## **Benefits-at-a-Glance**



| Plan Category         Choice Plus HSA           Plan Basics         BG5D           Prinary Care Physician Required?         No           Electronic Referrals         No           Required to see Specialists?         No           Out of Network Benefits?         Yes           Pediatric Dental & Vision         No           Medical Deductible Type         Emb           Deductible         56.000           Individual         \$6.660           Family         \$12,000           Out-of Pocket         Deductible           Individual         \$6.660           Family         \$13,300           Coinsurance         Covered 100%           Office Visits         DED           Office Visits         DED           Office Visits         DED           Minor Lab Testing and X-ray — Physician Office         DED           Minor Lab Testing and X-ray — Prestanding Facility         DED           Minor Lab Testing and X-ray — Prestanding Facility         DED           Minor Lab Testing and X-ray — Freestanding         DED           Minor Lab Testing and X-ray — Hospital         DED           Outpatient Services - Freestanding Facility         DED           Major Diagnostit: and Imaging Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Medical Plan                                             |                                                                 |
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| Plan Basics     BG6D       Primary Care Physician Required?     No       Primary Care Physician Required?     No       Electronic Referrals     No       Required to see Specialists?     No       Out of Network Benefits?     Yes       Pediatric Dental & Vision     No       Medical Deductible     Individual       Individual     \$6,600       Family     \$12,000       Out-of Pocket     Individual       Family     \$13,300       Coinsurance     Covered 100%       Office Visits — Primary Care     DED       Office Visits — Specialist     DED       Office Visits — Specialist     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic and Imaging Services - Freestanding Facility     DED       Minor Lab Testing and X-ray — Presitanding Facility     DED       Minor Lab Testing and X-ray — Freestanding Major Diagnostic and Imaging Services - Freestanding Major Diagnostic and Imaging Servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | Choice Plus HSA                                                 |
| Primary Care Physician Required?       No         Electronic Referrals       No         Required to see Specialists?       No         Out of Network Benefits?       Yes         Pediatric Dental & Vision       No         Medical Deductible       Emb         Individual       \$6,650         Family       \$12,000         Out of Pocket Maximum       \$6,650         Family       \$13,300         Coinsurance       Covered 100%         Office Visits       DED         Office Visits       DED         Virtual Visits       DED         Virtual Visits       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Hospital       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Outpatient Services - Reestanding Facility       DED         Outpatient Services - Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                 |
| Primary Care Physician Required?     No       Electronic Referrats     No       Required to see Specialists?     No       Out of Network Benofits?     Yes       Pediatric Dontal & Vision     No       Medical Doductible Type     Emb       Deductible     Emb       Individual     \$6,000       Family     \$12,000       Out-of Pocket     Emb       Deductible     Individual       Family     \$12,000       Coinsurance     Covered 100%       Office Visits — Primary Care     DED       Office Visits — Primary Care     DED       Office Visits — Specialist     DED       Vincul Visits     DED       Preventive Services     Covered 100%       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Urgent Care     DED       Urgent Care     DED       Urgent Care     DED       Outher Care Options     DED       Urgent Care     DED       Urgent Care     DED       Major Diagnostic and Imaging Services - Hospital     DED       Outpatient Services - Fre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          | BC3B                                                            |
| Electronic Referrals       No         Required to see Specialists?       No         Out of Network Benefits?       Yes         Pediatric Dental & Vision       No         Medical Deductible       Emb         Individual       \$6,000         Family       \$12,000         Out-of Pocket       Deductible         Individual       \$6,650         Family       \$13,300         Coinsurance       Covered 100%         Office Visits — Specialist       DED         Minor Lab Testing and X-ray — Hospital       DED         Major Diagnostic and Imaging Services - Freestanding Maior Diagnostic and Imaging Services - Hospital       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Inospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          | No                                                              |
| Required to see Specialists?     No       Out of Network Benefits?     Yes       Pediatric Dental & Vision     No       Medical Deductible Type     Emb       Deductible     Individual       Individual     \$6,000       Family     \$12,000       Out-of-Pocket Maximum     \$6,650       Individual     \$6,650       Family     \$13,300       Coinsurance     Covered 100%       Office Visits — Primary Care     DED       Office Visits — Specialist     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Services     Covered 100%       Lab and Diagnostic services     Covered 100%       Lab and Diagnostic and Imaging Services - Freestanding Facility     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Freestanding Major Diagnostic and Imaging Services - Hospital     DED       Outpatient Services - Freestanding Facility     DED       <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          | 110                                                             |
