

| <u>2018 and 2019</u> <u>2020 and 2021</u> Benefit Provision | Benefit Level 1 The member pays: | Benefit Level 2 The member pays: | Benefit Level 3 The member pays: | Benefit Level 4 The member pays: |
|---|--|--|--|--|
| Deductible for all services except drugs and preventive care (S/F) | \$150/300 <u>\$250/\$500</u> | \$250/500 <u>\$400/\$800</u> | \$550/\$1,100 <u>\$750/\$1,500</u> | \$1,250/\$2,500 <u>\$1,500/\$3,000</u> |
| Office visit copay/urgent care (copay waived for preventive services) <u>For 2020</u> 1) Having taken health assessment and opted-in for health coaching 2) Not having taken health assessment or not having opted-in for health coaching <u>For 2021</u> <u>The incentive is changed and the only available copay option is copay #2.</u> | 1) \$25 2) \$30 <u>1) \$30</u> <u>2) \$35</u> | 1) \$30 2) \$35 <u>1) \$35</u> <u>2) \$40</u> | 1) \$60 2) \$65 <u>1) \$65</u> <u>2) \$70</u> | 1) \$80 2) \$85 <u>1) \$85</u> <u>2) \$90</u> |
| In-Network Convenience Clinics and Online Care (deductible waived) | \$0 | \$0 | \$0 | \$0 |
| Emergency room copay | \$100 | \$100 | \$100 | N/A – subject to Deductible and 25% Coinsurance to OOP maximum |
| Facility copays • Per inpatient admission (waived for admission to Center of Excellence) • Per outpatient surgery | \$100 \$60 | \$200 \$120 | \$500 \$250 | N/A – subject to Deductible and 25% Coinsurance to OOP maximum N/A – subject to Deductible and 25% Coinsurance to OOP maximum |
| Coinsurance for MRI/CT scan services | 5% <u>10%</u> | 10% <u>15%</u> | 20% <u>25%</u> | N/A – subject to Deductible and 30 <u>25%</u> Coinsurance to OOP maximum |
| Coinsurance for services NOT subject to copays | 5% (95% coverage after payment of deductible) | 5% (95% coverage after payment of deductible) | 20% (80% coverage after payment of deductible) | 25% for all services to OOP maximum after deductible |
| <u>Coinsurance for Lab, pathology and X-ray (not included as part of preventative care and not subject to office visit or facility copayments)</u> | <u>10% (90% coverage after payment of deductible)</u> | <u>10% (90% coverage after payment of deductible)</u> | <u>20% (80% coverage after payment of deductible)</u> | <u>25% for all services to OOP maximum after deductible</u> |

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|--|---|---|---|---|
| Coinsurance for durable medical equipment | 20% (80% coverage after payment of 20% coinsurance) | 20% (80% coverage after payment of 20% coinsurance) | 20% (80% coverage after payment of 20% coinsurance) | 25% for all services to OOP maximum after deductible |
| Copay for three-tier prescription drug plan | Tier 1: \$14 <u>\$18</u> Tier 2: \$25 <u>\$30</u> Tier 3: \$50 <u>\$55</u> | Tier 1: \$14 <u>\$18</u> Tier 2: \$25 <u>\$30</u> Tier 3: \$50 <u>\$55</u> | Tier 1: \$14 <u>\$18</u> Tier 2: \$25 <u>\$30</u> Tier 3: \$50 <u>\$55</u> | Tier 1: \$14 <u>\$18</u> Tier 2: \$25 <u>\$30</u> Tier 3: \$50 <u>\$55</u> |
| Maximum drug out-of-pocket limit (S/F) | \$800/\$1,600 <u>\$1,050/\$2,100</u> | \$800/\$1,600 <u>\$1,050/\$2,100</u> | \$800/\$1,600 <u>\$1,050/\$2,100</u> | \$800/\$1,600 <u>\$1,050/\$2,100</u> |
| Maximum non-drug out-of-pocket limit (S/F) | \$1,200/\$2,400 <u>\$1,700/\$3,400</u> | \$1,200/\$2,400 <u>\$1,700/\$3,400</u> | \$1,600/\$3,200 <u>\$2,400/\$4,800</u> | \$2,600/\$5,200 <u>\$3,600/\$7,200</u> |