

| Deductible | |
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| Individual | \$0 |
| Family | \$0 |
| Out of Pocket Maximum | |
| Individual | \$8,550 |
| Family | \$17,100 |
| Plan Benefits | |
| Preventative & Wellness Office Visit | \$0 Copay |
| Telemedicine | \$0 Consult Fee |
| Primary Care Office Visit | \$25 Copay - Limit 8 visits per plan year |
| Specialist Office Visit | \$50 Copay - Limit 8 visits per plan year |
| Laboratory Services - Per Panel Tested | \$50 Copay - Limit 3 per plan year |
| Radiology - Per Image Billed | |
| CT/MRI/MRA/PET Scans - Per Imaged Billed | \$350 Copay - Limit 1 per plan year |
| Outpatient Services - Limited to Mental & Behavioral Health and Substance Abuse | Specialist Office Visit Copay |
| Urgent Care | \$50 Copay - Limit 2 visits per plan year |
| Emergency Room Services | \$350 Copay - Limit 1 per plan year |
| Hospital Inpatient Room & Board Per Admission (includes Mental & Behavioral Health or Substance Abuse) | Refer to Outpatient Hospital or Free-Standing Facility Services and Surgery |
| Preventative Prescriptions Generic Drugs | \$0 Copay (Limited to Preventative Only) |
| Prescription Benefits - VaultRx | Tier 1 = \$0 (Over 200 drugs), Tier 2 = \$10 (Or less), Tier 3 = \$25 (Over 600 drugs), Tier 4 = \$50 (Or less) |
| Additional Covered Drugs After Prescription Deductible | Formulary Generic: \$10 Copay Formulary Brand: \$30 Copay Subject to a combined separate prescription drug deductible of \$1,000 per person / \$2,000 per family. Subject to a combined separate prescription drug maximum monthly benefit of \$1,000 per person / \$2,000 per family |
| Inpatient Hospitalization & Inpatient Surgery | \$350 Copay Per Admission - Limit to 5 days and 2 surgeries |
| Outpatient Hospital or Free-Standing Facility Services and Surgery | \$350 Copay - Limit 1 per plan year |
| Treatment for Chemical Abuse & Dependency | Outpatient: \$25 Copay Per Day Inpatient: \$250 Copay Per Day - Both limited to 7 days per plan year |
| Home Health Care | \$25 Copay - Limit 10 visits per plan year |

NOTE:

Please refer to the Schedule of Benefits for a more in-depth list of Benefits Coverage, Limitations and Exclusions. If this document differs from the Schedule of Benefits, the Schedule of Benefits will govern.