

|                               | Empire PPO/EPO<br>Platinum PPO 5/25 0% 6SMP (PPO)<br>(UCR=140mc%) |                              | Empire PPO/EPO<br>Platinum PPO 20/40 0% 6SML (PPO)<br>(UCR=140mc%) |                             | Empire PPO/EPO<br>Gold PPO 25/40 1500 20% 6SQW (PPOc)<br>(UCR=140mc%) |                              | Empire PPO/EPO<br>Gold PPO 20/50 1500 10% w/HSA 6SSQ (HSA)<br>(UCR=140mc%) |                              |
|-------------------------------|---|------------------------------|--|-----------------------------|---|------------------------------|--|------------------------------|
|                               | In-Network  | Out-Network                  | In-Network   | Out-Network                 | In-Network  | Out-Network                  | In-Network   | Out-Network                  |
| <b>Prescription Drugs</b>     |   |                              |  |                             |   |                              |  |                              |
| Drug Card                     | 10/35/70/100 ded T2-3   |                              | 10/35/70/100 ded T2-3  |                             | 10/40/80/150 ded T2-3   |                              | 10/40/80 IntDed  |                              |
| <b>Cost Share Information</b> |   |                              |  |                             |   |                              |  |                              |
| Individual/Family Deductible  | N/A   | \$4,000/\$8,000 embedded     | N/A  | \$4,000/\$8,000 embedded    | \$1,500/\$3,000 embedded  | \$4,000/\$8,000 embedded     | \$1,500/\$3000 non-embedded  | \$4,000/\$8,000 non-embedded |
| Individual/Family OOP Limit   | \$3,500/\$7,000   | \$10,375/\$20,750 (incl ded) | \$2,750/\$5,500  | \$7,875/\$15,750 (incl ded) | \$7,000/\$14,000 (incl ded)   | \$17,500/\$35,000 (incl ded) | \$5,000/\$10,000 (incl ded)  | \$13,750/\$27,500 (incl ded) |
| Co-Insurance                  | 0%  | 30%                          | 0%   | 30%                         | 20%   | 50%                          | 10%  | 30%                          |
| <b>Office Visits</b>          |   |                              |  |                             |   |                              |  |                              |
| Primary Care                  | \$5   | 30% after ded                | \$20   | 30% after ded               | \$25 ded waived   | 50% after ded                | \$20 after ded   | 30% after ded                |
| Specialist                    | \$25  | 30% after ded                | \$40   | 30% after ded               | \$40 ded waived   | 50% after ded                | \$50 after ded   | 30% after ded                |
| <b>Inpatient Services</b>     |   |                              |  |                             |   |                              |  |                              |
| Inpatient Hospital            | \$400/admit   | 30% after ded                | \$500/admit  | 30% after ded               | 20% after ded   | 50% after ded                | \$1,000/admit after ded  | 30% after ded                |
| Mental Health Inpatient       | \$400/admit   | 30% after ded                | \$500/admit  | 30% after ded               | 20% after ded   | 50% after ded                | \$1,000/admit after ded  | 30% after ded                |
| <b>Outpatient Services</b>    |   |                              |  |                             |   |                              |  |                              |
| Outpatient Facility           | \$300   | 30% after ded                | \$500  | 30% after ded               | \$250 after ded   | 50% after ded                | \$500 after ded  | 30% after ded                |
| Lab/X-Ray                     | Lab: No charge; X-ray: Office-\$50; OP-\$150                      | 30% after ded                | Lab: No charge; X-ray: Office-\$50; OP-\$150                       | 30% after ded               | Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded      | 50% after ded                | Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded      | 30% after ded                |
| Mental Health Outpatient      | \$5   | 30% after ded                | \$20   | 30% after ded               | \$25 ded waived   | 50% after ded                | \$20 after ded   | 30% after ded                |
| <b>Emergency Care</b>         |   |                              |  |                             |   |                              |  |                              |
| Emergency Room                | \$300   | Paid as in-network           | \$300  | Paid as in-network          | \$500 after ded   | Paid as in-network           | \$500 after ded  | Paid as in-network           |
