

BROOKHAVEN SCIENCE ASSOCIATES, LLC MEDICAL PLAN COMPARISON (1-1-2021)
FOR EMPLOYEES

MEDICAL PLAN DESIGN	AETNA POS PLAN 1	AETNA POS PLAN 2	AETNA POS PLAN 3	AETNA PLAN 4 HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT
HSA CONTRIBUTION/YR FROM BSA (Individual/Family)	N/A	N/A	N/A	\$500 /\$1,000
MAXIMUM EMPLOYEE HSA CONTRIBUTION (Individual/Family)	N/A	N/A	N/A	\$3,100 /\$6,200
IN-NETWORK				
COPAY (PCP/SPECIALIST) (per visit)	\$20/\$35	\$25/\$40	\$30/\$45	DEDUCTIBLE + COINSURANCE
DEDUCTIBLE/YR (Individual/Family)	\$0	\$150/\$300	\$300/\$600	\$1,400/\$2,800
COINSURANCE	0%	10%	20%	20%
OUT-OF-POCKET MAXIMUM/YR MEDICAL (includes deductible, copays, & coinsurance) (Individual/Family)	\$5,100/\$10,200	\$1,000/\$2,000	\$2,000/\$4,000	\$3,500/\$8,000 MEDICAL & PRESCRIPTION DRUG COMBINED
OUT-OF-POCKET MAXIMUM/YR PRESCRIPTION DRUGS (includes deductible, copays, & coinsurance) (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	
EMERGENCY ROOM (per visit)	\$100	\$150	\$200	DEDUCTIBLE + COINSURANCE
INPATIENT HOSPITAL (per admission)	\$500	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE
OUTPATIENT SURGERY (per visit)	\$100	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE
TELADOC (per telephonic visit)	\$20	\$25	\$30	DEDUCTIBLE + COINSURANCE
WALK-IN CLINIC (per visit)	\$20	\$25	\$30	DEDUCTIBLE + COINSURANCE
URGENT CARE CENTER (per visit)	\$50	\$50	\$50	DEDUCTIBLE + COINSURANCE
X-RAY/LABORATORY	COVERED IN FULL	\$20	\$20	DEDUCTIBLE + COINSURANCE
COMPLEX IMAGING (MRI, CT SCAN, ...)	\$50	\$50	\$50	DEDUCTIBLE + COINSURANCE
HEARING AIDS	COVERED IN FULL	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE	DEDUCTIBLE + COINSURANCE
ROUTINE EYE EXAM	COVERED IN FULL (1 EXAM EVERY 24 MONTHS)	COVERED IN FULL (1 EXAM EVERY 24 MONTHS)	COVERED IN FULL (1 EXAM EVERY 24 MONTHS)	COVERED IN FULL (1 EXAM EVERY 24 MONTHS)
ROUTINE PHYSICAL (limits apply)	COVERED IN FULL	COVERED IN FULL	COVERED IN FULL	COVERED IN FULL
OUT-OF-NETWORK				
DEDUCTIBLE	\$1,000/\$3,000	\$1,500/\$4,500	\$2,000/\$6,000	\$2,600/\$5,200
COINSURANCE	30%	30%	30%	40%
OUT-OF-POCKET MAXIMUM (includes deductible & coinsurance) (Individual/Family)	\$3,500/\$10,500	\$5,000/\$15,000	\$6,000/\$18,000	\$6,000/\$12,000
PRESCRIPTION DRUGS (in-network only)				
DEDUCTIBLE/YR (Individual/Family) (Deductible is combined for retail & mail order)	\$100/\$300	\$100/\$300	\$100/\$300	MEDICAL & PRESCRIPTION DRUG COMBINED
RETAIL: up to 30-day supply				
TIER 1 (generic)	\$10	\$10	\$10	\$10 AFTER DEDUCTIBLE
TIER 2 (brand name in Aetna's formulary)	\$25	\$30	\$35	\$35 AFTER DEDUCTIBLE
TIER 3 (brand name not in Aetna's formulary)	\$40	\$50	\$60	\$60 AFTER DEDUCTIBLE
TIER 4 (specialty drugs)	\$50	\$60	\$70	\$80 AFTER DEDUCTIBLE
MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy)				
TIER 1 (generic)	\$20	\$20	\$20	\$20 AFTER DEDUCTIBLE
TIER 2 (brand name in Aetna's formulary)	\$50	\$60	\$70	\$70 AFTER DEDUCTIBLE
TIER 3 (brand name not in Aetna's formulary)	\$80	\$100	\$120	\$120 AFTER DEDUCTIBLE
TIER 4 (specialty drugs)	N/A	N/A	N/A	N/A

