

Paychex Health & Benefit Services
Annual Enrollment Benefits at a Glance
Rates as of 01/01/2023

AET HDHP 6350-100		AET 3000-70		AET HDHP 5000-80		AET ACO - 1000	
Deductible:	\$6,350/\$12,700	Deductible:	\$3,000/\$6,000	Deductible:	\$5,000/\$10,000	Deductible:	\$1,000/\$2,000
Out of Pocket Max:	\$6,350/\$12,700	Out of Pocket Max:	\$6,850/\$13,700	Out of Pocket Max:	\$6,850/\$13,700	Out of Pocket Max:	\$5,500/\$11,000
Lifetime Max:		Lifetime Max:		Lifetime Max:		Lifetime Max:	
Primary Physician:	0% AD	Primary Physician:	\$40	Primary Physician:	20% AD	Primary Physician:	\$25
Specialist:	0% AD	Specialist:	\$80	Specialist:	20% AD	Specialist:	\$50
Hospitalization:	0% AD	Hospitalization:	30% AD	Hospitalization:	20% AD	Hospitalization:	20% AD
Out Patient Surgery:	0% AD	Out Patient Surgery:	30% AD	Out Patient Surgery:	20% AD	Out Patient Surgery:	20% AD
Emergency Room:	0% AD	Emergency Room:	\$350	Emergency Room:	20% AD	Emergency Room:	400
Rx:	0% AD	Rx:	\$3/10/45/70 & Spec Tiers	Rx:	\$3/10/45/70 AD & Spec Tie	Rx:	\$3/10/45/80 & Spec Tiers
Referral Required:	N	Referral Required:	N	Referral Required:	N	Referral Required:	N
<u>Out of Network</u>		<u>Out of Network</u>		<u>Out of Network</u>		<u>Out of Network</u>	
Deductible:	\$14,000/\$28,000	Deductible:	\$9,000/\$22,500	Deductible:	\$10,000/\$20,000	Deductible:	\$3,000/\$6,000
Out of Pocket Max:	\$21,000/\$42,000	Out of Pocket Max:	\$14,000/\$42,000	Out of Pocket Max:	\$14,000/\$28,000	Out of Pocket Max:	\$12,000/\$24,000
Co-Insurance:	50%	Co-Insurance:	50%	Co-Insurance:	50%	Co-Insurance:	50%
Hospitalization:		Hospitalization:		Hospitalization:		Hospitalization:	
081003 AET NATIONAL MCP HDHP 6350-100		081007 AET NATIONAL MCP 3000-70		081011 AET NATIONAL MCP HDHP 5000-80		081026 AET NAT MCP ACO JV 1000-80 AZ	
Employee	\$0.00	Employee	\$0.00	Employee	\$0.00	Employee	\$0.00
Employee+Child(ren)	\$27.81	Employee+Child(ren)	\$133.93	Employee+Child(ren)	\$20.21	Employee+Child(ren)	\$115.63
EE+Spouse/Domestic Partner	\$58.27	EE+Spouse/Domestic Partner	\$175.01	EE+Spouse/Domestic Partner	\$49.91	EE+Spouse/Domestic Partner	\$154.87
Family	\$195.39	Family	\$359.87	Family	\$183.63	Family	\$331.51

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AET 1000-80		AET HDHP 5000-80		AET HDHP 3000-90		AET HDHP 2000-100	
Deductible:	\$1,000/\$2,000	Deductible:	\$5,000/\$10,000	Deductible:	\$3,000/\$6,000	Deductible:	\$2,000/\$4,000
Out of Pocket Max:	\$4,500/\$9,000	Out of Pocket Max:	\$6,850/\$13,700	Out of Pocket Max:	\$5,500/\$11,000	Out of Pocket Max:	\$3,500/\$7,000
Lifetime Max:		Lifetime Max:		Lifetime Max:		Lifetime Max:	
Primary Physician:	\$25	Primary Physician:	20% AD	Primary Physician:	10% AD	Primary Physician:	\$30 AD
Specialist:	\$50	Specialist:	20% AD	Specialist:	10% AD	Specialist:	\$60 AD
Hospitalization:	20% AD	Hospitalization:	20% AD	Hospitalization:	10% AD	Hospitalization:	\$500 PD 3 days then 0% AD
Out Patient Surgery:	20% AD	Out Patient Surgery:	20% AD	Out Patient Surgery:	10% AD	Out Patient Surgery:	\$300 per admin then 0% AD
Emergency Room:	\$350	Emergency Room:	20% AD	Emergency Room:	10% AD	Emergency Room:	\$350 AD
Rx:	\$3/10/45/70 & Spec Tiers	Rx:	\$3/10/45/70 & Spec Tiers	Rx:	\$3/10/45/70 AD & Spec Tie	Rx:	\$3/10/45/70 AD & Spec Tie
Referral Required:	N	Referral Required:	N	Referral Required:	N	Referral Required:	N
<u>Out of Network</u>		<u>Out of Network</u>		<u>Out of Network</u>		<u>Out of Network</u>	
Deductible:	\$3,000/ \$6,000	Deductible:	N/A	Deductible:	\$6,000/\$12,000	Deductible:	N/A
Out of Pocket Max:	\$9,000/\$18,000	Out of Pocket Max:	N/A	Out of Pocket Max:	\$12,000/\$24,000	Out of Pocket Max:	N/A
Co-Insurance:	50%	Co-Insurance:		Co-Insurance:	40% AD	Co-Insurance:	
Hospitalization:		Hospitalization:		Hospitalization:		Hospitalization:	
081102 AET NAT MCP 1000-80		082777 AET NAT EPO HDHP 5000-80		082778 AET NAT MCP HDHP 3000-90		082974 AET NAT HDHP EPO 2000-100	
Employee	\$0.00	Employee	\$0.00	Employee	\$0.00	Employee	\$0.00
Employee+Child(ren)	\$217.31	Employee+Child(ren)	\$10.49	Employee+Child(ren)	\$81.19	Employee+Child(ren)	\$127.27
EE+Spouse/Domestic Partner	\$266.71	EE+Spouse/Domestic Partner	\$39.23	EE+Spouse/Domestic Partner	\$116.99	EE+Spouse/Domestic Partner	\$167.67
Family	\$489.11	Family	\$168.55	Family	\$278.13	Family	\$349.55