| Urgent Care                   | \$50  | Paid as in-network           | \$50   | Paid as in-network          | \$60 ded waived   | Paid as in-network           | \$100 after ded  | Paid as in-network           |
| Single                        | 2 x \$1,991.43  |                              | 2 x \$1,984.21   |                             | 2 x \$1,662.14  |                              | 2 x \$1,612.16   |                              |
| EE with Spouse                | 0 x \$3,982.86  |                              | 0 x \$3,968.42   |                             | 0 x \$3,324.28  |                              | 0 x \$3,224.32   |                              |
| EE with Child(ren)            | 0 x \$3,385.43  |                              | 0 x \$3,373.16   |                             | 0 x \$2,825.64  |                              | 0 x \$2,740.67   |                              |
| Family                        | 0 x \$5,675.58  |                              | 0 x \$5,655.00   |                             | 0 x \$4,737.10  |                              | 0 x \$4,594.66   |                              |
| Monthly Cost                  | 2 \$3,982.86  |                              | 2 \$3,968.42   |                             | 2 \$3,324.28  |                              | 2 \$3,224.32   |                              |
| Annual Cost                   | \$47,794.32   |                              | \$47,621.04  |                             | \$39,891.36   |                              | \$38,691.84  |                              |

|                               | Empire PPO/EPO<br>Platinum EPO 5/25 0% 6SMH (EPO) (UCR=N/A) |             | Empire PPO/EPO<br>Platinum EPO 20/40 0% 6SPX (EPO) (UCR=N/A) |             | Empire PPO/EPO<br>Gold EPO 25/50 0% 6SR7 (EPO) (UCR=N/A) |             | Empire PPO/EPO<br>Silver PPO 20/50 3000 30% w/HSA 6SPA (HSA)<br>(UCR=140mc%) |                              |
|-------------------------------|---|-------------|--|-------------|--|-------------|--|------------------------------|
|                               | In-Network  | Out-Network | In-Network   | Out-Network | In-Network   | Out-Network | In-Network   | Out-Network                  |
| <b>Prescription Drugs</b>     |   |             |  |             |  |             |  |                              |
| Drug Card                     | 10/35/70/100 ded T2-3                                       |             | 10/35/70/100 ded T2-3  |             | 10/40/80/150 ded T2-3                                    |             | 10/50/90 IntDed  |                              |
| <b>Cost Share Information</b> |   |             |  |             |  |             |  |                              |
| Individual/Family Deductible  | N/A   |             | N/A  |             | N/A  |             | \$3,000/\$6,000 embedded   | \$7,000/\$14,000 embedded    |
| Individual/Family OOP Limit   | \$3,500/\$7,000   |             | \$2,750/\$5,500  |             | \$8,500/\$17,000   |             | \$7,450/\$14,900 (incl ded)  | \$18,625/\$37,250 (incl ded) |
| Co-Insurance                  | 0%  |             | 0%   |             | 0%   |             | 30%  | 30%                          |
| <b>Office Visits</b>          |   |             |  |             |  |             |  |                              |
| Primary Care                  | \$5   |             | \$20   |             | \$25   |             | \$20 after ded   | 30% after ded                |
| Specialist                    | \$25  |             | \$40   |             | \$50   |             | \$50 after ded   | 30% after ded                |
| <b>Inpatient Services</b>     |   |             |  |             |  |             |  |                              |
| Inpatient Hospital            | \$400/admit   |             | \$500/admit  |             | \$500/admit  |             | \$1,500/admit after ded  | 30% after ded                |
| Mental Health Inpatient       | \$400/admit   |             | \$500/admit  |             | \$500/admit  |             | \$1,500/admit after ded  | 30% after ded                |
| <b>Outpatient Services</b>    |   |             |  |             |  |             |  |                              |
| Outpatient Facility           | \$300   |             | \$500  |             | \$500  |             | \$500 after ded  | 30% after ded                |
| Lab/X-Ray                     | Lab: No charge; X-ray: Office-\$50; OP-\$150                |             | Lab: No charge; X-ray: Office-\$50; OP-\$150                 |             | Lab: No charge; X-ray: Office-\$50; OP-\$150             |             | Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded        | 30% after ded                |
| Mental Health Outpatient      | \$5   |             | \$20   |             | \$25   |             | \$20 after ded   | 30% after ded                |