This information is only intended to provide a summary of the BSA Medical Plan. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. BSA reserves the right to amend or terminate the plan at any time for any reason.

MEDICAL PLAN CONTRIBUTIONS (1-1-2021)

COVERAGE	AETNA POS PLAN 1							
	MONTHLY CONTRIBUTION				WEEKLY CONTRIBUTION (53 PAY PERIODS)			
	ANNUAL BASE SALARY				ANNUAL BASE SALARY			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +
1 PERSON	\$ 171.58	\$ 229.46	\$ 279.08	\$ 328.69	\$ 39.60	\$ 52.95	\$ 64.40	\$ 75.85
2 PEOPLE	\$ 358.42	\$ 476.46	\$ 579.48	\$ 682.50	\$ 82.71	\$ 109.95	\$ 133.73	\$ 157.50
3 OR MORE	\$ 470.80	\$ 633.45	\$ 770.41	\$ 907.37	\$ 108.65	\$ 146.18	\$ 177.79	\$ 209.39

COVERAGE	AETNA POS PLAN 2							
	MONTHLY CONTRIBUTION				WEEKLY CONTRIBUTION (53 PAY PERIODS)			
	ANNUAL BASE SALARY				ANNUAL BASE SALARY			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +
1 PERSON	\$ 144.87	\$ 188.53	\$ 238.14	\$ 287.76	\$ 33.43	\$ 43.51	\$ 54.96	\$ 66.41
2 PEOPLE	\$ 300.81	\$ 391.46	\$ 494.47	\$ 597.49	\$ 69.42	\$ 90.34	\$ 114.11	\$ 137.88
3 OR MORE	\$ 399.91	\$ 520.43	\$ 657.39	\$ 794.35	\$ 92.29	\$ 120.10	\$ 151.71	\$ 183.31

COVERAGE	AETNA POS PLAN 3							
	MONTHLY CONTRIBUTION				WEEKLY CONTRIBUTION (23 PAY PERIODS)			
	ANNUAL BASE SALARY				ANNUAL BASE SALARY			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +
1 PERSON	\$ 96.83	\$ 136.32	\$ 186.15	\$ 235.98	\$ 22.35	\$ 31.46	\$ 42.96	\$ 54.46
2 PEOPLE	\$ 201.07	\$ 283.05	\$ 386.52	\$ 489.98	\$ 46.40	\$ 65.32	\$ 89.20	\$ 113.07
3 OR MORE	\$ 267.31	\$ 376.31	\$ 513.86	\$ 651.41	\$ 61.69	\$ 86.84	\$ 118.58	\$ 150.33

COVERAGE	AETNA PLAN 4 HDHP WITH HSA							
	MONTHLY CONTRIBUTION				WEEKLY CONTRIBUTION (23 PAY PERIODS)			
	ANNUAL BASE SALARY				ANNUAL BASE SALARY			
	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +	\$0-\$69,999	\$70,000-\$99,999	\$100,000-\$174,999	\$175,000 +
1 PERSON	\$ 66.35	\$ 109.08	\$ 158.16	\$ 208.15	\$ 15.31	\$ 25.17	\$ 36.50	\$ 48.04
2 PEOPLE	\$ 109.72	\$ 198.98	\$ 301.26	\$ 403.53	\$ 25.32	\$ 45.92	\$ 69.52	\$ 93.12
3 OR MORE	\$ 145.88	\$ 264.57	\$ 400.56	\$ 536.55	\$ 33.67	\$ 61.05	\$ 92.44	\$ 123.82