

## RRC Polytech - Flex Plan Design - effective January 1, 2022

	Option 1	Option 2	Option 3	Option 4	Option 5
<b>Ambulance/ Hospital</b>	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital	100% Ambulance/ Semi-Private Hospital
<b>Drugs</b>	80% \$650 FT/\$325 PT annual max	80% \$650 FT/\$325 PT annual max	No coverage	50% Dispensing fee deductible Maximum up to Pharmacare Deductible	90% \$4 deductible per script Maximum up to Pharmacare Deductible
<b>Health</b>	No coverage	80% \$100/yr max Athletic Therapy \$350/yr max other Paramedical \$3,000 Private Duty Nursing No Hearing Aid coverage	No coverage	50% \$350/yr max Paramedical No Massage \$5,000 Private Duty Nursing Hearing Aids \$500/5 yrs	90% \$450/yr max Paramedical \$10,000 Private Duty Nursing Hearing Aids \$750/5 yrs
<b>Dental</b>	80% Basic 60% Major 50% Ortho \$1,475 FT/\$738 PT /yr max for Basic/Major \$1,675 FT/\$838 PT max Ortho	80% Basic 60% Major 50% Ortho \$1,475 FT/\$738 PT /yr max for Basic/Major \$1,675 FT/\$838 PT max Ortho	No coverage	50% Basic 50% Major 50% Ortho \$1,500/yr max for Basic/Major \$2,000 max Ortho	100% Basic 50% Major No Ortho \$1,500/yr max for Basic/Major
<b>Vision (Eyewear/ Eye Exams)</b>	80% FT \$225/24 months 40% PT \$114/24 months	80% FT \$225/24 months 40% PT \$114/24 months	No coverage	50% to \$225/24 months - adult 50% to \$225/12 months - child	100% to \$225/24 months - adult 100% to \$225/12 months - child
<b>Travel</b>	100% Travel Health, unlt'd	100% Travel Health, unlt'd	100% Travel Health, unlt'd	100% Travel Health, unlt'd	100% Travel Health, unlt'd
<b>HCSA</b>	\$850 FT/\$425 PT	\$850 FT/\$425 PT	\$1,850	\$900	\$450
<b>Employee Annual Cost</b>	<b>No Employee Cost Share</b>	<b>\$219 Single / \$481 Family</b>	<b>No Employee Cost Share</b>	<b>No Employee Cost Share</b>	<b>\$659 Single / \$1,449 Family</b>
<b>2022 Employee Bi-Weekly Cost</b>	<b>No Employee Cost Share</b>	<b>\$8.42 Single / \$18.50 Family</b>	<b>No Employee Cost Share</b>	<b>No Employee Cost Share</b>	<b>\$25.35 Single / \$55.73 Family</b>

**Notes:**

- FT = Full Time Employee
- PT = Part Time Employee
- Drugs and HCSA benefit maximums are per contract/family unit; maximums for all other benefits are per insured member