### Standard EPO Non-HSA Plans

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Out-of-Pocket Maximum</th>
<th>Office Visit Copayment</th>
<th>Emergency Room</th>
<th>Urgent Care</th>
<th>MDLIVE® Virtual Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>Family</td>
<td>Must Have/Pay/Pay</td>
<td>Single/Family</td>
<td>Single/Family</td>
<td>Single/Family</td>
<td>Single/Family</td>
</tr>
<tr>
<td>E500 COCHOICE</td>
<td>$500</td>
<td>$1,000</td>
<td>20% $1,000</td>
<td>$2,500</td>
<td>$150</td>
<td>$0</td>
<td>$25 per visit</td>
</tr>
<tr>
<td>E1000 COCHOICE</td>
<td>$1,000</td>
<td>$2,000</td>
<td>20% $2,000</td>
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<td>$300</td>
<td>$0</td>
<td>$75 per visit</td>
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<tr>
<td>E1500 COCHOICE</td>
<td>$1,500</td>
<td>$3,000</td>
<td>20% $3,000</td>
<td>$7,000</td>
<td>$450</td>
<td>$0</td>
<td>$125 per visit</td>
</tr>
<tr>
<td>E2000 COCHOICE</td>
<td>$2,000</td>
<td>$4,000</td>
<td>20% $5,000</td>
<td>$10,000</td>
<td>$600</td>
<td>$0</td>
<td>$175 per visit</td>
</tr>
<tr>
<td>E2500 COCHOICE</td>
<td>$2,500</td>
<td>$5,000</td>
<td>20% $5,000</td>
<td>$12,000</td>
<td>$750</td>
<td>$0</td>
<td>$225 per visit</td>
</tr>
<tr>
<td>E3000 COCHOICE</td>
<td>$3,000</td>
<td>$6,000</td>
<td>20% $6,000</td>
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<td>$0</td>
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</tr>
<tr>
<td>E4000 COCHOICE</td>
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<td>$8,000</td>
<td>20% $8,000</td>
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<td>$1,000</td>
<td>$0</td>
<td>$325 per visit</td>
</tr>
<tr>
<td>E5000 COCHOICE</td>
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<td>$10,000</td>
<td>20% $10,000</td>
<td>$25,000</td>
<td>$1,200</td>
<td>$0</td>
<td>$375 per visit</td>
</tr>
</tbody>
</table>

#### Pharmacy Benefits

**Retail 30-day supply**

- **Generic drugs**
  - $25 per prescription or refill
- **Preferred drugs**
  - $45 per prescription or refill

**Mail order 90-day supply**

- **Generic drugs**
  - $0 per prescription or refill
- **Preferred drugs**
  - $75 per prescription or refill

### Value EPO Non-HSA Plans

<table>
<thead>
<tr>
<th>PLAN NAME</th>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Out-of-Pocket Maximum</th>
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<td>Single/Family</td>
<td>Single/Family</td>
<td>Single/Family</td>
</tr>
<tr>
<td>EV1000 COCHOICE</td>
<td>$1,000</td>
<td>$2,000</td>
<td>25% $2,000</td>
<td>$6,000</td>
<td>$450</td>
<td>$0</td>
<td>$45 per visit</td>
</tr>
<tr>
<td>EV2000 COCHOICE</td>
<td>$2,000</td>
<td>$4,000</td>
<td>25% $4,000</td>
<td>$12,000</td>
<td>$900</td>
<td>$0</td>
<td>$90 per visit</td>
</tr>
<tr>
<td>EV3000 COCHOICE</td>
<td>$3,000</td>
<td>$6,000</td>
<td>25% $6,000</td>
<td>$18,000</td>
<td>$1,350</td>
<td>$0</td>
<td>$135 per visit</td>
</tr>
<tr>
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<td>$4,000</td>
<td>$8,000</td>
<td>25% $8,000</td>
<td>$24,000</td>
<td>$1,800</td>
<td>$0</td>
<td>$180 per visit</td>
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<tr>
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<td>$10,000</td>
<td>25% $10,000</td>
<td>$30,000</td>
<td>$2,250</td>
<td>$0</td>
<td>$225 per visit</td>
</tr>
</tbody>
</table>

#### Pharmacy Benefits

**Retail 30-day supply**

- **Generic drugs**
  - $25 per prescription or refill
- **Preferred drugs**
  - $55 per prescription or refill
- **Non-preferred drugs**
  - $95 per prescription or refill
- **Non-preferred specialty drugs**
  - $195 per prescription or refill

**Mail order 90-day supply**

- **Generic drugs**
  - $0 per prescription or refill
- **Preferred drugs**
  - $150 per prescription or refill
- **Non-preferred drugs**
  - $300 per prescription or refill
- **Non-preferred specialty drugs**
  - $600 per prescription or refill

### Pharmacy Benefits

**Retail 30-day supply**

- **Generic drugs**
  - $25 per prescription or refill
- **Preferred drugs**
  - $55 per prescription or refill
- **Non-preferred drugs**
  - $95 per prescription or refill
- **Non-preferred specialty drugs**
  - $195 per prescription or refill

**Mail order 90-day supply**

- **Generic drugs**
  - $0 per prescription or refill
- **Preferred drugs**
  - $150 per prescription or refill
- **Non-preferred drugs**
  - $300 per prescription or refill
- **Non-preferred specialty drugs**
  - $600 per prescription or refill

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.

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**Standard EPO Non-HSA Plans**

- **Plan Name**: PLAN NAME
- **Deductible**: Single, Family
- **Coinsurance**: Must Have/Pay/Pay
- **Out-of-Pocket Maximum**: Single/Family
- **Office Visit Copayment**: POP, Specialized
- **Emergency Room**: Urgent Care
- **MDLIVE® Virtual Visits**: Single Family, PCP Specialist

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**Value EPO Non-HSA Plans**

- **Plan Name**: PLAN NAME
- **Deductible**: Single, Family
- **Coinsurance**: Must Have/Pay/Pay
- **Out-of-Pocket Maximum**: Single/Family
- **Office Visit Copayment**: POP, Specialized
- **Emergency Room**: Urgent Care
- **MDLIVE® Virtual Visits**: Single Family, PCP Specialist

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**Pharmacy Benefits**

- **Retail 30-day supply**
  - **Generic drugs**
    - $25 per prescription or refill
  - **Preferred drugs**
    - $45 per prescription or refill
  - **Non-preferred drugs**
    - $95 per prescription or refill
  - **Non-preferred specialty drugs**
    - $195 per prescription or refill

- **Mail order 90-day supply**
  - **Generic drugs**
    - $0 per prescription or refill
  - **Preferred drugs**
    - $150 per prescription or refill
  - **Non-preferred drugs**
    - $300 per prescription or refill
  - **Non-preferred specialty drugs**
    - $600 per prescription or refill

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.