

Summer Benefits Newsletter

Important Dates

August 10 - September 10
Open Enrollment for Benefits

August 29
Back to School Breakfast & Benefits Fair
7:30 – 9:30 a.m.



MURRAY GROUP

Open Enrollment is Approaching. What do you need to know?

Open enrollment is a short period of time when you can enroll in or make changes to your employee benefits elections. Possible changes include adding or dropping coverage, adding or removing dependents, or enrolling in benefits for the first time. **Missing the open enrollment deadline means that you will be unable to make changes or enroll in benefits until the next open enrollment period (unless you experience a qualifying life event such a marriage, birth of a child, divorce, etc.).**

Important 2022-23 Benefit Updates

Medical Change: Effective **September 1**

NEW

\$500 Blue Value

This option replaces the current HMO Blue \$0 Deductible Plan

Deductible: **\$500 Individual / \$1,000 Family**

Out of Pocket Max: **\$2,000 Individual / \$4,000 Family**

Coinsurance: member pays 10% after Deductible is satisfied.

Office Visits: \$30 PCP / \$50 Non-PCP

Any services/labs/tests will be subject to Deductible/Coinsurance

Emergency Room: \$100 Copay, then Deductible/Coinsurance

Inpatient / Outpatient Hospital: subject to Deductible/Coinsurance

Maternity: subject to Deductible/Coinsurance

Diagnostic testing/labs/imaging: subject to Deductible/Coinsurance

Important! \$500 Deductible is in effect September 1, 2022. To avoid paying that deductible in 2022, plan to have medical services completed prior to September 1. Deductible starts over on January 1, 2023 for the entire calendar year of 2023.

HSA Plan

Employees choosing the HSA medical plan will receive **\$168.45** in their health savings account to offset out of pocket medical expenses.

This comparison is for illustrative purposes only and does not represent a contract. See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications

Medical/Dental/Vision plan information and employee costs are listed on the back side of this letter.
Questions? Contact Murray Group at 1-877-765-2620

Employee Benefits at-a-glance
2022-2023 Plan Year



Medical

		Pre-Tax cost per paycheck			
Option 1 Blue Value	<p>Blue Cross Managed Care Network</p> <p>Deductible: \$500 Individual / \$1,000 Family</p> <p>90% Coinsurance In Network <i>(member pays 10% after deductible)</i></p> <p>Out of Pocket Max: \$2,000 Individual / \$4,000 Family</p>	<p>Office Visits: \$30 PCP / \$50 Non PCP Telehealth: Covered 100%</p> <p>Preventive Care Visits: Covered 100%</p> <p>Diagnostic Lab & X-Ray: Deductible + Coinsurance</p> <p>Maternity: Deductible + Coinsurance</p> <p>Hospital Services Inpatient: Deductible + Coinsurance Outpatient: Deductible + Coinsurance Emergency Room: \$100 Copay</p>	<p>Rx Benefits: Generic: \$10 Copay Brand Name Drugs: \$250 Deductible applies Formulary: \$30 Copay Non-Formulary: \$50 Copay</p> <p>Maximum out of pocket for Rx: \$3,000 Individual / \$6,000 Family</p> <p><i>Copays are 30 day supply</i></p>	Emp Only	\$0.00
				Emp & Spouse	\$958.40
				Emp & Child	\$431.25
				Emp & Children	\$631.00
				Family	\$1,238.00
Option 2 HSA Plan	<p>Blue Cross Managed Care Network</p> <p>Deductible: \$3,000 Individual / \$6,000 Family</p> <p>70% Coinsurance In Network <i>(member pays 30% after deductible)</i></p> <p>Out of Pocket Max: \$5,800 Individual / \$11,600 Family</p>	<p>Office Visits: Subject to Deductible / Coinsurance</p> <p>Telehealth: \$45 Copay</p> <p>Preventive Care Visits: Covered 100%</p> <p>Diagnostic Lab & X-Ray: Deductible / Coinsurance</p> <p>Maternity: Deductible / Coinsurance</p> <p>Hospital Services All Services subject to Deductible / Coinsurance</p>	<p>Rx Benefits: All Prescriptions subject to Deductible / Coinsurance*</p> <p><i>*100% coverage for certain preventive medications</i></p>	Emp Only	\$0.00
				Emp & Spouse	\$733.60
				Emp & Child	\$330.10
				Emp & Children	\$482.95
				Family	\$947.55

** Employees choosing the H.S.A. option will receive \$168.45 per month in their H.S.A. account to offset out of pocket medical expenses

Dental Benefits

		Pre-Tax cost per Paycheck		Pre-Tax cost per paycheck			
Option 1	<p>Delta Dental Premier</p> <p>\$25 Individual Deductible \$75 Family Deductible</p> <p>Individual Benefit Max: \$1,250</p> <p>Preventive: Covered at 100% Basic: Covered at 80% Major: Covered at 50%</p> <p>No Orthodontia Coverage</p>	Emp	\$0.00	Option 2	<p>Dental Blue Connect Must go to Willamette Clinic No Deductible / No Annual Maximum \$15 Copay per Visit</p> <p>Diagnostic & Preventive: Covered with OV Copay Fillings: \$15 Copay</p> <p>Porcelain / Metal Crowns: \$150 Copay</p> <p>Bridge: \$150 Copay</p> <p>Comprehensive Orthodontia: \$1,500 Copay</p> <p>\$1,500 Implant Allowance</p>		
		Emp & Spouse	\$45.67			Emp Only	\$0.00
		Emp & Child	\$40.36			Emp & Spouse	\$56.98
		Emp & Children	\$73.03			Emp & Child	\$56.98
		Emp & Family	\$111.15			Emp & Children	\$110.85
						Emp & Family	\$110.85

Vision

		Pre-Tax cost per paycheck	
United Heritage VSP		Emp Only	\$0.00
\$10 Exam Copay (Every 12-Months)		Emp & Spouse	\$6.97
\$25 Material Copay (Every 12-Months)		Emp & Child	\$7.93
Lenses: Covered in full (Every 12-Months)		Emp & Children	\$7.93
Frames: \$130 Allowance (Every 12-Months)		Emp & Family	\$16.85
Contacts Instead of Frames: \$130 Allowance (Every 12-Months)			

Employee Life and AD&D Insurance

Employee Life Benefit: \$20,000
Employee AD&D Benefit: \$20,000
Dependent Life Benefit: \$2,000
Supplemental buy-up available on a voluntary basis. Guaranteed issue when first eligible for coverage.

Voluntary Long-Term Disability Insurance

Replaces up to 60% of income in event of partial or total disability
90 Day Elimination Period (length of time you are unable to work before benefits begin)
Rates vary by age and income

*See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications.