

|                               | Aetna<br>Gold OAEPO 1000 90% ID: 14025420<br>(EPOc) (UCR=N/A) |             | Aetna<br>Silver OAEPO 2000 80% ID: 14025424<br>(EPOc) (UCR=N/A) |             | Aetna<br>Silver OAEPO 2000 60% ID: 14025423<br>(EPOc) (UCR=N/A) |             | Aetna<br>Silver OAEPO 3000 70% ID: 14025426<br>(EPOc) (UCR=N/A) |             |
|-------------------------------|---|-------------|---|-------------|---|-------------|---|-------------|
|                               | In-Network  | Out-Network | In-Network  | Out-Network | In-Network  | Out-Network | In-Network  | Out-Network |
| <b>Prescription Drugs</b>     |   |             |   |             |   |             |   |             |
| Drug Card                     | 10/50/50%to\$750/TCS  |             | 10/50/50%to\$750/TCS  |             | 10/50/50%to\$750/TCS  |             | 10/50/50%to\$750/TCS  |             |
| <b>Cost Share Information</b> |   |             |   |             |   |             |   |             |
| Individual/Family Deductible  | \$1,000/\$2,000 embedded                                      |             | \$2,000/\$4,000 embedded  |             | \$2,000/\$4,000 embedded  |             | \$3,000/\$6,000 embedded  |             |
| Individual/Family OOP Limit   | \$4,000/\$8,000 (incl ded)                                    |             | \$6,600/\$13,200 (incl ded)                                     |             | \$5,500/\$11,000 (incl ded)                                     |             | \$6,600/\$13,200 (incl ded)                                     |             |
| Co-Insurance                  | 10%   |             | 20%   |             | 40%   |             | 30%   |             |
| <b>Office Visits</b>          |   |             |   |             |   |             |   |             |
| Primary Care                  | \$30 ded waived   |             | \$40 ded waived   |             | \$30 ded waived   |             | \$50 ded waived   |             |
| Specialist                    | \$50 ded waived   |             | \$70 ded waived   |             | \$50 ded waived   |             | \$75 ded waived   |             |
| <b>Inpatient Services</b>     |   |             |   |             |   |             |   |             |
| Inpatient Hospital            | 10% after ded   |             | 20% after ded   |             | 40% after ded   |             | 30% after ded   |             |
| Mental Health Inpatient       | 10% after ded   |             | 20% after ded   |             | 40% after ded   |             | 30% after ded   |             |
| <b>Outpatient Services</b>    |   |             |   |             |   |             |   |             |
| Outpatient Facility           | Refer to Outpatient Surgery                                   |             | Refer to Outpatient Surgery                                     |             | Refer to Outpatient Surgery                                     |             | Refer to Outpatient Surgery                                     |             |
| Lab/X-Ray                     | 10% after ded   |             | Lab-\$70 ded waived;<br>X-ray-20% after ded                     |             | Lab-\$50 ded waived;<br>X-ray- 40% after ded                    |             | Lab-\$75 ded waived;<br>X-ray-30% after ded                     |             |
| Mental Health Outpatient      | \$50 ded waived   |             | \$70 ded waived   |             | \$50 ded waived   |             | \$75 ded waived   |             |
| <b>Emergency Care</b>         |   |             |   |             |   |             |   |             |
| Emergency Room                | \$150 (waived if admitted)<br>ded waived                      |             | \$200 (waived if admitted)<br>ded waived                        |             | \$200 (waived if admitted)<br>ded waived                        |             | \$200 (waived if admitted)<br>ded waived                        |             |
| Urgent Care                   | \$75 ded waived   |             | \$75 ded waived   |             | \$75 ded waived   |             | \$75 ded waived   |             |
| Single                        | 1 x \$455.62  |             | 1 x \$388.71  |             | 1 x \$396.60  |             | 1 x \$377.19  |             |
| EE with Spouse                | 0 x \$911.23  |             | 0 x \$777.42  |             | 0 x \$793.21  |             | 0 x \$754.37  |             |
