



RICART AUTOMOTIVE  
2022 MMO IN-NETWORK Health Plan Member Costs  
January 1 - December 31, 2022

2022 MMO Health Plan Employee Premium Contributions

<b>Medical Mutual Employee Deductions</b>				
<b>WEEKLY</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan H</b>
Employee Single	\$59.54	\$54.00	\$37.15	\$23.77
Employee & Spouse	\$153.92	\$139.15	\$100.38	\$109.15
Employee & Child(ren)	\$138.46	\$125.54	\$90.46	\$98.31
Family	\$255.92	\$231.46	\$172.38	\$184.15

<b>MONTHLY</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan H</b>
Employee Single	\$258.00	\$234.00	\$161.00	\$103.00
Employee & Spouse	\$667.00	\$603.00	\$435.00	\$473.00
Employee & Child(ren)	\$600.00	\$544.00	\$392.00	\$426.00
Family	\$1109.00	\$1003.00	\$747.00	\$798.00

*\*Note: The premium contributions shown above are withheld from your paycheck on a pre-tax basis to pay for the cost of the insurance protection provided by the health insurance plan you select and are subject to change. These payroll withholdings are separate from, and in addition to any specific payroll withholdings, you may direct the payroll department to automatically withhold from your pay and deposit into your personal Health Savings Account bank account. You must be enrolled in Plan H or a similar H.S.A. compatible health plan as your only health insurance coverage to be eligible to make H.S.A. contributions on a tax advantage basis. Be sure to open your H.S.A. bank account as close to the earlier of your effective date of health coverage or January 1<sup>st</sup> as possible. You may not begin making deposits into an H.S.A. bank account until the date your H.S.A. compatible health insurance becomes effective. ONLY QUALIFYING HEALTHCARE OUT-OF-POCKET EXPENSES THAT OCCUR AFTER YOUR HEALTH SAVINGS ACCOUNT HAS BEEN OPENED MAY BE PAID FROM YOUR H.S.A. ACCOUNT ON A TAX ADVANTAGE BASIS.*

	PLAN A	PLAN B	PLAN C	PLAN H
<b>DEDUCTIBLE</b>				
Single	\$500	\$1,000	\$2,000	\$3,000
Family	\$1,000	\$2,000	\$4,000	\$6,000
<b>COINSURANCE %</b>				
Member Percentage	20%	20%	20%	20%
Coins. Single Max	\$2,000	\$3,000	\$4,000	\$3,000
Coins. Family Max	\$4,000	\$6,000	\$8,000	\$6,000
Outpatient Surgery	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.
Imaging (CAT, MRI, X-ray)	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.
Hospitalization	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.
Lab Work (blood, urine, etc.)	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.
<b>OUT-OF-POCKET MAXIMUM</b>				
Single OOP Max*	\$6,350	\$6,350	\$6,350	\$6,350
Family OOP Max*	\$12,700	\$12,700	\$12,700	\$12,700
<b>COPAYS</b>				
Preventative Care	\$0	\$0	\$0	\$0
Primary Care Visit	\$15	\$20	\$20	\$20 After Ded. **
Specialist Visit	\$15	\$20	\$20	\$20 After Ded. **
Urgent Care	\$35	\$35	\$35	\$35 After Ded. **
Emergency Room***	\$75***	\$100***	\$100***	\$100 After Ded. **
<b>PRESCRIPTIONS</b>				
<b>Retail (30 day supply)</b>				
Tier 1	\$10	\$10	\$10	\$10 After Ded. **
Tier 2	\$30	\$30	\$30	\$30 After Ded. **
Tier 3	\$60	\$60	\$60	\$60 After Ded. **
<b>Mail-Order (90 day supply)</b>				
Tier 1	\$20	\$20	\$20	\$20 After Ded. **
Tier 2	\$60	\$60	\$60	\$60 After Ded. **
Tier 3	\$120	\$120	\$120	\$120 After Ded. **
*OOP Maximums include all IN-NETWORK member costs for covered services, i.e., deductible, coinsurance, and copays. The IN-NETWORK OOP Maximums are the same for all four plans.				
**Plan H COPAYS DO NOT APPLY UNTIL AFTER THE DEDUCTIBLE HAS BEEN MET. Until the single or family deductible has been met, the member pays 100% of the MMO Member Pricing for IN-NETWORK services. Expenses for both medical services and prescriptions apply to the Deductible and the Out-of-Pocket Maximum.				
***Copays for non-emergency use of the Emergency Room are much higher than copays shown here. Plan A has a \$200 non-emergency copay, Plan B has a \$300 non-emergency copay, and Plan C has a \$400 non-emergency copay.				
Members who are enrolled in Plan H and have no other health insurance may be eligible to make tax-advantaged contributions to a Health Savings Account. Consult IRS rules for Health Savings Account compliance.				
There is no maximum out-of-pocket limitation on member costs for out-of-network services. Facilities and providers may also balance bill the member for out-of-network services.				
This summary is for illustrative purposes only and is superseded by the health plan contracts.				