & Specialty) \$100 copay 30/90
Vision Plan Pays Frequency	No benefit	100% of the allowable charges Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year)
BRH Contribution (MONTHLY) Emp Cont. Biweekly Healthy Rewards EE EE/ Family Biweekly Healthy Rewards Family	\$1386.00 \$0 \$0 \$88.20 \$38.20	\$1386.00 \$70.00 \$20.00 \$155.40 \$105.40
Dental Annual Deductible	\$50 / Individual \$150 / Family	
Basic Coverage (No employee contribution for basic dental coverage)	Preventive cleanings—100% of the allowable amount per member per plan year General Services—80% of the allowable charges Major Services—50% of the allowable charges \$2000.00 Maximum coverage limit per member per plan year	
Dental Buy-Up Plan 	Buy-up option: Deductible & Preventive same as above General Services—80% of allowable charges Major Services—80% of allowable charges \$3000.00 Maximum coverage limit per member per plan year \$1500.00 Lifetime coverage for orthodontia per member Bi-weekly Contributions: Employee Only—\$12.46 Family—\$24.00	

BRH Plan Year 2019-2020 PART-TIME Rates

BENEFIT	Economy	Standard
Medical Annual Deductible	\$550 / Individual \$1100 / Family	\$300 / Individual \$600 / Family
Plan Pays Based on allowable amount	80% of the allowable amount	80% of the allowable amount
Out of Pocket Limit (including Deductible)		
Individual	\$2550	\$1800
Family (2 member)	\$5100	\$3600
Family (3+ member)	\$7100	\$5100
Emergency Room Visit	\$150 Co-pay	\$150 Co-pay
Annual/Lifetime Maximum	None	None
Prescription Drugs	\$50 deductible/Max OOP \$1750	\$50 deductible/Max OOP \$1250
30 = Retail Pharmacy Fill	Preferred Generic \$10 copay 30/90	Preferred Generic \$10 copay 30/90
90 = Mail Order Pharmacy Fill	Preferred Brand \$35 copay 30/90	Preferred Brand \$25 copay 30/90
	Preferred Specialty \$55 copay 30 day mail	Preferred Specialty \$45 copay 30 day mail
	Non-preferred (Generic, Brand & Specialty) \$150 copay 30/90	Non-preferred (Generic, Brand & Specialty) \$100 copay 30/90
Vision Plan Pays Frequency	No benefit	100% of the allowable charges Exam/lenses: 1x PPY Frames/contacts: \$200 (Per Benefit Year)
Dental	See information on opposite side	
BRH Contribution (MONTHLY)	Depends on Part-time hours worked	

Hours of work per pay period	32	36	40	48	60	64
Economy	0.00	0.00	0.00	0.00	0.00	0.00
Standard	\$425.38	\$389.85	\$354.31	\$283.23	\$176.62	\$141.08
Employee & Family	32	36	40	48	60	64
Economy	\$443.58	\$408.05	\$372.51	\$301.43	\$194.82	\$159.28
Standard	\$510.78	\$475.25	\$439.71	\$368.63	\$262.02	\$226.48