

Hancock County Government

Medical Coverage & Per Pay Contributions

Effective: January 1, 2022

Schedule of Benefits: (IN NETWORK)	Plan 1 Copay	Plan 2 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 (semi-monthly)		
Based on Participation in Wellness (2 parts)		
HSA Contributions (Single/Family)	NA	\$750 / \$1,500
81 Employee Only	\$70.50	\$7.50
53 Employee & Spouse	\$140.50	\$21.50
23 Employee & Child(ren)	\$103.50	\$15.00
67 Family	\$174.00	\$30.00
Based on Participation in Wellness (1 part)		
HSA Contributions (Single/Family)	NA	\$350 / \$750
81 Employee Only	\$84.00	\$7.50
53 Employee & Spouse	\$167.50	\$21.50
23 Employee & Child(ren)	\$127.50	\$15.00
67 Family	\$201.00	\$30.00
Based on No Participation in Wellness		
HSA Contributions (Single/Family)	NA	\$0 / \$0
81 Employee Only	\$107.50	\$9.00
53 Employee & Spouse	\$201.00	\$24.00
23 Employee & Child(ren)	\$154.00	\$17.50
67 Family	\$234.50	\$31.50

DENTAL

Employee Contributions (per pay)

*Up to 26 yrs old

Employee Only	\$ 17.70
Employee + Spouse	\$ 35.72
Employee + Child(ren)	\$ 37.88
Family	\$ 59.64

VISION

Employee Contributions (per pay)

*Up to 26 yrs old

Employee Only	\$ 3.19
Employee + Spouse	\$ 5.58
Employee + Child(ren)	\$ 6.06
Family	\$ 9.25

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