| Out of Network Benefits?     Yes       Pediatric Dental & Vision     No       Medical Deductible Type     Emb       Individual     \$6,000       Family     \$12,000       Out of Pocket Maximum     \$6,650       Individual     \$6,650       Family     \$13,300       Coherence     Covered 100%       Office Visits     DED       Office Visits     DED       Office Visits     DED       Office Visits     DED       Virtual Visits     DED       Virtual Visits     DED       Virtual Visits     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Freestanding Facility     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Outgettent Services - Hospital     DED       Dut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | No                                                              |
| Pediatric Dental & Vision     No       Medical Deductible Type     Emb       Out of Pocket     Emb       Deductible     \$6,000       Family     \$12,000       Out-of-Pocket Maximum     \$6,650       Family     \$13,300       Coinsurance     Covered 100%       Office Visits     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Sorvices     Erestanding Facility       Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Heospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Outpatient Services - Inspital     DED       Urgent Care     DED       Outpatient Services - Inspital     DED    <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                                 |
| Medical Deductible Type         Emb           Out of Pocket         Deductible           Individual         \$6,000           Family         \$12,000           Out-of-Pocket Maximum         \$6,650           Individual         \$6,650           Family         \$13,300           Coinsurance         Covered 100%           Office Visits         DED           Office Visits         DED           Office Visits         DED           Office Visits         DED           Virtual Visits         DED           Preventive Services         Covered 100%           Lab and Diagnostic Services         Covered 100%           Minor Lab Testing and X-ray — Physician Office         DED           Minor Lab Testing and X-ray — Physician Office         DED           Major Diagnostic and Imaging Services - Freestanding Major Diagnostic and Imaging Services - Hospital         DED           Major Diagnostic and Imaging Services - Hospital         DED           Outpatient Services - Freestanding Facility         DED           Individual <th></th> <th></th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                 |
| Gut of Pocket     S6,000       Deductible     \$6,000       Family     \$12,000       Out-of-Pocket Maximum     \$6,650       Individual     \$6,650       Family     \$13,300       Coinsurance     Covered 100%       Office Visits     Primary Care       Office Visits     DED       Office Visits     DED       Office Visits     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Services     Covered 100%       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Freestanding Tacility     DED       Major Diagnostic and Imaging Services - Freestanding DED     Other Care Options       Urgent Care     DED       Emergency Room     DED       Outpatient Services - Inospital     DED       Outpatient Services - Inospital     DED       Individual     See Medical       Family     See Medical       Family     See Medical       Individual     \$300       Tier 1     \$200       Tier 2     \$50       Tier 3     \$100       Tier 4     \$330       Mail Order (Times                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                                                                 |
| Deductible     \$\$6,000       Individual     \$\$6,000       Family     \$\$12,000       Out-of-Pocket Maximum     \$\$6,650       Family     \$\$13,300       Coinsurance     Covered 100%       Office Visits     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Services     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Freestanding Facility     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          | LIIID                                                           |
| Individual \$6,000 Family \$12,000 Out-of-Pocket Maximum Individual \$6,650 Family \$13,300 Coinsurance Covered 100% Office Visits — Primary Care Office Visits — DED Office Visits — Primary Care OED Minor Lab Testing and X-ray — Physician Office Minor Lab Testing and X-ray — Physician Office Minor Lab Testing and X-ray — Hospital DED Major Diagnostic and Imaging Services - Freestanding DED Major Diagnostic and Imaging Services - Freestanding DED Outpatient Services - Inospital DED Outpatient Services - Hospital DED Outpatient Services - Hospital DED Pharmacy Plan Retail Deductible Individual See Medical Family See Medical Fami |                                                          |                                                                 |
| Family       \$12,000         Out-of-Pocket Maximum       \$6,650         Individual       \$6,650         Family       \$13,300         Coinsurance       Covered 100%         Office Visits       DED         Virtual Visits       DED         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Freestanding Facility       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Hospital       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Inpatient Hospital       DED         Inpatient Hospital       DED         Inpatient Hospital       See Medical         Farmity       See Medical         Farmity       See Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | \$6,000                                                         |
| Out-of-Pocket Maximum     \$6,650       Individual     \$13,300       Coinsurance     Covered 100%       Office Visits     DED       Office Visits     DED       Office Visits     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Services     Covered 100%       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Physician Office     DED       Major Diagnostic and Imaging Services - Freestanding Facility     DED       Major Diagnostic and Imaging Services - Hospital     DED       Outpart Care     DED       Emergency Room     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     DED       Deductible     See Medical       Family     See Medical       Family     See Medical       Fier 3     \$100       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                                 |
| Individual       \$6,650         Family       \$13,300         Coinsurance       Covered 100%         Office Visits       DED         Virtual Visits       DED         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Lab and Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Outpatient Services - Freestanding Facility       D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | ψ12,000                                                         |
