

Consider all of your medical needs when reviewing the plans. For example, the out of pocket costs are generally lower with POS A, but you will pay more in your payroll contribution for POS A. All plans have the same participating providers and hospitals. And, effective 1/1/2022, all plans cover the same services, including hearing aids and replacement of a functioning cochlear implant processor (previously, these were covered only under POS A). Refer to the **Medical Benefits Comparison Book** for details and use the Medical Needs Worksheet to estimate your medical care needs.

The following shows your ANNUAL savings between two plans

	<u>SAVE with POS B Compared to POS A</u>	<u>SAVE with POS B No Drug Compared to POS B</u>	<u>SAVE with POS D Compared to POS A</u>	<u>SAVE with POS D Compared to POS B</u>	<u>SAVE with POS B No Drug Compared to POS D</u>
<u>Contribution Level 1</u>					
Individual	\$433	\$1,406	\$1,829	\$1,396	\$10
Two Person	\$1,119	\$2,601	\$3,534	\$2,415	\$186
Family	\$1,037	\$2,901	\$3,757	\$2,720	\$181
One Parent Family	\$1,528	\$2,836	\$4,160	\$2,632	\$204
<u>Contribution Level 2</u>					
Individual	\$609	\$1,688	\$2,210	\$1,601	\$87
Two Person	\$1,389	\$3,496	\$4,690	\$3,301	\$195
Family	\$1,763	\$4,323	\$5,903	\$4,140	\$184
One Parent Family	\$2,169	\$3,548	\$5,507	\$3,338	\$210
<u>Contribution Level 3</u>					
Individual	\$686	\$1,831	\$2,433	\$1,748	\$84
Two Person	\$1,542	\$3,795	\$5,143	\$3,600	\$195
Family	\$1,949	\$4,590	\$6,361	\$4,411	\$179
One Parent Family	\$2,465	\$3,808	\$6,062	\$3,597	\$211
<u>Contribution Level 4</u>					
Individual	\$760	\$1,978	\$2,658	\$1,898	\$81
Two Person	\$1,698	\$4,101	\$5,606	\$3,908	\$193
Family	\$2,140	\$4,962	\$6,926	\$4,786	\$176
One Parent Family	\$2,707	\$4,111	\$6,608	\$3,901	\$210
<u>Contribution Level PT</u>					
Individual	\$590	\$1,763	\$3,048	\$2,457	N/A
Two Person	\$1,345	\$3,652	\$4,663	\$3,318	\$333
Family	\$1,670	\$4,506	\$5,803	\$4,133	\$373
One Parent Family	\$1,959	\$3,564	\$5,217	\$3,258	\$306
<u>Contribution Level Adjunct</u>					
Individual	\$572	\$1,837	\$2,179	\$1,607	\$231
Two Person	\$1,301	\$3,807	\$4,636	\$3,336	\$471
Family	\$1,577	\$4,689	\$5,703	\$4,127	\$562
One Parent Family	\$1,749	\$3,579	\$4,927	\$3,178	\$402

Use the worksheets in the Benefits Open Enrollment section of the HR website at www.rit.edu/benefits to help calculate your cost comparisons.