| <b>Emergency Care</b>         |   |             |  |             |  |             |  |                              |
| Emergency Room                | \$300   |             | \$300  |             | \$750  |             | \$500 after ded  | Paid as in-network           |
| Urgent Care                   | \$75  |             | \$50   |             | \$50   |             | \$100 after ded  | Paid as in-network           |
| Single                        | 2 x \$1,595.22  |             | 2 x \$1,585.37   |             | 2 x \$1,437.52   |             | 2 x \$1,432.80   |                              |
| EE with Spouse                | 0 x \$3,190.44  |             | 0 x \$3,170.74   |             | 0 x \$2,875.04   |             | 0 x \$2,865.60   |                              |
| EE with Child(ren)            | 0 x \$2,711.87  |             | 0 x \$2,695.13   |             | 0 x \$2,443.78   |             | 0 x \$2,435.76   |                              |
| Family                        | 0 x \$4,546.38  |             | 0 x \$4,518.30   |             | 0 x \$4,096.93   |             | 0 x \$4,083.48   |                              |
| Monthly Cost                  | 2 \$3,190.44  |             | 2 \$3,170.74   |             | 2 \$2,875.04   |             | 2 \$2,865.60   |                              |
| Annual Cost                   | \$38,285.28   |             | \$38,048.88  |             | \$34,500.48  |             | \$34,387.20  |                              |

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. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

|                               | Empire PPO/EPO<br>Silver PPO 40/70 3000 50% 6SS0 (PPOc)<br>(UCR=140mc%)                         |                              | Empire PPO/EPO<br>Gold EPO 30/55 1000 10% 6SS9 (EPOc)<br>(UCR=N/A) |             | Empire PPO/EPO<br>Gold EPO 15/35 1750 10% 6SLY (EPOc)<br>(UCR=N/A) |             | Empire PPO/EPO<br>Gold EPO 25/45 1750 20% 6SQY (EPOc)<br>(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                     | 25/75/90/200 ded T2-3   |                              | 10/40/80/150 ded T2-3  |             | 10/40/80/150 ded T2-3  |             | 10/40/80/150 ded T2-3  |             |
| <b>Cost Share Information</b> |   |                              |  |             |  |             |  |             |
| Individual/Family Deductible  | \$3,000/\$6,000 embedded  | \$8,750/\$17,500 embedded    | \$1,000/\$2,000 embedded   |             | \$1,750/\$3,500 embedded   |             | \$1,750/\$3,500 embedded   |             |
| Individual/Family OOP Limit   | \$9,100/\$18,200 (incl ded)   | \$22,750/\$45,500 (incl ded) | \$6,750/\$13,500 (incl ded)  |             | \$8,500/\$17,000 (incl ded)  |             | \$6,000/\$12,000 (incl ded)  |             |
| Co-Insurance                  | 50%   | 50%                          | 10%  |             | 10%  |             | 20%  |             |
| <b>Office Visits</b>          |   |                              |  |             |  |             |  |             |
| Primary Care                  | \$40 ded waived   | 50% after ded                | \$30 ded waived  |             | \$15 ded waived  |             | \$25 ded waived  |             |
| Specialist                    | \$70 ded waived   | 50% after ded                | \$55 ded waived  |             | \$35 ded waived  |             | \$45 ded waived  |             |
| <b>Inpatient Services</b>     |   |                              |  |             |  |             |  |             |
| Inpatient Hospital            | 50% after ded   | 50% after ded                | 10% after ded  |             | 10% after ded  |             | 20% after ded  |             |
| Mental Health Inpatient       | 50% after ded   | 50% after ded                | 10% after ded  |             | 10% after ded  |             | 20% after ded  |             |
| <b>Outpatient Services</b>    |   |                              |  |             |  |             |  |             |
| Outpatient Facility           | 50% after ded   | 50% after ded                | \$300 after ded  |             | \$300 after ded  |             | \$250 after ded  |             |
| Lab/X-Ray                     | Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded | 50% after ded                | Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded   |             | Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded   |             | Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded   |             |
| Mental Health Outpatient      | \$40 ded waived   | 50% after ded                | \$30 ded waived  |             | \$15 ded waived  |             | \$25 ded waived  |             |
| <b>Emergency Care</b>         |   |                              |  |             |  |             |  |             |
