

**Saratoga Hospital Bi-Weekly Benefit Rates Effective January 1, 2022 – December 31, 2022**

| <b>Health/RX Insurance Plan - EPO</b><br><b>\$500 deductible</b> , 20% coinsurance, Out of Pocket Annual Max: \$3,000 individual, \$6,000 2 person and family |            | FULL TIME HOSPITAL CONTRIBUTION | FULL TIME EMPLOYEE CONTRIBUTION | PART TIME HOSPITAL CONTRIBUTION | PART TIME EMPLOYEE CONTRIBUTION |
|---|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| EPO PLAN OPTION # 1   | INDIVIDUAL | \$365.63                        | \$47.00                         | \$339.59                        | \$73.04                         |
|   | 2 PERSON   | \$613.79                        | \$211.47                        | \$525.69                        | \$299.57                        |
|   | FAMILY     | \$775.12                        | \$297.71                        | \$593.27                        | \$479.55                        |

| <b>Health/RX Insurance Plan - EPO</b><br><b>\$250 deductible</b> , 20% coinsurance, \$150 medical imaging copay (non-domestic) Out of Pocket Annual Max: \$2,000 individual, \$4,000 2 person and family |            | FULL TIME HOSPITAL CONTRIBUTION | FULL TIME EMPLOYEE CONTRIBUTION | PART TIME HOSPITAL CONTRIBUTION | PART TIME EMPLOYEE CONTRIBUTION |
|--|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| EPO PLAN OPTION # 2  | INDIVIDUAL | \$354.87                        | \$69.87                         | \$330.24                        | \$94.50                         |
|  | 2 PERSON   | \$603.98                        | \$245.50                        | \$507.57                        | \$341.92                        |
|  | FAMILY     | \$761.98                        | \$342.34                        | \$568.17                        | \$536.15                        |

| <b>DENTAL INSURANCE RATES</b> |            | FULL TIME HOSPITAL CONTRIBUTION | FULL TIME EMPLOYEE CONTRIBUTION | PART TIME HOSPITAL CONTRIBUTION | PART TIME EMPLOYEE CONTRIBUTION |
|-------------------------------|------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Comprehensive                 | INDIVIDUAL | \$16.21                         | \$5.25                          | \$11.77                         | \$9.37                          |
|                               | 2 PERSON   | \$23.98                         | \$13.12                         | \$16.86                         | \$20.04                         |
|                               | FAMILY     | \$34.23                         | \$18.72                         | \$24.07                         | \$28.61                         |

| <b>VISION INSURANCE RATES</b> | FULL AND PART TIME EMPLOYEE CONTRIBUTION |
|-------------------------------|--|
| INDIVIDUAL                    | \$3.32                                   |
| 2 PERSON                      | \$5.98                                   |
| FAMILY                        | \$9.29                                   |

**Definitions:**

Full Time is defined as regularly scheduled to work 75 hours or more per pay period (72 hours for 12 hour shift employees). Part Time is defined as regularly scheduled to work 37.5 hours or more per pay period (36 hours for 12 hour shift employees).

**Employees are automatically enrolled in pre-tax benefit deductions.** Those wishing to have benefit deductions withheld on a post-tax basis would need to complete a **2022 Post Tax Deduction Request form, available by going to [www.saratogahospital.org](http://www.saratogahospital.org) and clicking on "For Employees". The form must be completed, signed and returned to Human Resources. Once pre-tax deductions are taken no changes can be made to post-tax deductions.**