

COPAY PLAN BENEFIT OVERVIEW	IN-NETWORK <sup>3</sup>	OUT-OF-NETWORK <sup>3</sup>
DEDUCTIBLE <sup>1</sup>	\$750/employee \$1,500/employee +1 \$2,250/employee +2 or more	\$1,500/employee \$3,000/employee +1 \$4,500/employee +2 or more
OUT-OF-POCKET MAXIMUM <sup>2</sup>	\$5,000/employee \$10,000/employee +1 or more	No maximum
OFFICE VISITS	\$25 copay primary care physician \$50 copay specialist	Deductible, then 50%
URGENT CARE	\$50 copay	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 20%	Deductible, then 20%
WELLNESS SERVICES (ADULT/CHILD)	No deductible, \$0	Deductible, then 50%
TELEHEALTH (TELADOC)	No deductible, \$0	Not available
AMBULATORY SURGICAL CENTER	\$250 copay	Deductible, then 50%
NON-HOSPITAL INFUSION CENTER	\$250 copay	
NON-HOSPITAL RADIOLOGY CENTER	\$75 copay	
NON-HOSPITAL LAB/PATHOLOGY	\$25 copay	
HOSPITAL RADIOLOGY	Deductible, then 20%	
HOSPITAL LAB/PATHOLOGY		
AMBULANCE		
INPATIENT/OUTPATIENT HOSPITAL		
OUTPATIENT LAB AND X-RAY (INCLUDING MRI, PET, AND CT)		
OUTPATIENT BEHAVIORAL VISIT		
<b>PRESCRIPTIONS</b>		
<b>RETAIL</b> (30-day supply)	<ul style="list-style-type: none"> <li>• Generic: \$10</li> <li>• Preferred: \$60</li> <li>• Non-preferred: \$110</li> <li>• Specialty: 50% (maximum of \$150)</li> </ul>	
<b>MAIL ORDER</b> (90-day supply)	<ul style="list-style-type: none"> <li>• Generic: \$20</li> <li>• Preferred: \$120</li> <li>• Non-preferred: \$220</li> </ul>	

<sup>1</sup>This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

<sup>2</sup>The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

<sup>3</sup>The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.

Please note: Information provided above may be subject to change at any time.