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PRU HIGH PPO	PRU LOW PPO	PRU HIGH DMO	PRU LOW DMO
Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.
081897 AETNA DENTAL HIGH PPO	081907 AETNA DENTAL LOW PPO	081908 AETNA DENTAL HIGH DMO	081910 AETNA DENTAL LOW DMO
Employee \$19.56	Employee \$14.26	Employee \$9.90	Employee \$5.90
Employee+Child(ren) \$42.84	Employee+Child(ren) \$31.22	Employee+Child(ren) \$20.86	Employee+Child(ren) \$10.80
EE+Spouse/Domestic Partner \$38.98	EE+Spouse/Domestic Partner \$28.42	EE+Spouse/Domestic Partner \$17.66	EE+Spouse/Domestic Partner \$11.78
Family \$58.84	Family \$42.88	Family \$26.98	Family \$18.26

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AETV VISION CORE	AETV VISION PLUS	METL VOL LIFE	METL CHILD LIFE
Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.	Rate will vary based on factors such as age, salary and amount of coverage. Refer to benefit summary for plan design details.	Rate will vary based on factors such as age, salary and amount of coverage. Refer to benefit summary for plan design details.
081896 AETNA VISION CORE	081903 AETNA VISION PLUS	VLI002 METL VOLUNTARY LIFE INS	CHI002 METL CHILD LIFE INS
Employee \$2.30	Employee \$6.40		
Employee+Child(ren) \$4.56	Employee+Child(ren) \$12.68		
EE+Spouse/Domestic Partner \$4.34	EE+Spouse/Domestic Partner \$12.08		
Family \$6.68	Family \$18.60		

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METV 26 WEEKS	METV 13 WEEKS	METV 90 DAYS	METV 90 DAYS
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VSD001 METL EE STD 26 WKS 14D 2K	VSD002 METL EE STD 13 WKS 14D 2K	VLD004 METL EE LTD 90D 10K	VLD006 METL EE LTD 90D 3K
Employee \$35.88	Employee \$26.52	Employee \$23.13	Employee \$19.88

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METV HIGH	METV LOW	METV HIGH	METV LOW
Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.	Refer to benefit summary for plan design details.
VAI001 METV ACCIDENT HI PLAN	VAI002 METV ACCIDENT LO PLAN	VCI001 METV CRITICAL HI PLAN	VCI002 METV CRITICAL LO PLAN
Employee \$8.00	Employee \$4.24	Employee \$47.56	Employee \$23.78
Employee+Child(ren) \$15.26	Employee+Child(ren) \$8.00	Employee+Child(ren) \$53.86	Employee+Child(ren) \$26.94
EE+Spouse/Domestic Partner \$12.00	EE+Spouse/Domestic Partner \$6.36	EE+Spouse/Domestic Partner \$91.96	EE+Spouse/Domestic Partner \$45.98
Family \$19.68	Family \$10.32	Family \$98.26	Family \$49.14

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METV HIGH		METV LOW		METV GENERAL	
Refer to benefit summary for plan design details.		Refer to benefit summary for plan design details.		Refer to benefit summary for plan design details.	
VHI001 METV HOSPITAL HI PLAN		VHI002 METV HOSPITAL LO PLAN		VLG001 MET LAW LEGAL PLAN	
Employee	\$15.26	Employee	\$7.60	Employee	\$8.26
Employee+Child(ren)	\$30.84	Employee+Child(ren)	\$15.34		
EE+Spouse/Domestic Partner	\$23.52	EE+Spouse/Domestic Partner	\$11.70		
Family	\$39.42	Family	\$19.42		