| EE with Child(ren)            | 0 x \$774.55  |             | 0 x \$660.81  |             | 0 x \$674.23  |             | 0 x \$641.22  |             |
| Family                        | 1 x \$1,298.50  |             | 1 x \$1,107.83  |             | 1 x \$1,130.32  |             | 1 x \$1,074.98  |             |
| Monthly Cost                  | 2 \$1,754.12  |             | 2 \$1,496.54  |             | 2 \$1,526.92  |             | 2 \$1,452.17  |             |
| Annual Cost                   | \$21,049.44   |             | \$17,958.48   |             | \$18,323.04   |             | \$17,426.04   |             |

|                               | Aetna<br>Silver OAEPO 2000 90% HSA PY ID:<br>14025425 (HSA) (UCR=N/A) |             | Aetna<br>Bronze OAEPO 5000 60% ID: 14025416<br>(EPOc) (UCR=N/A) |             | Aetna<br>Bronze OAEPO 3000 100% HSA PY ID:<br>14025411 (HSA) (UCR=N/A) |             | Aetna<br>Bronze OAEPO 3500 60% HSA PY ID:<br>14025413 (HSA) (UCR=N/A) |             |
|-------------------------------|---|-------------|---|-------------|--|-------------|---|-------------|
|                               | In-Network  | Out-Network | In-Network  | Out-Network | In-Network   | Out-Network | In-Network  | Out-Network |
| <b>Prescription Drugs</b>     |   |             |   |             |  |             |   |             |
| Drug Card                     | 10/50/50%to\$750/TCS<br>IntDed  |             | 10/50/50%to\$750/TCS<br>IntDed                                  |             | 10/55/50%to\$750/TCS<br>IntDed   |             | 10/50/50%to\$750/TCS<br>IntDed  |             |
| <b>Cost Share Information</b> |   |             |   |             |  |             |   |             |
| Individual/Family Deductible  | \$2,000/\$4,000<br>non-embedded                                       |             | \$5,000/\$10,000<br>embedded                                    |             | \$3,000/\$6,000<br>non-embedded  |             | \$3,500/\$7,000<br>non-embedded                                       |             |
| Individual/Family OOP Limit   | \$6,000/\$12,000 (incl ded)   |             | \$6,250/\$12,500 (incl ded)                                     |             | \$6,450/\$12,900 (incl ded)  |             | \$6,250/\$12,500 (incl ded)   |             |
| Co-Insurance                  | 10%   |             | 40%   |             | 0%   |             | 40%   |             |
| <b>Office Visits</b>          |   |             |   |             |  |             |   |             |
| Primary Care                  | 10% after ded   |             | \$50 ded waived   |             | \$50 after ded   |             | 40% after ded   |             |
| Specialist                    | 10% after ded   |             | 40% after ded   |             | \$75 after ded   |             | 40% after ded   |             |
| <b>Inpatient Services</b>     |   |             |   |             |  |             |   |             |
| Inpatient Hospital            | 10% after ded   |             | 40% after ded   |             | \$1,000/admit after ded  |             | 40% after ded   |             |
| Mental Health Inpatient       | 10% after ded   |             | 40% after ded   |             | \$1,000/admit after ded  |             | 40% after ded   |             |
| <b>Outpatient Services</b>    |   |             |   |             |  |             |   |             |
| Outpatient Facility           | Refer to Outpatient<br>Surgery  |             | Refer to Outpatient<br>Surgery                                  |             | Refer to Outpatient<br>Surgery   |             | Refer to Outpatient<br>Surgery  |             |
| Lab/X-Ray                     | 10% after ded   |             | 40% after ded   |             | \$75 after ded   |             | 40% after ded   |             |
| Mental Health Outpatient      | 10% after ded   |             | 40% ded waived  |             | \$75 after ded   |             | 40% after ded   |             |
| <b>Emergency Care</b>         |   |             |   |             |  |             |   |             |
| Emergency Room                | 10% (waived if admitted)<br>after ded                                 |             | 40% after ded   |             | \$200 (waived if admitted)<br>after ded                                |             | 40% after ded   |             |
| Urgent Care                   | 10% after ded   |             | 40% after ded   |             | \$75 after ded   |             | 40% after ded   |             |
