

Hancock County Government

Medical Coverage & Per Pay Contributions

Effective: January 1, 2020

Schedule of Benefits: (IN NETWORK)	Plan 1	Plan 2
	Copay	HSA
Deductible (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000
Office Visit Copay	\$40.00	Ded & Coin
Coinsurance Percentage (In/Out of Network)	80% / 50%	100% / 70%
Out-of-Pocket Maximum (Individual/Family)	\$4,000 / \$8,000	\$3,000 / \$6,000
Prescription Drug Copays (30 day supply)		
Rx Copay Tier 1	\$20.00	Ded & Coin
Rx Copay Tier 2	\$35.00	Ded & Coin
Rx Copay Tier 3	\$50.00	Ded & Coin
Rx Copay Tier 4	NA	Ded & Coin
Employee Contributions (per pay)		
Based on Participation in Wellness (2 parts)		
HSA Contributions (Single/Family)	NA	\$750 / \$1,500
81 Employee Only	\$52.50	\$6.00
53 Employee & Spouse	\$105.00	\$17.00
23 Employee & Child(ren)	\$77.50	\$12.00
67 Family	\$130.00	\$24.00
Based on Participation in Wellness (1 part)		
HSA Contributions (Single/Family)	NA	\$350 / \$750
81 Employee Only	\$62.50	\$6.00
53 Employee & Spouse	\$125.00	\$17.00
23 Employee & Child(ren)	\$95.00	\$12.00
67 Family	\$150.00	\$24.00
Based on No Participation in Wellness		
HSA Contributions (Single/Family)	NA	\$0 / \$0
81 Employee Only	\$80.00	\$7.00
53 Employee & Spouse	\$150.00	\$19.00
23 Employee & Child(ren)	\$115.00	\$14.00
67 Family	\$175.00	\$25.00

	Employee Contributions (per pay)	
Dental:	Employee Only	\$ 17.44
	Employee & Spouse	\$ 35.19
	Employee & Child(ren)	\$ 37.32
	Family	\$ 58.76

*Up to 26 yrs old

	Employee Contributions (per pay)	
Vision- ANT	Employee Only	\$ 3.19
	Employee & Spouse	\$ 5.58
	Employee & Child(ren)	\$ 6.06
	Family	\$ 9.25

*Up to 26 yrs old

All rates quoted are withheld semi-monthly, one month in advance
HSA employer contributions are divided by 24 and contributed semi-monthly