

Details of the Advantage Health Savings Plan and the POS and HMO

Select plans and what you will pay

	Advantage Health Savings	100/80 POS	90/70 POS	HMO Select
Plan Premium	Lowest	Highest	Lower than 100/80 POS	Lower than 90/70 POS
Rider's 2022 Annual Contribution to your health savings account	\$500 employee-only; \$1,000 employee and dependent/family	N/A	N/A	N/A
2022 maximum HSA contribution (includes your contribution and Rider's contribution)	\$3,650 employee-only; \$7,300 employee and dependent/family	N/A	N/A	N/A
Annual Deductible (applies to non-preventive charges) You can use the money in your HSA to help pay your deductible.	In-network: \$2,000 single coverage; \$4,000 non-single Out-of-network: \$3,000 single; \$6,000 non-single	In-network: \$0 Out-of-network: \$700 individual; \$1,500 family	In-network: \$500 individual; \$1,000 family Out-of-network: \$700 individual; \$1,500 family	In-network: \$0 Out-of-network: Not covered
In-Network out of pocket limit (includes annual deductible, coinsurance, and copays, if applicable)	\$2,000 individual; \$4,000 family	\$3,000 individual; \$9,000 family	\$1,500 individual; \$4,500 family	\$3,000 individual; \$9,000 family
Out-of-Network out of pocket limit (includes annual deductible, coinsurance, and copays, if applicable)	\$6,000 individual; \$12,000 family	\$3,000 individual; \$9,000 family	\$3,000 individual; \$9,000 family	Not covered
Coinsurance (the percent you pay) You can use the money in your HSA to help pay your coinsurance	In-network: 0% Out-of-network: 30%	In-network: 0% Out-of-network: 20%	In-network: 10% Out-of-network: 30%	In-network: 0% Out-of-network: Not covered
Preventive care* (in network)	100%	100%	100%	100%
Primary Care	Deductible and coinsurance	\$25	\$25	\$25
Specialist		\$40	\$40	\$40
ER		\$100	\$100	\$100
Inpatient Admission		100% coverage	100% coverage	\$200
Outpatient Surgery		100% coverage	90% coverage	\$100
Prescriptions: In-network retail (up to a 30-day supply)	Deductible and coinsurance	\$5/\$25/\$50	\$10/\$30/\$50	\$10/\$30/\$50
Mail-order drug program (up to a 90 day supply)	Deductible and coinsurance	\$10/\$50/\$100	\$20/\$60/\$100	\$20/\$60/\$100

*Preventive care services are updated annually and may change throughout the year.