

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 | |
| LFS_PV1000_22_CC | \$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 |
| LFS_PV2000_22_CC | \$2,000 | \$4,000 | \$7,000 | \$14,000 | | | \$8,150 | \$16,300 | \$17,000 | \$34,000 | | | | |
| LFS_PV3000_22_CC | \$3,000 | \$6,000 | \$10,000 | \$20,000 | | | \$8,150 | \$16,300 | \$18,000 | \$36,000 | | | | |
| LFS_PV4000_22_CC | \$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 30-day supply | SmartChoice (adherence generic drugs) | \$0 per prescription or refill | Not Covered |
| | Generic drugs | \$35 per prescription or refill | Not Covered |
| | Preferred 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 90-day supply | SmartChoice (adherence generic drugs) | \$0 per prescription or refill | Not Covered |
| | Generic drugs | \$95 per prescription or refill | Not Covered |
| | Preferred drugs | \$150 per prescription or refill | Not Covered |
| | Non-preferred drugs | \$270 per prescription or refill | 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[®] Virtual Visits

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