



| | PLAN A | | PLAN B | | PLAN C | | PLAN D | | PLAN E | | PLAN F | |
|---|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Calendar Year Deductible | | | | | | | | | | | | |
| Individual | \$500 | \$1,500 | \$750 | \$2,250 | \$1,000 | \$3,000 | \$1,500 | \$4,500 | \$2,500 | \$7,500 | \$5,000 | \$15,000 |
| Family | \$1,500 | \$4,500 | \$2,250 | \$6,750 | \$3,000 | \$9,000 | \$4,500 | \$13,500 | \$5,000 | \$15,000 | \$10,000 | \$30,000 |
| Out of Pocket Maximum <i>(excluding deductible)</i> | | | | | | | | | | | | |
| Individual | \$1,000 | \$3,000 | \$1,500 | \$4,500 | \$2,000 | \$6,000 | \$3,000 | \$9,000 | \$4,000 | \$15,000 | N/A | \$30,000 |
| Family | \$3,000 | \$9,000 | \$4,500 | \$13,500 | \$6,000 | \$18,000 | \$9,000 | \$27,000 | \$8,000 | \$30,000 | N/A | N/A |
| Lifetime Maximum | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | | \$5,000,000 | |
| Coinsurance | 80% | 50% | 80% | 50% | 80% | 50% | 80% | 50% | 80% | 50% | 100% | 50% |
| Office Visits | \$20 copayment | Deductible & coinsurance | \$25 copayment | Deductible & coinsurance | \$30 copayment | Deductible & coinsurance | \$40 copayment | Deductible & coinsurance | \$50 copayment | Deductible & coinsurance | \$50 copayment | Deductible & coinsurance |
| Preventive Care \$600 calendar year maximum | 100% after \$20 copayment | Deductible & coinsurance | 100% after \$25 copayment | Deductible & coinsurance | 100% after \$30 copayment | Deductible & coinsurance | 100% after \$40 copayment | Deductible & coinsurance | 100% after \$50 copayment | Deductible & coinsurance | 100% after \$50 copayment | Deductible & coinsurance |
| Urgent Care | \$40 copayment | Deductible & coinsurance | \$50 copayment | Deductible & coinsurance | \$60 copayment | Deductible & coinsurance | \$80 copayment | Deductible & coinsurance | \$100 copayment | Deductible & coinsurance | \$100 copayment | Deductible & coinsurance |
| Emergency Room | \$100 copayment | | \$100 copayment | | \$150 copayment | | \$150 copayment | | \$200 copayment | | \$200 copayment | |
| Outpatient Diagnostic Testing <i>(Copayments are per day)</i> | \$40 copayment | Deductible & coinsurance | \$50 copayment | Deductible & coinsurance | \$60 copayment | Deductible & coinsurance | \$80 copayment | Deductible & coinsurance | \$100 copayment | Deductible & coinsurance | \$100 copayment | Deductible & coinsurance |
| Advanced Radiology <i>(PET scans, MRIs, CTs)</i> | Deductible & coinsurance | | Deductible & coinsurance | | Deductible & coinsurance | | Deductible & coinsurance | | Deductible & coinsurance | | Deductible & coinsurance | |
| Sub-Acute Care Facilities <i>(Skilled Nursing, Extended Care, etc.)</i> | 60 days maximum Deductible & coinsurance | | 60 days maximum Deductible & coinsurance | | 50 days maximum Deductible & coinsurance | | 50 days maximum Deductible & coinsurance | | 40 days maximum Deductible & coinsurance | | 40 days maximum Deductible & coinsurance | |
| Home Health Care | 60 visits maximum Deductible & coinsurance | | 60 visits maximum Deductible & coinsurance | | 50 visits maximum Deductible & coinsurance | | 50 visits maximum Deductible & coinsurance | | 40 visits maximum Deductible & coinsurance | | 40 visits maximum Deductible & coinsurance | |
| Outpatient Therapy | Physical: \$5,000 maximum Occupational: \$2,000 maximum Speech & hearing: \$2,000 maximum | | Physical: \$5,000 maximum Occupational: \$2,000 maximum Speech & hearing: \$2,000 maximum | | Physical: \$5,000 maximum Occupational: \$2,000 maximum Speech & hearing: \$2,000 maximum | | Physical: \$5,000 maximum Occupational: \$2,000 maximum Speech & hearing: \$2,000 maximum | | Physical: \$5,000 maximum Occupational: \$2,000 maximum Speech & hearing: \$2,000 maximum | | Physical: \$5,000 maximum Occupational: \$2,000 maximum Speech & hearing: \$2,000 maximum | |
| Transplants | Centers of Excellence only Transplant: 100% covered Transport & lodging: \$10,000 max. | | Centers of Excellence only Transplant: 100% covered Transport & lodging: \$10,000 max. | | Centers of Excellence only Transplant: 100% covered Transport & lodging: \$10,000 max. | | Centers of Excellence only Transplant: 100% covered Transport & lodging: \$10,000 max. | | Centers of Excellence only Transplant: 100% covered Transport & lodging: \$10,000 max. | | Centers of Excellence only Transplant: 100% covered Transport & lodging: \$10,000 max. | |
| Mental Health & Substance Abuse | Covered (same as any other illness) | | Covered (same as any other illness) | | Covered (same as any other illness) | | Covered (same as any other illness) | | Covered (same as any other illness) | | Covered (same as any other illness) | |
| Retail Rx 30 day supply <i>Generic mandatory if available</i> | \$10 generic \$30 formulary \$50 non-formulary | | \$10 generic \$30 formulary \$50 non-formulary | | \$15 generic \$45 formulary \$75 non-formulary | | \$15 generic \$45 formulary \$75 non-formulary | | \$20 generic \$60 formulary \$100 non-formulary | | \$20 generic \$60 formulary \$100 non-formulary | |
| Mail Order Rx 90 day supply <i>Generic mandatory if available</i> | \$25 generic \$75 formulary \$125 non-formulary \$0 diabetic supplies | | \$25 generic \$75 formulary \$125 non-formulary \$0 diabetic supplies | | \$35 generic \$110 formulary \$190 non-formulary \$0 diabetic supplies | | \$35 generic \$110 formulary \$190 non-formulary \$0 diabetic supplies | | \$50 generic \$150 formulary \$250 non-formulary \$0 diabetic supplies | | \$50 generic \$150 formulary \$250 non-formulary \$0 diabetic supplies | |

IMPORTANT: This benefit outline is intended as a reference only and should not be relied upon wholly to determine coverage. If this summary conflicts with the Plan Document, the Plan Document will prevail. Please refer to the full benefit materials for an exact description of the benefits that are provided and for other terms and conditions of coverage.