

Benefits Comparison

2022 HEALTH INSURANCE COMPARISON						
	Acadian Bi-Weekly Employee Premiums				MedicOne Bi-Weekly Employee Premiums	
	Option 1: Base Plan		Option 2: High Deductible Plan		Pay Period	Annual
	Pay Period	Annual	Pay Period	Annual		
Employee Only	\$51.69	\$1,343.94	\$24.92	\$647.92	\$102.78	\$2,672.28
Employee + Child(ren)	\$114.46	\$2,975.96	\$88.62	\$2,304.12	\$296.68	\$7,713.68
Employee + Spouse	\$159.23	\$4,139.98	\$119.54	\$3,108.04	\$248.14	\$6,451.64
Employee + Spouse (with Spousal Surcharge)	\$198.23	\$5,153.98	\$158.54	\$4,122.04	NA	
Family	\$190.62	\$4,956.12	\$146.77	\$3,816.02	\$441.98	\$11,491.48
Family (with Spousal Surcharge)	\$232.62	\$6,048.12	\$188.77	\$4,908.02	NA	
Annual Deductible				Annual Deductible		
Employee Only	\$1,300		\$3,250		\$6,000	
Employee + 1	\$1,300 each		\$3,250 each		\$6,000 each	
Employee + 2 or more	\$2,600		\$6,500		\$12,000	
In-Network				In-Network		
Primary Care Office Visit Copay	\$40				\$15/ \$50/ \$100 copay	
Specialist Office Visit / Urgent Care Copay	\$45				\$25 Urgent Care	
Emergency Room	20% after deductible (Does not apply to deductible or out-of-pocket)		20%		\$300 (then 20% after ded & co-ins)	
Co-Insurance				Annual Maximum Out-of-Pocket		
Preventive Care - 100%						
Employee Only - 80%/20%	\$3,700*		\$6,500*		\$7,150	
Employee + Dependents - 80%/20%	\$7,400*		\$9,000*		\$14,300	
	* Excludes copays and deductible		* Includes deductible, co-insurance, & Rx			
Out-of-Network				Out-of-Network		
Office Visit Copay	NA		NA		NA	
Deductible				Deductible		
Employee Only	\$1,300		\$6,500		\$10,000	
Employee + Dependents	\$2,600		\$13,000		\$20,000	
Co-Insurance				Annual Maximum Out-of-Pocket		
Employee only - 50%/50%	\$7,400*		\$13,000*		\$20,000	
Employee + Dependents - 50%/50%	\$14,800*		\$18,000*		\$40,000	
	*Excludes copays and deductible		* Includes medical deductible, co-insurance & Rx			
Additional Features				Additional Features		
	NA		Health Savings Account (HSA) Annual Employer Contribution \$300 Emp Only and \$600 for Emp + Dependents (half on Jan 1 and half July 1)		NA	
Prescriptions				Prescriptions		
Annual Deductible (per covered member)	\$125					
Co-Insurance	70% / 30% (after deductible)					
Out-of-Pocket Max Employee Only	\$1,600*		Medical Out-of-Pocket Applies			
Out-of-Pocket Max Employee + 1	\$2,200*					
Out-of-Pocket Max Employee + 2 or more	\$2,800*					
	*Does not include prescription deductible					
Telemedicine				Telemedicine		
	Teladoc		\$0		Teladoc \$0	

2022 VOLUNTARY DENTAL INSURANCE COMPARISON

	Acadian Bi-Weekly Employee Premiums		MedicOne Semi-Monthly Employee Premiums	
	Pay Period	Annual	Pay Period	Annual
Employee Only	\$11.72	\$304.72	\$15.45	\$401.70
Employee + Child(ren)	\$23.97	\$623.22	\$41.89	\$1,089.14
Employee + Spouse	\$22.67	\$589.42	\$31.37	\$815.62
Family	\$38.87	\$1,010.62	\$61.56	\$1,600.56
	Plan Features		Plan Features	
Provider	Delta Dental		Guardian	
Annual Deductible (per covered member)	\$50 / covered member		\$50 / individual; \$150 / family	
Annual Benefit (per covered member)	\$1500 / covered member		1000 / covered member	
Preventative Services (Every 6 months based on date of service)	100%		100%	
Basic Expenses	80%		80%	
Major Expenses	50%		50%	
Orthodontia (*Lifetime Max per member)	50% / \$1,500		50% / \$1,000	
Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees. Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.				

2022 VOLUNTARY VISION INSURANCE COMPARISON

	Acadian Bi-Weekly Employee Premiums		MedicOne Semi-Monthly Employee Premiums	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Employee Only	\$3.00	\$78.00	\$3.95	\$102.70
Employee + Child(ren)	\$5.54	\$144.04	\$7.31	\$190.06
Employee + Spouse	\$5.92	\$153.92	\$7.17	\$186.42
Family	\$8.46	\$219.96	\$11.57	\$300.82
Plan Features	In-Network	Out-of-Network	In-Network	Out-of-Network
Co-Pay	\$10 per exam; \$10 applies to eye glass, lenses, or frames	\$10 per exam; \$10 applies to eye glass, lenses, or frames	\$10 copay per exam; \$25 copay for materials	
Annual Eye Exam	100% after \$10 Copay	Up to \$45 after \$10 deductible	100% after \$10 copay	Up to \$46 Max
Lenses (per Pair)				
Single	100% after \$10 copay	Up to \$30	100% after \$25 copay	
Bifocal	100% after \$10 copay	Up to \$50	100% after \$25 copay	
Trifocal	100% after \$10 copay	Up to \$65	100% after \$25 copay	Up to \$125 Max
Lenticular	100% after \$10 copay	Up to \$100	100% after \$25 copay	
Frames	Up to \$130	Up to \$70	\$120 + 20% off remaining balance	Up to \$47 Max
Contacts - Fit & Follow Up Exams	Up to \$60	NA	15% off UCR	
Contacts - Elective	Up to \$130	Up to \$105	\$120	Up to \$120 Max
Contacts - Medically Necessary	100%	Up to \$210	\$25 copay	Up to \$210 Max

2022 BASIC LIFE / AD&D INSURANCE COMPARISON

	Acadian	MedicOne
	Employer Paid	Employer Paid
Life Insurance	\$50,000	\$10,000
Accidental Death & Dismemberment	\$50,000	\$10,000