| DEDUCTIBLE   |   |                                  |
|--|---|----------------------------------|
| Individual / Family  | \$1,600 / \$3,200                             | \$2,750 / \$5,500*               |
| *If enrolled as a family, the individual dedu  | ctible does not apply, and one membe          | er can satisfy the full deductil |
| COINSURANCE  |   |                                  |
|  | 0%  | You pay 20%                      |
| MAXIMUM OUT-OF-POCKET  |   |                                  |
| Individual / Family  | \$5,500 / \$11,000                            | \$6,650 / \$13,300               |
| PREVENTIVE CARE  |   |                                  |
| Preventive Care – Annual Well Check,<br>Immunizations, and Other Related<br>Services | \$0   |                                  |
| FACILITY VISITS  |   |                                  |
| Primary Care   | \$30 copay                                    | 80% after deductible             |
| Specialist   | \$50 copay                                    | 80% after deductible             |
| Telemedicine   | \$10 copay                                    | 80% after deductible             |
| Urgent Care  | \$75 copay                                    | 80% after deductible             |
| Emergency Room   | \$200 copay, waived if admitted               | 80% after deductible             |
| Inpatient Hospital   | 100% after deductible                         | 80% after deductible             |
| Outpatient Surgery (surgical center /<br>hospital)                                   | \$250 copay /<br>\$500 copay after deductible | 80% after deductible             |
| Physical Therapy   | \$50 copay                                    | 80% after deductible             |
| Imaging or Procedure through KISx Card   | \$O   | \$0                              |
| OUTPATIENT DIAGNOSTIC SERVICES   |   |                                  |
| Lab Test (independent facility / hospital)   | \$30 copay / \$50 copay                       | 80% after deductible             |
| X-Ray Services   | 100% after deductible                         | 80% after deductible             |
| CT/PET Scan, MRI   | 100% after deductible                         | 80% after deductible             |
| PRESCRIPTIONS – SmithRx  |   |                                  |
| Tier 1 – Generics  | \$15  | \$25                             |
| Tier 2 – Preferred Brand   | \$45  | \$55                             |
| Tier 3 – Non-Preferred Brand   | \$70  | \$80                             |
| Mail Order   | 2x retail                                     | 2x retail                        |
| Tier 4 – Specialty**   | Covered at 100%/\$0 copay                     | Covered at 100% after deductible |
| OUT-OF-NETWORK – Refer to Summ   | ary of Benefits and Coverage                  |                                  |
| BI-WEEKLY COST FOR MEDICAL & PF  | RESCRIPTION COVERAGE                          |                                  |
| Employee Only  | \$105.06                                      | \$37.92                          |
| Employee + Spouse  | \$320.28                                      | \$202.99                         |
| Employee + Child(ren)  | \$359.17                                      | \$246.45                         |
| Employee + Family  | \$482.44                                      | \$336.08                         |

Successful completion of the Passport to Health Wellness Program will reduce your weekly cost for medical, vision & prescription coverage by \$20. This means if you participate this year in the wellness program, you could save up to \$520 next year on your medical insurance!