

PLAN COMPARISON

| | | Prestige Bronze Essential + Dental + Vision + Fitness + 3 Free PCP Visits | Prestige Bronze 20 HDHP + Dental + Vision | Prestige Bronze 0 + Dental + Vision | Signature Prestige Bronze Copay + Dental + Vision + Fitness | Prestige Silver Essential + Dental + Vision + Fitness + 3 Free PCP Visits | Prestige Silver 20 HDHP + Dental + Vision | Prestige Gold Essential + Dental + Vision + Fitness + 3 Free PCP Visits | Prestige Gold 50 + Dental + Vision | Prestige Gold 0 HDHP + Dental + Vision |
|------------------------------|---------------------------------|---|---|-------------------------------------|---|---|---|---|------------------------------------|--|
| | Monthly Premium | \$ | \$ | \$ | \$ NEW for 2022 | \$ \$ | \$ \$ | \$ \$ \$ | \$ \$ \$ | \$ \$ \$ |
| DEDUCTIBLE | Individual | \$7,750 | \$6,500 | \$8,700 | \$0 | \$4,000 | \$3,500 | \$1,750 | \$1,000 | \$2,800 |
| | Family | \$15,500 | \$13,000 | \$17,400 | \$0 | \$8,000 | \$7,000 | \$3,500 | \$2,000 | \$5,600 |
| | Coinsurance | 50% | 20% | \$0 after deductible | \$0 | 40% | 20% | 20% | 50% | \$0 after deductible |
| OUT-OF-POCKET LIMIT | Individual | \$8,700 | \$7,050 | \$8,700 | \$8,700 | \$8,700 | \$7,050 | \$8,700 | \$4,300 | \$5,000 |
| | Family | \$17,400 | \$14,100 | \$17,400 | \$17,400 | \$17,400 | \$14,100 | \$17,400 | \$8,600 | \$10,000 |
| BENEFITS | Preventive Care | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Routine Vision Exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Annual Dental Exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Primary Care Doctor Visit | \$0 for first three visits, then \$55 per visit | 20% after deductible | \$0 after deductible | \$55 per visit | \$0 for first three visits, then \$25 per visit | 20% after deductible | \$0 for first three visits, then \$20 per visit | 50% after deductible | \$0 after deductible |
| | Virtual Visit | \$0 per visit | 0% after deductible | \$0 after deductible | \$0 | \$0 per visit | 0% after deductible | \$0 per visit | 0% after deductible | \$0 after deductible |
| | Specialist Visit | \$110 per visit | 20% after deductible | \$0 after deductible | \$150 per visit | \$80 per visit | 20% after deductible | \$60 per visit | 50% after deductible | \$0 after deductible |
| | Chiropractic | 50% after deductible | 20% after deductible | \$0 after deductible | \$75 per visit | 40% after deductible | 20% after deductible | 20% after deductible | 50% after deductible | \$0 after deductible |
| | Hospital Stay | 50% after deductible | 20% after deductible | \$0 after deductible | \$1,500 per day for days 1-2 | 40% after deductible | 20% after deductible | 20% after deductible | 50% after deductible | \$0 after deductible |
| | Emergency Room | \$500 after deductible per visit | 20% after deductible | \$0 after deductible | \$1,500 per visit | \$500 after deductible per visit | 20% after deductible | \$350 per visit | 50% after deductible | \$0 after deductible |
| X-ray and Diagnostic Imaging | \$60 after deductible per visit | 20% after deductible | \$0 after deductible | \$150 per visit | \$60 per visit | 20% after deductible | \$50 per visit | 50% after deductible | \$0 after deductible | |

PHARMACY BENEFIT COMPARISON

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|--|---|-----------------------|----------------------|---------------------|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| RETAIL 30-DAY SUPPLY <small>Cost per prescription or refill</small> | Preventive Drugs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| | Tier 1 Adherence Generics (limited only to categories of antidiabetics, statins, and RAS antagonists) | \$0 | 0% after deductible | 0% after deductible | \$0 | \$0 | 0% after deductible | \$0 | \$0 | \$0 after deductible |
| | Tier 2 Generics | \$30 | 20% after deductible | 0% after deductible | \$30 | \$20 | 20% after deductible | \$15 | \$15 | \$0 after deductible |
| | Tier 3 Preferred Brand Drugs | \$80 after deductible | 20% after deductible | 0% after deductible | \$160 | \$80 | 20% after deductible | \$60 | \$50 | \$0 after deductible |
| | Tier 4 Non-Preferred Brand Drugs | 50% after deductible | 50% after deductible | 0% after deductible | 50% coinsurance | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| | Tier 5 Preferred Specialty Drugs | 40% after deductible | 40% after deductible | 0% after deductible | 40% coinsurance | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible |
| | Tier 6 Non-Preferred Specialty Drugs | 50% after deductible | 50% after deductible | 0% after deductible | 50% coinsurance | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |