

| | CDPHP 322 Platinum PPO Copay 20/20 RX4 (PPO) | | CDPHP 313 Platinum EPO Copay 15/25 RX3 (EPO) | | CDPHP 318 Platinum HMO Copay 25/25 RX3 (HMO) | |
|-------------------------------|--|--|--|-------------|--|---------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | |
| Prescription Drugs | | | | | | |
| Rx Card | 10/25/40 | UCR=N/A | 4/30/60/60 | UCR=N/A | 4/30/60/60 | UCR=N/A |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | N/A | \$1,000/\$2,500 embedded | N/A | | N/A | |
| Individual/Family OOP Limit | \$3,500/\$7,000 | \$3,000/\$7,500 (incl ded) | \$6,350/\$12,700 | | \$6,350/\$12,700 | |
| Co-Insurance | N/A | 30% | N/A | | N/A | |
| Lifetime Maximum | None | None | None | | None | |
| Office Visits | | | | | | |
| Primary Care | \$20 | 30% after ded | \$15 | | \$25 | |
| Specialist | \$20 | 30% after ded | \$25 | | \$25 | |
| Chiropractic Care | \$20 | 30% after ded | \$25 | | \$25 | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | \$750/admit | 30% after ded | \$200/admit | | \$500/admit | |
| Inpatient Surgery | Included in Inpatient Hospital | 30% after ded | Included in Inpatient Hospital | | Included in Inpatient Hospital | |
| Mental Health Inpatient | \$750/admit | 30% after ded | \$200/admit | | \$500/admit | |
| Substance Abuse Inpatient | \$750/admit | 30% after ded | \$200/admit | | \$500/admit | |
| Outpatient Services | | | | | | |
| Outpatient Facility | \$200 | 30% after ded | \$150 | | \$100 | |
| Outpatient Surgery | No charge | 30% after ded | No charge | | No charge | |
| Lab/X-Ray | CDPHP Lab-No charge; Other-\$20 | 30% after ded | CDPHP Lab-No charge; PCP-\$15; Other-\$25 | | CDPHP Lab-No charge; Other-\$25 | |
| Mental Health Outpatient | \$20 | 30% after ded | \$15 | | \$25 | |
| Substance Abuse Outpatient | \$20 | 30% after ded | \$15 | | \$25 | |
| Emergency Care | | | | | | |
| Emergency Room | \$75 (waived if admitted) | \$75 (waived if admitted) after ded | \$100 (waived if admitted) | | \$100 (waived if admitted) | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$20; 40 visits/yr | 30% after ded; 40 visits/yr | \$15; 40 visits/yr | | \$25; 40 visits/yr | |
| Single | 1 x \$563.28 | | 1 x \$538.67 | | 1 x \$535.40 | |
| EE with Spouse | 1 x \$1,126.56 | | 1 x \$1,077.34 | | 1 x \$1,070.80 | |
| EE with Child(ren) | 1 x \$957.58 | | 1 x \$915.74 | | 1 x \$910.18 | |
| Family | 1 x \$1,605.35 | | 1 x \$1,535.21 | | 1 x \$1,525.90 | |
| Medicare | 0 \$0.00 | | 0 \$0.00 | | 0 \$0.00 | |
| Monthly Cost | 4 \$4,252.77 | | 4 \$4,066.96 | | 4 \$4,042.28 | |
| Annual Cost | \$51,033.24 | | \$48,803.52 | | \$48,507.36 | |

