

2022 BUTLER COUNTY HEALTHCARE TABLES

PER PAY AMOUNT

PREFERRED PROVIDER ORGANIZATION PLAN				
PPO Plan - Tobacco User - TBUS				
	Employee	Employer	Total	COBRA
Single	94.14	321.33	415.47	393.18
Single + Children	145.27	577.42	722.69	706.55
Single + Spouse	205.23	673.96	879.19	866.18
Family	268.63	917.78	1,186.41	1,179.54
PPO Plan - Tobacco Free - TBFR				
	Employee	Employer	Total	COBRA
Single	64.14	321.33	385.47	393.18
Single + Children	115.27	577.42	692.69	706.55
Single + Spouse	175.23	673.96	849.19	866.18
Family	238.63	917.78	1,156.41	1,179.54
PPO	DEDUCTIBLE	OUT-OF-POCKET		
NETWORK	1,000 / 2,000	3,500 / 7,000		
NON-NETWORK	2,000 / 4,000	6,500 / 13,000		

DENTAL				
	Employee	Employer	Total	COBRA
Single	6.53	6.53	13.06	13.32
Single + Children	13.72	13.72	27.43	27.98
Single + Spouse	13.06	13.06	26.12	26.64
Family	23.18	23.18	46.36	47.29

VISION	
	Employee
Single	3.09
Single + Children	6.16
Single + Spouse	5.88
Family	9.47

HIGH DEDUCTIBLE HEALTH PLAN				
HDHP Plan - Tobacco User - TBUS				
	Employee	Employer	Total	COBRA
Single	64.57	318.45	383.02	360.08
Single + Children	92.12	572.25	664.37	647.06
Single + Spouse	140.07	667.63	807.70	793.26
Family	179.90	909.16	1,089.06	1,080.24
HDHP Plan - Tobacco Free - TBFR				
	Employee	Employer	Total	COBRA
Single	34.57	318.45	353.02	360.08
Single + Children	62.12	572.25	634.37	647.06
Single + Spouse	110.07	667.63	777.70	793.26
Family	149.90	909.16	1,059.06	1,080.24
HDHP	DEDUCTIBLE	OUT-OF-POCKET		
NETWORK	2,800 / 5,600	4,250 / 8,500		
NON-NETWORK	5,400 / 10,800	8,000 / 16,000		

PLAN CODE TBFR Tobacco Free
 TBUS Tobacco User