

| Plan Benefits | HMO Silver Copay (\$3800) | | HMO Silver Coinsurance (\$3800) | | HMO Silver Coinsurance (\$4500) | |
|--|---|---|---|---|---|---|
| | Select Network | Select Plus Network | Select Network | Select Plus Network | Select Network | Select Plus Network |
| Medical Deductible <i>Single/Family</i> | \$3,800/ \$7,600 | | \$3,800/ \$7,600 | | \$4,500 / \$9,000 | |
| Medication Deductible <i>Single/Family</i> | \$0 / \$0 | | \$0 / \$0 | | \$0 / \$0 | |
| Preventive Care Copay | No Cost | | No Cost | | No Cost | |
| Adult Primary Care Visit Copay | \$30 | | \$30 | | \$25 | |
| Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i> | No Cost | | No Cost | | No Cost | |
| Specialty Care Visit Copay | \$60 | | \$60 | | \$50 | |
| Inpatient Copay | \$600 per day ¹ , not to exceed \$3,000 per stay | | 30% ¹ | | 20% ¹ | |
| Outpatient Copay | \$600 ¹ | | 30% ¹ | | 20% ¹ | |
| Emergency Room Copay | \$500 ¹ | | \$500 ¹ | | \$500 ¹ | |
| Urgent Care Copay | \$50 | | \$50 | | \$50 | |
| Routine Lab/X-Ray Copay | 20% ¹ | | 30% ¹ | | 20% ¹ | |
| Imaging (MRI, CT, Scans) Copay | \$250 per test ¹ | | \$250 per test ¹ | | \$250 per test ¹ | |
| Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i> | No Cost | | No Cost | | No Cost | |
| Medication Copays: | | | | | | |
| Tier I | \$0 | | \$0 | | \$0 | |
| Tier II | \$20 | | \$20 | | \$20 | |
| Tier III | \$50 | | \$50 | | \$50 | |
| Tier IV | \$125 | | \$125 | | \$125 | |
| Tier V | 40% | | 40% | | 40% | |
| Maximum Out-of-Pocket <i>Single/Family</i> | \$7,900 / \$15,800 | | \$7,900 / \$15,800 | | \$7,900 / \$15,800 | |
| Plan ID | 26539TX0130006-00 26539TX0130011-00 | | 26539TX0130003-00 26539TX0130010-00 | | 26539TX0130017-00 26539TX0130019-00 | |
| Summary of Benefits & Coverage (SBC) |  |  |  |  |  |  |
| Plan Documents |  |  |  |  |  |  |

¹After Medical Deductible

| Plan Benefits | HMO Silver Coinsurance (\$7500) | | HMO Silver HSA (\$4000) | | HMO Silver HSA (\$5400) | |
|--|---|---|---|---|---|---|
| | Select Network | Select Plus Network | Select Network | Select Plus Network | Select Network | Select Plus Network |
| Medical Deductible <i>Single/Family</i> | \$7,500/ \$15,000 | | \$4,000/ \$8,000 | | \$5,400 / \$10,800 | |
| Medication Deductible <i>Single/Family</i> | \$0 / \$0 | | <i>Integrated with Medical</i> | | <i>Integrated with Medical</i> | |
| Preventive Care Copay | No Cost | | No Cost | | No Cost | |
| Adult Primary Care Visit Copay | \$25 | | 0% ¹ | | 0% ¹ | |
| Pediatric Primary Care Visit Copay <i>(Ages 0-19)</i> | No Cost | | 0% ¹ | | 0% ¹ | |
| Specialty Care Visit Copay | \$50 | | 0% ¹ | | 0% ¹ | |
| Inpatient Copay | 0% ¹ | | 0% ¹ | | 0% ¹ | |
| Outpatient Copay | 0% ¹ | | 0% ¹ | | 0% ¹ | |
| Emergency Room Copay | 0% ¹ | | 0% ¹ | | 0% ¹ | |
| Urgent Care Copay | \$50 | | 0% ¹ | | 0% ¹ | |
| Routine Lab/X-Ray Copay | 0% ¹ | | 0% ¹ | | 0% ¹ | |
| Imaging (MRI, CT, Scans) Copay | 0% ¹ | | 0% ¹ | | 0% ¹ | |
| Telehealth <i>Coverage to include FirstCare Virtual Care powered by MDLIVE</i> | No Cost | | 0% ¹ | | 0% ¹ | |
| Medication Copays: | | | | | | |
| Tier I | \$0 | | 0% ¹ | | 0% ¹ | |
| Tier II | \$20 | | 0% ¹ | | 0% ¹ | |
| Tier III | \$50 | | 0% ¹ | | 0% ¹ | |
| Tier IV | \$125 | | 0% ¹ | | 0% ¹ | |
| Tier V | 40% | | 0% ¹ | | 0% ¹ | |
| Maximum Out-of-Pocket <i>Single/Family</i> | \$7,500/ \$15,000 | | \$4,000/ \$8,000 | | \$5,400 / \$10,800 | |
| Plan ID | 26539TX0130025-00 26539TX0130026-00 | | 26539TX0130016-00 26539TX0130015-00 | | 26539TX0130027-00 26539TX0130028-00 | |
| Summary of Benefits & Coverage (SBC) |  |  |  |  |  |  |
| Plan Documents |  |  |  |  |  |  |

¹After Medical Deductible