

Standard EPO HSA Plans

| PLAN NAME | Deductible | | Coinsurance What Participants Pay | Out-of-Pocket Maximum | | Office Visit | | Emergency Room | Urgent Care | MDLIVE® Virtual Visits |
|------------------|------------|----------|--------------------------------------|--------------------------|----------|--------------|------------|-------------------|-------------|------------------------------|
| | Single | Family | | Single | Family | PCP | Specialist | | | |
| LFS24HSAE1750_0 | \$1,750 | \$3,500 | 0% | \$1,750 | \$3,500 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS24HSAE1750_20 | \$1,750 | \$3,500 | 20% | \$2,000 | \$4,000 | \$25* | \$75* | \$400* | \$150* | \$0* |
| LFS22HSAE2000_0 | \$2,000 | \$4,000 | 0% | \$2,000 | \$4,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS22HSAE2000_20 | \$2,000 | \$4,000 | 20% | \$2,500 | \$5,000 | \$25* | \$75* | \$400* | \$150* | \$0* |
| LFS22HSAE2500_0 | \$2,500 | \$5,000 | 0% | \$2,500 | \$5,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS22HSAE2500_20 | \$2,500 | \$5,000 | 20% | \$3,000 | \$6,000 | \$25* | \$75* | \$400* | \$150* | \$0* |
| LFS22HSAE3500_0 | \$3,500 | \$7,000 | 0% | \$3,500 | \$7,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS22HSAE3500_20 | \$3,500 | \$7,000 | 20% | \$5,500 | \$11,000 | \$25* | \$75* | \$400* | \$150* | \$0* |
| LFS22HSAE4000_0 | \$4,000 | \$8,000 | 0% | \$4,000 | \$8,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS22HSAE4000_20 | \$4,000 | \$8,000 | 20% | \$6,000 | \$12,000 | \$25* | \$75* | \$400* | \$150* | \$0* |
| LFS22HSAE5000_0 | \$5,000 | \$10,000 | 0% | \$5,000 | \$10,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS22HSAE5000_20 | \$5,000 | \$10,000 | 20% | \$6,550 | \$13,100 | \$25* | \$75* | \$400* | \$150* | \$0* |
| LFS22HSAE6500_0 | \$6,500 | \$13,000 | 0% | \$6,500 | \$13,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS22HSAE7000_0 | \$7,000 | \$14,000 | 0% | \$7,000 | \$14,000 | \$0* | \$0* | \$0* | \$0* | \$0* |
| LFS24HSAE8000_0 | \$8,000 | \$16,000 | 0% | \$8,000 | \$16,000 | \$0* | \$0* | \$0* | \$0* | \$0* |

***Cost per visit after deductible has been met**

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 Standard EPO HSA Plans with 0% Coinsurance | All Standard EPO HSA Plans with 20% Coinsurance |
|--------------------------------|---------------------------------------|---|--|
| Retail 30-day supply | SmartChoice (adherence generic drugs) | Not available | \$5 per prescription or refill after deductible |
| | Generic drugs | Deductible | \$25 per prescription or refill after deductible |
| | Preferred drugs | Deductible | \$45 per prescription or refill after deductible |
| | Non-preferred drugs | Deductible | \$80 per prescription or refill after deductible |
| | Preferred specialty drugs | Deductible | 25% after deductible |
| | Non-preferred specialty drugs | Deductible | 40% after deductible |
| Mail order 90-day supply | SmartChoice (adherence generic drugs) | Not available | \$15 per prescription or refill after deductible |
| | Generic drugs | Deductible | \$65 prescription or refill after deductible |
| | Preferred drugs | Deductible | \$120 prescription or refill after deductible |
| | Non-preferred drugs | Deductible | \$240 prescription or refill after deductible |
| | Preferred specialty drugs | No mail order | No mail order |
| | Non-preferred specialty drugs | No mail order | No mail order |