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\$1,200 PPO PLAN BENEFIT OVERVIEW	IN-NETWORK ³	OUT-OF-NETWORK ³
DEDUCTIBLE ¹	\$1,200/employee \$2,400/employee +1 \$3,600/employee +2 or more	\$2,400/employee \$4,800/employee +1 \$7,200/employee +2 or more
OUT-OF-POCKET MAXIMUM ²	\$6,000/employee \$12,000/employee +1 or more	No maximum
OFFICE VISITS	\$25 copay primary care physician \$50 copay specialist	Deductible, then 50%
URGENT CARE	\$50 copay	Deductible, then 50%
EMERGENCY ROOM	Deductible, then 30%	Deductible, then 30%
WELLNESS SERVICES (ADULT/CHILD)	No deductible, \$0	Deductible, then 50%
TELEHEALTH (TELADOC)	No deductible, \$0	Not available
AMBULATORY SURGICAL CENTER	\$250 copay	
NON-HOSPITAL INFUSION CENTER	\$250 copay	
NON-HOSPITAL RADIOLOGY CENTER	\$75 copay	
NON-HOSPITAL LAB/PATHOLOGY	\$25 copay	
HOSPITAL RADIOLOGY		
HOSPITAL LAB/PATHOLOGY		Deductible, then 50%
AMBULANCE		
INPATIENT/OUTPATIENT HOSPITAL	Deductible, then 30%	
OUTPATIENT LAB AND X-RAY (INCLUDING MRI, PET, AND CT)		
OUTPATIENT BEHAVIORAL VISIT		
PRESCRIPTIONS		
RETAIL (30-day supply)	Generic: \$10Preferred: \$60Non-preferred: \$110Specialty: 50% (maximum of \$150)	
MAIL ORDER	• Generic: \$20	

¹This plan has an embedded individual deductible and out-of-pocket maximum. This means that although a deductible and out-of-pocket maximum apply to the family as a whole, no individual will be responsible for more than his/her individual deductible before the plan pays benefits for that person, and no individual will be responsible for more than his/her individual out-of-pocket maximum. All benefits are subject to the deductible, unless otherwise noted. The medical plan deductible does not apply to retail and mail order prescription drug copays.

Preferred: \$120 Non-preferred: \$220

Please note: Information provided above may be subject to change at any time.

(90-day supply)

²The out-of-pocket maximum includes deductibles, copayments, and coinsurance for all medical and prescription plan benefits.

³The in-network and out-of-network deductibles and out-of-pocket maximums are separate. This means that amounts applied toward the in-network deductible and out-of-pocket maximum do not also apply toward the out-of-network deductible and out-of-pocket maximum. Similarly, amounts applied toward the out-of-network deductible and out-of-pocket maximum do not also apply toward the in-network deductible and out-of-pocket maximum.