



2022 Health Care Premiums / Plan Co-Pays

Medical / Prescription (Medical Mutual of Ohio / Express Scripts)

Premium amount changes take effect the month following your birthday.

Retiree or Surviving Spouse Age	Monthly Premium	Spouse Age	Monthly Premium
60 +	\$175	60 +	\$235
56 – 59	\$248	56 – 59	\$309
52 – 55	\$484	52 – 55	\$545
< 52	\$760	< 52	\$820

The chart above represents premiums for HPRS health care coverage whether HPRS is primary or secondary.

	Monthly Premium
Dependent* or Surviving Children	\$152 each
Tobacco Surcharge	\$50 each user

* Dependent children 18 and over must take coverage through employment, parent or stepparent employment, spouse employment, military service or a college or university if it is available.

Disability Retirees: In-the-line-of-duty are charged at the 60+ rate. Not-in-the-line-of-duty (off-duty) are charged at the rate based on actual age. Once a retirant / spouse turns 52, 56 and 60, the lower premiums become effective.

Dental & Vision

	Monthly Retiree Premium	Monthly Spouse Premium	Monthly Dependent Child Premium*	Monthly Surviving Spouse Premium	Monthly Surviving Children Premium
Dental	\$5	\$20	\$20	\$5	\$5
Vision	\$5	\$5	\$5	\$5	\$5

*A single Dental & Vision premium provides coverage for all dependent children regardless of number.

Coverage Overview / Co-Pay Information

Medical	Non-Medicare (Medical Mutual of Ohio)
General	\$20
Specialist	\$45*;20% after deductible
Chiropractor	20% after deductible
Emergency Room	\$200
Urgent Care	\$60
Deductible (per person)	\$1,500
Out of Pocket Maximum (per person)	\$4,000

*\$45 copay at time of service; patient responsible for 100% until deductible is met.

Prescription Drug	Retail (up to 34-day supply)	Home Delivery (90-day supply)
Generic	\$15	\$30
Brand / Formulary	\$30	\$60
Brand / Non-Formulary	Not covered	Not covered