

| Coverage  |                                       | Triple Choice Plan                     |                      |                          | High Deductible Health Plan |                |
|---|---------------------------------------|--|----------------------|--------------------------|-----------------------------|----------------|
|   |                                       | Tier 1<br>In-Network                   | Tier 2<br>In-Network | Tier 3<br>Out-of-Network | In-Network                  | Out-of-Network |
| Deductible  | EE Only                               | \$200                                  | \$1,000              | \$5,000                  | \$1,600                     | \$5,000        |
|   | EE + Spouse<br>EE + 1 Child<br>Family | \$400                                  | \$2,000              | \$10,000                 | \$3,200                     | \$10,000       |
| Out-of-Pocket<br>Maximum <sup>3,4</sup>   | EE Only                               | \$7,350 - Tier 1 & Tier 2<br>Combined  |                      | \$8,700                  | \$3,500                     | \$8,700        |
|   | EE + Spouse<br>EE + 1 Child<br>Family | \$14,700 - Tier 1 & Tier 2<br>Combined |                      | \$17,400                 | \$7,000                     | \$17,400       |
| Lifetime Maximum  |                                       | Unlimited                              | Unlimited            | Unlimited                | Unlimited                   | Unlimited      |
| Routine Preventive Services   |                                       | \$0                                    | \$0                  | 50%                      | \$0                         | 50%            |
| <b>Copayment / Coinsurance<sup>2,3</sup> After Applicable Deductibles Are Met</b> |                                       |  |                      |                          |                             |                |
| <b>Office Visits (Including Mental &amp; Behavioral Health)</b>                   |                                       |  |                      |                          |                             |                |
| Primary Care Physician (PCP)  |                                       | \$20                                   | \$20                 | 50%                      | 10%                         | 50%            |
| Specialist <sup>4</sup>   |                                       | \$40                                   | \$40                 | 50%                      | 10%                         | 50%            |
| OB/GYN  |                                       | \$20                                   | \$20                 | 50%                      | 10%                         | 50%            |
| Telemedicine Services   |                                       | \$20                                   | \$20                 | 50%                      | 10%                         | 50%            |
| Durable Medical Equipment   |                                       | \$0                                    | \$0                  | 50%                      | 10%                         | 50%            |
| <b>Emergency Services<sup>5</sup></b>   |                                       |  |                      |                          |                             |                |
| Ambulance   |                                       | \$0                                    | \$0                  | \$0                      | 10%                         | 50%            |
| Emergency Room  |                                       | \$200 <sup>5</sup>                     | \$200 <sup>5</sup>   | \$200 <sup>5</sup>       | 10%                         | 10%            |
| Urgent Care   |                                       | \$75                                   | \$75                 | 50%                      | 10%                         | 50%            |
| Inpatient Hospital Admission  |                                       | \$250                                  | \$250                | 50%                      | 10%                         | 50%            |
| Outpatient Facility   |                                       | \$100                                  | \$100                | 50%                      | 10%                         | 50%            |
| Laboratory and X-Ray Services <sup>6</sup>  |                                       | \$0                                    | \$0                  | 50%                      | 10%                         | 50%            |
| Major Radiology Services <sup>7</sup>   |                                       | \$100                                  | \$100                | 50%                      | 10%                         | 50%            |