| Emergency Room                | 50% after ded   | Paid as in-network           | \$500 after ded  |             | \$500 after ded  |             | \$500 after ded  |             |
| Urgent Care                   | \$75 ded waived   | Paid as in-network           | \$60 ded waived  |             | \$60 ded waived  |             | \$60 ded waived  |             |
| Single                        | 2 x \$1,428.08  |                              | 2 x \$1,381.57   |             | 2 x \$1,347.84   |             | 2 x \$1,346.04   |             |
| EE with Spouse                | 0 x \$2,856.16  |                              | 0 x \$2,763.14   |             | 0 x \$2,695.68   |             | 0 x \$2,692.08   |             |
| EE with Child(ren)            | 0 x \$2,427.74  |                              | 0 x \$2,348.67   |             | 0 x \$2,291.33   |             | 0 x \$2,288.27   |             |
| Family                        | 0 x \$4,070.03  |                              | 0 x \$3,937.47   |             | 0 x \$3,841.34   |             | 0 x \$3,836.21   |             |
| Monthly Cost                  | 2 \$2,856.16  |                              | 2 \$2,763.14   |             | 2 \$2,695.68   |             | 2 \$2,692.08   |             |
| Annual Cost                   | \$34,273.92   |                              | \$33,157.68  |             | \$32,348.16  |             | \$32,304.96  |             |

|                               | Empire PPO/EPO<br>Gold EPO 20/50 1500 10% w/HSA WH 6SS3 (HSA)<br>(UCR=N/A)   |             | Empire PPO/EPO<br>Gold EPO 35/60 2250 30% 6SNF (EPOc)<br>(UCR=N/A)      |             | Empire PPO/EPO<br>Gold EPO 20/50 1500 10% w/HSA 6SRH (HSA)<br>(UCR=N/A)      |             | Empire PPO/EPO<br>Silver EPO 20/50 3000 25% w/HSA 6SS1 (HSA)<br>(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                     | 10/40/80 IntDed  |             | 10/40/80/150 ded T2-3   |             | 10/40/80 IntDed  |             | 10/50/90 IntDed  |             |
| <b>Cost Share Information</b> |  |             |   |             |  |             |  |             |
| Individual/Family Deductible  | \$1,500/\$3,000<br>non-embedded  |             | \$2,250/\$4,500 embedded  |             | \$1,500/\$3,000<br>non-embedded  |             | \$3,000/\$6,000 embedded   |             |
| Individual/Family OOP Limit   | \$5,000/\$10,000 (incl ded)  |             | \$7,000/\$14,000 (incl ded)   |             | \$5,000/\$10,000 (incl ded)  |             | \$7,450/\$14,900 (incl ded)  |             |
| Co-Insurance                  | 10%  |             | 30%   |             | 10%  |             | 25%  |             |
| <b>Office Visits</b>          |  |             |   |             |  |             |  |             |
| Primary Care                  | \$20 after ded   |             | \$35 ded waived   |             | \$20 after ded   |             | \$20 after ded   |             |
| Specialist                    | \$50 after ded   |             | \$60 ded waived   |             | \$50 after ded   |             | \$50 after ded   |             |
| <b>Inpatient Services</b>     |  |             |   |             |  |             |  |             |
| Inpatient Hospital            | \$1,000/admit after ded  |             | 30% after ded   |             | \$1,000/admit after ded  |             | \$1,500/admit after ded  |             |
| Mental Health Inpatient       | \$1,000/admit after ded  |             | 30% after ded   |             | \$1,000/admit after ded  |             | \$1,500/admit after ded  |             |
| <b>Outpatient Services</b>    |  |             |   |             |  |             |  |             |
| Outpatient Facility           | \$500 after ded  |             | \$300 after ded   |             | \$500 after ded  |             | \$500 after ded  |             |
| Lab/X-Ray                     | Lab: \$25 after ded; X-ray:<br>Office-\$50 after ded; OP-<br>\$150 after ded |             | Lab: No charge; X-ray:<br>Office-\$50 after ded; OP-<br>\$150 after ded |             | Lab: \$25 after ded; X-ray:<br>Office-\$50 after ded; OP-<br>\$150 after ded |             | Lab: \$25 after ded; X-ray:<br>Office-\$50 after ded; OP-<br>\$150 after ded |             |
| Mental Health Outpatient      | \$20 after ded   |             | \$35 ded waived   |             | \$20 after ded   |             | \$20 after ded   |             |
| <b>Emergency Care</b>         |  |             |   |             |  |             |  |             |
| Emergency Room                | \$500 after ded  |             | \$500 after ded   |             | \$500 after ded  |             | \$500 after ded  |             |
| Urgent Care                   | \$100 after ded  |             | \$75 ded waived   |             | \$100 after ded  |             | \$100 after ded  |             |
