

PPO Plan Summaries 2

| Plan Benefits | 3500 HSA | 5000 Classic | 5000 HSA | 7350 Value |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| Individual Deductible In Network/Out-of-Network | \$3,500/ \$7,000 | \$5,000/ \$10,000 | \$5,000/ \$10,000 | \$7,350/ \$14,700 |
| Family Deductible In Network/Out-of-Network | \$7,000/ \$14,000 | \$10,000/ \$20,000 | \$10,000/ \$20,000 | \$14,700/ \$29,400 |
| Individual Max Out-of-Pocket In Network/Out-of-Network | \$6,500/ \$13,100 | \$7,350/ \$14,700 | \$6,500/ \$13,100 | \$7,350/ \$14,700 |
| Family Max Out-of-Pocket In Network/Out-of-Network | \$13,100/ \$26,200 | \$14,700/ \$29,400 | \$13,100/ \$26,200 | \$14,700/ \$29,400 |
| Preventive Care (Deductible waived) | 100% | 100% | 100% | 100% |
| Lifetime Maximum | No Maximum | No Maximum | No Maximum | No Maximum |
| Chiropractic Care Copay | Deductible then plan pays 80% | \$20 | Deductible then plan pays 80% | \$20 |
| Primary Care Visit Copay | Deductible then plan pays 80% | \$45 | Deductible then plan pays 80% | \$50 |
| Specialist Visit Copay | Deductible then plan pays 80% | \$90 | Deductible then plan pays 80% | \$100 |
| Non-Network Primary & Specialist | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible |
| Telemedicine | Coverage through SwiftMD.com | Coverage through SwiftMD.com | Coverage through SwiftMD.com | Coverage through SwiftMD.com |
| Laboratory & Diagnostic Services | | | | |
| Facility Professional fees | Deductible then plan pays 80% | Deductible then plan pays 80% | Deductible then plan pays 80% | Deductible then plan pays 80% |
| Radiology Services | | | | |
| Facility (CT/PET/MRI/MRA/SPECT) Professional fees Free-Standing Facility (x-ray & lab only) | Deductible then plan pays 80% | Deductible then plan pays 80% | Deductible then plan pays 80% | Deductible then plan pays 80% |
| Facility & Professional Services | | | | |
| Emergency Room Inpatient Hospital Outpatient Hospital | Deductible then plan pays 80% | Deductible then plan pays 80% | Deductible then plan pays 80% | Deductible then plan pays 80% |
| Urgent Care Copay | Deductible then plan pays 80% | \$90 | Deductible then plan pays 80% | \$100 |
| Prescription Drug Benefit (1 - 30-day supply) ALL COPAYS ARE PER PERSCRIPTION | | | | |
| Generic | \$15 | \$15 | \$15 | \$15 |
| Preferred Brand | \$65 | \$65 | \$65 | \$65 |
| Non-Preferred Brand | \$100 | \$100 | \$100 | \$100 |
| Specialty | Copayment prescription | Copayment prescription | Copayment prescription | Copayment prescription |