| | CDPHP Platinum Standard EPO Copay 15/35 RX5 (EPO) | | CDPHP 320 Gold HMO Copay 70/70 RX9 (HMO) | | CDPHP 123 Gold EPO Hybrid 25/50 RX2 (EPOc) | |
|-------------------------------|---|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Rx Card | 10/30/60 | UCR=N/A | 10/80/100/100 | UCR=N/A | 4/50%/50% | UCR=N/A |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | N/A | | N/A | | \$500/\$1,000 embedded | |
| Individual/Family OOP Limit | \$2,000/\$4,000 | | \$6,350/\$12,700 | | \$2,000/\$4,000 (incl ded) | |
| Co-Insurance | N/A | | N/A | | 20% | |
| Lifetime Maximum | None | | None | | None | |
| Office Visits | | | | | | |
| Primary Care | \$15 | | \$70 | | \$25 ded waived | |
| Specialist | \$35 | | \$70 | | \$50 ded waived | |
| Chiropractic Care | \$35 | | \$70 | | \$50 ded waived | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | \$500/admit | | \$1,000/admit | | 20% after ded | |
| Inpatient Surgery | Included in Inpatient Hospital | | Included in Inpatient Hospital | | 20% after ded | |
| Mental Health Inpatient | \$500/admit | | \$1,000/admit | | 20% after ded | |
| Substance Abuse Inpatient | \$500/admit | | \$1,000/admit | | 20% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | \$100 | | \$250 | | 20% after ded | |
| Outpatient Surgery | No charge | | No charge | | 20% after ded | |
| Lab/X-Ray | PCP-\$15; Other-\$35 | | CDPHP Lab-No charge; Other-\$70 | | CDPHP Lab-No charge; PCP-\$25 after ded; Other-\$50 after ded | |
| Mental Health Outpatient | \$15 | | \$70 | | \$25 ded waived | |
| Substance Abuse Outpatient | \$15 | | \$70 | | \$25 ded waived | |
| Emergency Care | | | | | | |
| Emergency Room | \$100 (waived if admitted) | | \$200 (waived if admitted) | | 20% after ded | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$15; 40 visits/yr | | \$70; 40 visits/yr | | \$25 ded waived; 40 visits/yr | |
| Single | 1 x \$517.77 | | 1 x \$471.36 | | 1 x \$448.78 | |
| EE with Spouse | 1 x \$1,035.55 | | 1 x \$942.72 | | 1 x \$897.55 | |
| EE with Child(ren) | 1 x \$880.21 | | 1 x \$801.31 | | 1 x \$762.92 | |
| Family | 1 x \$1,475.65 | | 1 x \$1,343.37 | | 1 x \$1,279.01 | |
| Medicare | 0 \$0.00 | | 0 \$0.00 | | 0 \$0.00 | |
| Monthly Cost | 4 \$3,909.18 | | 4 \$3,558.76 | | 4 \$3,388.26 | |
| Annual Cost | \$46,910.16 | | \$42,705.12 | | \$40,659.12 | |

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

| | CDPHP 72 Silver PPO Hybrid 40/60 RX2 (PPOc) | | CDPHP 308 Silver EPO Hybrid 30/60 RX8 (EPOc) | | CDPHP 63 Silver EPO Hybrid 40/60 RX1 (EPOc) | |
|-------------------------------|--|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Rx Card | 4/50%/50% | UCR=N/A | 10/50/80/80 | UCR=N/A | 50% G/P/NP/S | UCR=N/A |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | | | \$2,000/\$4,000 embedded | | \$2,000/\$4,000 embedded | |
| Individual/Family OOP Limit | | | \$6,350/\$12,700 (incl ded) | | \$5,000/\$10,000 (incl ded) | |
| Co-Insurance | | | 20% | | 20% | |
| Lifetime Maximum | | | None | | None | |
| Office Visits | | | | | | |
| Primary Care | | | \$30 ded waived | | \$40 ded waived | |
| Specialist | | | \$60 ded waived | | \$60 ded waived | |
| Chiropractic Care | | | \$60 ded waived | | \$60 ded waived | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | | | 20% after ded | | 20% after ded | |
| Inpatient Surgery | | | 20% after ded | | 20% after ded | |
| Mental Health Inpatient | | | 20% after ded | | 20% after ded | |
| Substance Abuse Inpatient | | | 20% after ded | | 20% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | | | 20% after ded | | 20% after ded | |
| Outpatient Surgery | | | 20% after ded | | 20% after ded | |
| Lab/X-Ray | | | CDPHP Lab-No charge; PCP-\$30 ded waived; Other-\$60 ded waived | | CDPHP Lab-No charge; PCP-\$40 ded waived; Other-\$60 ded waived | |
| Mental Health Outpatient | | | \$30 ded waived | | \$40 ded waived | |
| Substance Abuse Outpatient | | | \$30 ded waived | | \$40 ded waived | |
| Emergency Care | | | | | | |
| Emergency Room | | | 20% after ded | | 20% after ded | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | | | \$30 ded waived; 40 visits/yr | | \$40 ded waived; 40 visits/yr | |
| Single | 1 x | \$391.88 | 1 x | \$389.01 | 1 x | \$385.23 |
| EE with Spouse | 1 x | \$783.77 | 1 x | \$778.01 | 1 x | \$770.47 |
| EE with Child(ren) | 1 x | \$666.20 | 1 x | \$661.31 | 1 x | \$654.90 |
| Family | 1 x | \$1,116.87 | 1 x | \$1,108.67 | 1 x | \$1,097.92 |
| Medicare | 0 | \$0.00 | 0 | \$0.00 | 0 | \$0.00 |
| Monthly Cost | 4 | \$2,958.72 | 4 | \$2,937.00 | 4 | \$2,908.52 |
| Annual Cost | | \$35,504.64 | | \$35,244.00 | | \$34,902.24 |