| Single                        | 2 x \$1,332.71   |             | 2 x \$1,305.08  |             | 2 x \$1,303.69   |             | 2 x \$1,157.65   |             |
| EE with Spouse                | 0 x \$2,665.42   |             | 0 x \$2,610.16  |             | 0 x \$2,607.38   |             | 0 x \$2,315.30   |             |
| EE with Child(ren)            | 0 x \$2,265.61   |             | 0 x \$2,218.64  |             | 0 x \$2,216.27   |             | 0 x \$1,968.01   |             |
| Family                        | 0 x \$3,798.22   |             | 0 x \$3,719.48  |             | 0 x \$3,715.52   |             | 0 x \$3,299.30   |             |
| Monthly Cost                  | 2 \$2,665.42   |             | 2 \$2,610.16  |             | 2 \$2,607.38   |             | 2 \$2,315.30   |             |
| Annual Cost                   | \$31,985.04  |             | \$31,321.92   |             | \$31,288.56  |             | \$27,783.60  |             |

|                               | Empire PPO/EPO<br>Silver EPO 40/70 3000 50% 6SMY (EPOc)<br>(UCR=N/A)                            |             | Empire PPO/EPO<br>Silver EPO 20/50 3500 30% w/HSA 6SP0 (HSA)<br>(UCR=N/A) |             | Empire PPO/EPO<br>Bronze EPO 20/50 6100 50% w/HSA 6SSS (HSA)<br>(UCR=N/A) |             |
|-------------------------------|---|-------------|---|-------------|---|-------------|
|                               | In-Network  | Out-Network | In-Network  | Out-Network | In-Network  | Out-Network |
| <b>Prescription Drugs</b>     |   |             |   |             |   |             |
| Drug Card                     | 25/75/90/200 ded T2-3   |             | 10/50/90 IntDed   |             | 50%/50%/50% IntDed  |             |
| <b>Cost Share Information</b> |   |             |   |             |   |             |
| Individual/Family Deductible  | \$3,000/\$6,000 embedded  |             | \$3,500/\$7,000 embedded  |             | \$6,100/\$12,200 embedded   |             |
| Individual/Family OOP Limit   | \$9,100/\$18,200 (incl ded)   |             | \$7,450/\$14,900 (incl ded)   |             | \$7,450/\$14,900 (incl ded)   |             |
| Co-Insurance                  | 50%   |             | 30%   |             | 50%   |             |
| <b>Office Visits</b>          |   |             |   |             |   |             |
| Primary Care                  | \$40 ded waived   |             | \$20 after ded  |             | \$20 after ded  |             |
| Specialist                    | \$70 ded waived   |             | \$50 after ded  |             | \$50 after ded  |             |
| <b>Inpatient Services</b>     |   |             |   |             |   |             |
| Inpatient Hospital            | 50% after ded   |             | \$1,500/admit after ded   |             | \$1,000/admit after ded   |             |
| Mental Health Inpatient       | 50% after ded   |             | \$1,500/admit after ded   |             | \$1,000/admit after ded   |             |
| <b>Outpatient Services</b>    |   |             |   |             |   |             |
| Outpatient Facility           | 50% after ded   |             | \$500 after ded   |             | \$500 after ded   |             |
| Lab/X-Ray                     | Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded |             | Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded     |             | Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP-\$150 after ded     |             |
| Mental Health Outpatient      | \$40 ded waived   |             | \$20 after ded  |             | \$20 after ded  |             |
| <b>Emergency Care</b>         |   |             |   |             |   |             |
| Emergency Room                | 50% after ded   |             | \$500 after ded   |             | \$500 after ded   |             |
| Urgent Care                   | \$75 ded waived   |             | \$100 after ded   |             | \$100 after ded   |             |
| Single                        | 2 x \$1,155.29  |             | 2 x \$1,135.58  |             | 2 x \$1,027.99  |             |
| EE with Spouse                | 0 x \$2,310.58  |             | 0 x \$2,271.16  |             | 0 x \$2,055.98  |             |
| EE with Child(ren)            | 0 x \$1,963.99  |             | 0 x \$1,930.49  |             | 0 x \$1,747.58  |             |
| Family                        | 0 x \$3,292.58  |             | 0 x \$3,236.40  |             | 0 x \$2,929.77  |             |
| Monthly Cost                  | 2 \$2,310.58  |             | 2 \$2,271.16  |             | 2 \$2,055.98  |             |
| Annual Cost                   | \$27,726.96   |             | \$27,253.92   |             | \$24,671.76   |             |