| Single                        | 1 x \$382.31  |             | 1 x \$330.20  |             | 1 x \$329.81   |             | 1 x \$326.46  |             |
| EE with Spouse                | 0 x \$764.61  |             | 0 x \$660.41  |             | 0 x \$659.62   |             | 0 x \$652.92  |             |
| EE with Child(ren)            | 0 x \$649.92  |             | 0 x \$561.35  |             | 0 x \$560.68   |             | 0 x \$554.99  |             |
| Family                        | 1 x \$1,089.57  |             | 1 x \$941.08  |             | 1 x \$939.96   |             | 1 x \$930.42  |             |
| Monthly Cost                  | 2 \$1,471.88  |             | 2 \$1,271.28  |             | 2 \$1,269.77   |             | 2 \$1,256.88  |             |
| Annual Cost                   | \$17,662.56   |             | \$15,255.36   |             | \$15,237.24  |             | \$15,082.56   |             |

|                               | Aetna<br>Bronze OAEPO 4000 80% ID: 14025414<br>(EPOc) (UCR=N/A) |             | Aetna<br>Bronze OAEPO 5000 100% HSA PY ID:<br>14025415 (HSA) (UCR=N/A) |             | Aetna<br>Bronze OAEPO 3500 50% ID: 14025412<br>(EPOc) (UCR=N/A) |             |
|-------------------------------|---|-------------|--|-------------|---|-------------|
|                               | In-Network  | Out-Network | In-Network   | Out-Network | In-Network  | Out-Network |
| <b>Prescription Drugs</b>     |   |             |  |             |   |             |
| Drug Card                     | 10/50/50%to\$750/TCS<br>IntDed                                  |             | 10/50/50%to\$750/TCS<br>IntDed   |             | 10/50/50%to\$750/TCS<br>IntDed                                  |             |
| <b>Cost Share Information</b> |   |             |  |             |   |             |
| Individual/Family Deductible  | \$4,000/\$8,000 embedded  |             | \$5,000/\$10,000<br>non-embedded                                       |             | \$3,500/\$7,000 embedded  |             |
| Individual/Family OOP Limit   | \$6,600/\$13,200 (incl ded)                                     |             | \$6,250/\$12,500 (incl ded)  |             | \$6,600/\$13,200 (incl ded)                                     |             |
| Co-Insurance                  | 20%   |             | 0%   |             | 50%   |             |
| <b>Office Visits</b>          |   |             |  |             |   |             |
| Primary Care                  | \$25 after ded  |             | 0% after ded   |             | 50% after ded   |             |
| Specialist                    | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| <b>Inpatient Services</b>     |   |             |  |             |   |             |
| Inpatient Hospital            | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| Mental Health Inpatient       | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| <b>Outpatient Services</b>    |   |             |  |             |   |             |
| Outpatient Facility           | Refer to Outpatient<br>Surgery                                  |             | Refer to Outpatient<br>Surgery   |             | Refer to Outpatient<br>Surgery                                  |             |
| Lab/X-Ray                     | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| Mental Health Outpatient      | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| <b>Emergency Care</b>         |   |             |  |             |   |             |
| Emergency Room                | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| Urgent Care                   | 20% after ded   |             | 0% after ded   |             | 50% after ded   |             |
| Single                        | 1 x \$323.55  |             | 1 x \$322.37   |             | 1 x \$320.17  |             |
| EE with Spouse                | 0 x \$647.10  |             | 0 x \$644.74   |             | 0 x \$640.34  |             |
| EE with Child(ren)            | 0 x \$550.04  |             | 0 x \$548.03   |             | 0 x \$544.29  |             |
| Family                        | 1 x \$922.12  |             | 1 x \$918.75   |             | 1 x \$912.48  |             |
| Monthly Cost                  | 2 \$1,245.67  |             | 2 \$1,241.12   |             | 2 \$1,232.65  |             |
| Annual Cost                   | \$14,948.04   |             | \$14,893.44  |             | \$14,791.80   |             |