

# Value POS Non-HSA Plans

| PLAN NAME          | Deductible |         |                |          | Coinsurance           |                | Out-of-Pocket Maximum |          |                |          | Office Visit   |                      |                |                      |
|--------------------|------------|---------|----------------|----------|-----------------------|----------------|-----------------------|----------|----------------|----------|----------------|----------------------|----------------|----------------------|
|                    | 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       |
|                    | Single     | Family  | Single         | Family   | What Participants Pay |                | Single                | Family   | Single         | Family   | PCP            |                      | Specialist     |                      |
| PV1000 COCHOICE_25 | \$1,000    | \$2,000 | \$4,000        | \$8,000  | 25%                   | 50%            | \$8,150               | \$16,300 | \$16,000       | \$32,000 | \$45 per visit | 50% after deductible | \$70 per visit | 50% after deductible |
| PV2000 COCHOICE_25 | \$2,000    | \$4,000 | \$7,000        | \$14,000 |                       |                | \$8,150               | \$16,300 | \$17,000       | \$34,000 |                |                      |                |                      |
| PV3000 COCHOICE_25 | \$3,000    | \$6,000 | \$10,000       | \$20,000 |                       |                | \$8,150               | \$16,300 | \$18,000       | \$36,000 |                |                      |                |                      |
| PV4000 COCHOICE_25 | \$4,000    | \$8,000 | \$13,000       | \$26,000 |                       |                | \$8,150               | \$16,300 | \$19,000       | \$38,000 |                |                      |                |                      |

These summaries are intended to highlight and give a general description of the benefits available. For a complete description of benefits, please refer to the Summary of Participant Responsibility Tables.

## Pharmacy Benefits

|                                |                               | All Value POS Non-HSA Plans                 |                |
|--------------------------------|-------------------------------|---|----------------|
|                                |                               | In-Network                                  | Out-of-Network |
| Retail<br>30-day<br>supply     | Generic drugs                 | \$35 per prescription or refill             | Not Covered    |
|                                | Brand drugs                   | \$55 per prescription or refill             | Not Covered    |
|                                | Non-preferred drugs           | \$90 per prescription or refill             | Not Covered    |
|                                | Preferred specialty drugs     | 35% after deductible                        | Not Covered    |
|                                | Non-preferred specialty drugs | 50% after deductible                        | Not Covered    |
| Mail order<br>90-day<br>supply | Generic drugs                 | \$95 per prescription or refill mail order  | Not Covered    |
|                                | Brand drugs                   | \$150 per prescription or refill mail order | Not Covered    |
|                                | Non-preferred drugs           | \$270 per prescription or refill mail order | Not Covered    |
|                                | Preferred specialty drugs     | No mail order                               | Not Covered    |
|                                | Non-preferred specialty drugs | No mail order                               | Not Covered    |

## Emergency/Urgent Care

|                | In-Network      | Out-of-Network       |
|----------------|-----------------|----------------------|
| Emergency Room | \$525 per visit | \$525 per visit      |
| Urgent Care    | \$225 per visit | 50% after deductible |

## MDLIVE<sup>®</sup> Virtual Visits

\$0 per visit for all Value POS Non-HSA Plans. Benefits are only available through the Network Health virtual visit provider network.