

|                               | Aetna<br>Gold AWH Mt Sinai OAEPO 1000 90% ID:<br>14034223 |             | Aetna<br>Silver AWH Mt Sinai OAEPO 2000 80% ID:<br>14034224 |             | Aetna<br>Silver AWH Mt Sinai OAEPO 2800 90% HSA<br>PY ID: 14034226 |             | Aetna<br>Silver AWH Mt Sinai OAEPO 4500 100% L<br>ID: 14034228 |             |
|-------------------------------|---|-------------|---|-------------|--|-------------|--|-------------|
|                               | In-Network  | Out-Network | In-Network  | Out-Network | In-Network   | Out-Network | In-Network   | Out-Network |
| <b>Prescription Drugs</b>     |   |             |   |             |  |             |  |             |
| Drug Card                     | 20/40/60/TCS/100 ded<br>T2-T4                             |             | 20/40/60/TCS/100 ded<br>T2-T4                               |             | 20/40/60/TCS IntDed  |             | 20/0%/0%/TCS IntDed<br>T2-4                                    |             |
| <b>Cost Share Information</b> |   |             |   |             |  |             |  |             |
| Individual/Family Deductible  | \$1,000/\$2,000 embedded                                  |             | \$2,000/\$4,000 embedded                                    |             | \$2,800/\$5,600 embedded   |             | \$4,500/\$9,000 embedded                                       |             |
| Individual/Family OOP Limit   | \$5,000/\$10,000 (incl ded)                               |             | \$6,600/\$13,200 (incl ded)                                 |             | \$6,000/\$12,000 (incl ded)  |             | \$4,500/\$9,000 (incl ded)                                     |             |
| Co-Insurance                  | 10%   |             | 20%   |             | 10%  |             | 0%   |             |
| <b>Office Visits</b>          |   |             |   |             |  |             |  |             |
| Primary Care                  | \$30 ded waived   |             | \$40 ded waived   |             | 10% after ded  |             | \$25 ded waived  |             |
| Specialist                    | \$60 ded waived   |             | \$70 ded waived   |             | 10% after ded  |             | 0% after ded   |             |
| <b>Inpatient Services</b>     |   |             |   |             |  |             |  |             |
| Inpatient Hospital            | 10% after ded   |             | 20% after ded   |             | 10% after ded  |             | 0% after ded   |             |
| Mental Health Inpatient       | 10% after ded   |             | 20% after ded   |             | 10% after ded  |             | 0% 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   |             | Lab-\$70 ded waived;<br>X-ray-20% after ded                 |             | 10% after ded  |             | Lab-\$25 ded waived;<br>X-ray-0% after ded                     |             |
| Mental Health Outpatient      | \$60 ded waived   |             | \$70 ded waived   |             | 10% after ded  |             | 0% after ded   |             |
| <b>Emergency Care</b>         |   |             |   |             |  |             |  |             |
| Emergency Room                | \$500 (waived if admitted)<br>ded waived                  |             | \$500 (waived if admitted)<br>ded waived                    |             | 10% after ded  |             | 0% after ded   |             |
| Urgent Care                   | \$75 ded waived   |             | \$75 ded waived   |             | 10% after ded  |             | 0% after ded   |             |
| <b>Single</b>                 | 1 x \$712.41  |             | 1 x \$623.74  |             | 1 x \$623.41   |             | 1 x \$622.84   |             |
| EE with Spouse                | 0 x \$1,424.82  |             | 0 x \$1,247.48  |             | 0 x \$1,246.82   |             | 0 x \$1,245.68   |             |
| EE with Child(ren)            | 0 x \$1,211.10  |             | 0 x \$1,060.36  |             | 0 x \$1,059.80   |             | 0 x \$1,058.83   |             |
| Family                        | 1 x \$2,030.37  |             | 1 x \$1,777.65  |             | 1 x \$1,776.72   |             | 1 x \$1,775.09   |             |
| Monthly Cost                  | 2 \$2,742.78  |             | 2 \$2,401.39  |             | 2 \$2,400.13   |             | 2 \$2,397.93   |             |
| Annual Cost                   | \$32,913.36   |             | \$28,816.68   |             | \$28,801.56  |             | \$28,775.16  |             |

|                               | Aetna<br>Bronze AWH Mt Sinai OAEPO 6850 100% L<br>ID: 14034229 |             | Aetna<br>Bronze AWH Mt Sinai OAEPO 4500 70% ID:<br>14034225 |             | Aetna<br>Bronze AWH Mt Sinai OAEPO 5700 70%<br>HSA PY ID: 14034227 |             |
|-------------------------------|--|-------------|---|-------------|--|-------------|
|                               | In-Network   | Out-Network | In-Network  | Out-Network | In-Network   | Out-Network |
| <b>Prescription Drugs</b>     |  |             |   |             |  |             |
| Drug Card                     | 20/0%/0%/TCS IntDed<br>T2-4                                    |             | 20/50/80/TCS IntDed   |             | 20/50/80/TCS IntDed  |             |
| <b>Cost Share Information</b> |  |             |   |             |  |             |
| Individual/Family Deductible  | \$6,850/\$13,700<br>embedded                                   |             | \$4,500/\$9,000 embedded                                    |             | \$5,700/\$11,400<br>embedded                                       |             |
| Individual/Family OOP Limit   | \$6,850/\$13,700 (incl ded)                                    |             | \$7,150/\$14,300 (incl ded)                                 |             | \$6,550/\$13,100 (incl ded)  |             |
| Co-Insurance                  | 0%   |             | 30%   |             | 30%  |             |
| <b>Office Visits</b>          |  |             |   |             |  |             |
| Primary Care                  | 0% after ded   |             | \$25 after ded  |             | 30% after ded  |             |
| Specialist                    | 0% after ded   |             | 30% after ded   |             | 30% after ded  |             |
| <b>Inpatient Services</b>     |  |             |   |             |  |             |
| Inpatient Hospital            | 0% after ded   |             | 30% after ded   |             | 30% after ded  |             |
| Mental Health Inpatient       | 0% after ded   |             | 30% after ded   |             | 30% 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                     | 0% after ded   |             | 30% after ded   |             | 30% after ded  |             |
| Mental Health Outpatient      | 0% after ded   |             | 30% after ded   |             | 30% after ded  |             |
| <b>Emergency Care</b>         |  |             |   |             |  |             |
| Emergency Room                | 0% after ded   |             | 30% after ded   |             | 30% after ded  |             |
| Urgent Care                   | 0% after ded   |             | 30% after ded   |             | 30% after ded  |             |
| Single                        | 1 x \$539.16   |             | 1 x \$505.63  |             | 1 x \$500.68   |             |
| EE with Spouse                | 0 x \$1,078.33   |             | 0 x \$1,011.25  |             | 0 x \$1,001.35   |             |
| EE with Child(ren)            | 0 x \$916.58   |             | 0 x \$859.57  |             | 0 x \$851.15   |             |
| Family                        | 1 x \$1,536.62   |             | 1 x \$1,441.04  |             | 1 x \$1,426.93   |             |
| Monthly Cost                  | 2 \$2,075.78   |             | 2 \$1,946.67  |             | 2 \$1,927.61   |             |
| Annual Cost                   | \$24,909.36  |             | \$23,360.04   |             | \$23,131.32  |             |