| Family       \$13,300         Coinsurance       Covered 100%         Office Visits       DED         Virtual Visits       DED         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Physician Office       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Other Care       DED         Outpatient Services - Freestanding Facility       DED         Parmacy Plan       830         Retail </th <th></th> <th>\$6.650</th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | \$6.650                                                         |
| Coinsurance       Covered 100%         Office Visits       DED         Office Visits       Second 100%         Office Visits       DED         Office Visits       DED         Office Visits       DED         Office Visits       DED         Virtual Visits       DED         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Minor Lab Testing and X-ray       Physician Office         Minor Lab Testing and X-ray       Hospital         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Other Care Options       DED         Urgent Care       DED         Emergency Room       DED         Outpatient Services - Freestanding Facility       DED         Dutpatient Services - Freestanding Facility       DED         Individual       Second       Second         Pammacy Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                 |
| Office Visits       DED         Virtual Visits       DED         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Minor Lab Testing and X-ray — Prysician Office       DED         Minor Lab Testing and X-ray — Freestanding Facility       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Other Care Options       DED         Urgent Care       DED         Emergency Room       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Inpatient Hospital       DED         Pharmacy Plan       830         Retail       DED         Deductible       See Medical         Individual       See Medical         Family       See Medical         Tier 1       \$20         1ier 2       \$350         Tier 3       \$100         Tier 4       \$350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                                 |
| Office Visits - Primary Care     DED       Office Visits - Specialist     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Services     Covered 100%       Minor Lab Testing and X-ray - Physician Office     DED       Minor Lab Testing and X-ray - Preestanding Facility     DED       Minor Lab Testing and X-ray - Hospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Other Care Options     Urgent Care       Urgent Care     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Inospital     DED       Dutpatient Services - Freestanding Facility     DED       Outpatient Services - Inospital     DED       Inpatient Hospital     DED       Deductible     See Medical       Family     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                 |
| Office Visits Specialist     DED       Virtual Visits     DED       Preventive Services     Covered 100%       Lab and Diagnostic Services     DED       Minor Lab Testing and X-ray Physician Office     DED       Minor Lab Testing and X-ray Hospital     DED       Minor Lab Testing and X-ray Hospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Other Care     DED       Urgent Care     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Outpatient Services - Hospital     DED       Outpatient Services - Hospital     DED       Pharmacy Plan     830       Retail     DED       Pductible     See Medical       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | DED                                                             |
| Virtual Visits       DED         Preventive Services       Covered 100%         Lab and Diagnostic Services       DED         Minor Lab Testing and X-ray — Physician Office       DED         Minor Lab Testing and X-ray — Hospital       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Hospital       DED         Other Care Options       Urgent Care         Urgent Care       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Pharmacy Plan       830         Retail       Deductible         Individual       See Medical         Family       See Medical         Fier 1       \$20         Tier 2       \$50         Tier 3       \$100         Tier 4       \$3350         Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                 |
| Preventive Services       Covered 100%         Lab and Diagnostic Services       DED         Minor Lab Testing and X-ray — Prestanding Facility       DED         Minor Lab Testing and X-ray — Freestanding Facility       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Other Care Options       DED         Urgent Care       DED         Emergency Room       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Outpatient Services - Hospital       DED         Pharmacy Plan       830         Retail       Deductible         Individual       See Medical         Family       See Medical         Fier 1       \$20         Tier 1       \$20         Tier 2       \$350         Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                 |
| Lab and Diagnostic Services       DED         Minor Lab Testing and X-ray — Preestanding Facility       DED         Minor Lab Testing and X-ray — Hospital       DED         Major Diagnostic and Imaging Services - Freestanding       DED         Major Diagnostic and Imaging Services - Hospital       DED         Other Care Options       OED         Curgent Care       DED         Cutpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Inpatient Hospital       DED         Pharmacy Plan       830         Retail       DeD         Deductible       Individual         Family       See Medical         Fier 1       \$20         Tier 2       \$50         Tier 3       \$100         Tier 4       \$350         Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                 |
| Minor Lab Testing and X-ray — Physician Office     DED       Minor Lab Testing and X-ray — Freestanding Facility     DED       Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Mojor Diagnostic and Imaging Services - Hospital     DED       Other Care Options     Urgent Care       Emergency Room     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Outpatient Services - Hospital     DED       Pharmacy Plan     830       Retail     DED       Deductible     See Medical       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                 |