| | CDPHP 349 Silver HDEPO 1500 RX8 (HSA) | | CDPHP 333 Bronze HDEPO 4000 RX2 (HSA) | | CDPHP 353 Bronze HDEPO 5000 RX8 (HSA) | |
|-------------------------------|---|-------------|--|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Rx Card | 10/50/80/80 IntDed | UCR=N/A | 50% IntDed G/P/NP/S | UCR=N/A | 10/50/80/80 IntDed | UCR=N/A |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | \$1,500/\$3,000 aggregate | | \$4,000/\$8,000 aggregate | | \$5,000/\$10,000 aggregate | |
| Individual/Family OOP Limit | \$6,350/\$12,700 (incl ded) | | \$6,350/\$12,700 (incl ded) | | \$6,350/\$12,700 (incl ded) | |
| Co-Insurance | 0% | | 0% | | 50% | |
| Lifetime Maximum | None | | None | | None | |
| Office Visits | | | | | | |
| Primary Care | \$25 after ded | | 0% after ded | | 50% after ded | |
| Specialist | \$40 after ded | | 0% after ded | | 50% after ded | |
| Chiropractic Care | \$40 after ded | | 0% after ded | | 50% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | 0% after ded | | 0% after ded | | 50% after ded | |
| Inpatient Surgery | 0% after ded | | 0% after ded | | 50% after ded | |
| Mental Health Inpatient | 0% after ded | | 0% after ded | | 50% after ded | |
| Substance Abuse Inpatient | 0% after ded | | 0% after ded | | 50% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | \$100 after ded | | 0% after ded | | 50% after ded | |
| Outpatient Surgery | No charge | | 0% after ded | | 50% after ded | |
| Lab/X-Ray | CDPHP Lab-No charge; PCP-\$25 after ded; Other-\$40 after ded | | 0% after ded | | CDPHP Lab-No charge; Other-50% after ded | |
| Mental Health Outpatient | \$25 after ded | | 0% after ded | | 50% after ded | |
| Substance Abuse Outpatient | \$25 after ded | | 0% after ded | | 50% after ded | |
| Emergency Care | | | | | | |
| Emergency Room | \$50 (waived if admitted) after ded | | 0% after ded | | 50% after ded | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$25 after ded; 40 visits/yr | | 0% after ded; 40 visits/yr | | 50% after ded; 40 visits/yr | |
| Single | 1 x | \$377.99 | 1 x | \$327.40 | 1 x | \$314.33 |
| EE with Spouse | 1 x | \$755.99 | 1 x | \$654.79 | 1 x | \$628.67 |
| EE with Child(ren) | 1 x | \$642.59 | 1 x | \$556.57 | 1 x | \$534.37 |
| Family | 1 x | \$1,077.28 | 1 x | \$933.08 | 1 x | \$895.85 |
| Medicare | 0 | \$0.00 | 0 | \$0.00 | 0 | \$0.00 |
| Monthly Cost | 4 | \$2,853.85 | 4 | \$2,471.84 | 4 | \$2,373.22 |
| Annual Cost | | \$34,246.20 | | \$29,662.08 | | \$28,478.64 |

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