| Minor Lab Testing and X-ray — Freestanding Facility     DED       Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Other Care Options     DED       Urgent Care     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     DED       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | DED                                                             |
| Minor Lab Testing and X-ray — Hospital     DED       Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Other Care Options     Urgent Care       Emergency Room     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     Ded       Deductible     See Medical       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                                 |
| Major Diagnostic and Imaging Services - Freestanding     DED       Major Diagnostic and Imaging Services - Hospital     DED       Other Care Options     DED       Urgent Care     DED       Emergency Room     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     Deductible       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |                                                                 |
| Major Diagnostic and Imaging Services - Hospital       DED         Other Care Options       DED         Urgent Care       DED         Emergency Room       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Inpatient Hospital       DED         Pharmacy Plan       830         Retail       Deductible         Individual       See Medical         Family       See Medical         Tier 1       \$20         Tier 3       \$100         Tier 4       \$350         Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                                                 |
| Other Care Options     DED       Urgent Care     DED       Emergency Room     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     Deductible       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                                 |
| Urgent Care       DED         Emergency Room       DED         Outpatient Services - Freestanding Facility       DED         Outpatient Services - Hospital       DED         Inpatient Hospital       DED         Pharmacy Plan       830         Retail       Deductible         Individual       See Medical         Family       See Medical         Tier 1       \$20         Tier 3       \$100         Tier 4       \$350         Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                                                 |
| Emergency Room     DED       Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     Deductible       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | DED                                                             |
| Outpatient Services - Freestanding Facility     DED       Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     Deductible       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                                                 |
| Outpatient Services - Hospital     DED       Inpatient Hospital     DED       Pharmacy Plan     830       Retail     0       Deductible     See Medical       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                                                                 |
| Inpatient Hospital     DED       Pharmacy Plan     830       Retail     830       Deductible     9       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                 |
| Pharmacy Plan     830       Retail     0       Deductible     0       Individual     See Medical       Family     See Medical       Tier 1     \$20       Tier 2     \$50       Tier 3     \$100       Tier 4     \$350       Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details     2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                 |
| RetailSee MedicalDeductibleSee MedicalIndividualSee MedicalFamilySee MedicalTier 1\$20Tier 2\$50Tier 3\$100Tier 4\$350Mail Order (Times Retail) Only certain prescription drug<br>products are available through mail order. See your plan<br>documents for details2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | 830                                                             |
| IndividualSee MedicalFamilySee MedicalTier 1\$20Tier 2\$50Tier 3\$100Tier 4\$350Mail Order (Times Retail) Only certain prescription drug<br>products are available through mail order. See your plan<br>documents for details2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                 |
| FamilySee MedicalTier 1\$20Tier 2\$50Tier 3\$100Tier 4\$350Mail Order (Times Retail) Only certain prescription drug<br>products are available through mail order. See your plan<br>documents for details2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deductible                                               |                                                                 |
| Tier 1\$20Tier 2\$50Tier 3\$100Tier 4\$350Mail Order (Times Retail) Only certain prescription drug<br>products are available through mail order. See your plan<br>documents for details2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual                                               | See Medical                                                     |
| Tier 2\$50Tier 3\$100Tier 4\$350Mail Order (Times Retail) Only certain prescription drug<br>products are available through mail order. See your plan<br>documents for details2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Family                                                   | See Medical                                                     |
| Tier 2\$50Tier 3\$100Tier 4\$350Mail Order (Times Retail) Only certain prescription drug<br>products are available through mail order. See your plan<br>documents for details2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                 |
| Tier 4       \$350         Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | \$50                                                            |
| Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details       2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Tier 3                                                   | \$100                                                           |
| products are available through mail order. See your plan<br>documents for details 2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | \$350                                                           |
| documents for details 2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | products are available through mail order. See your plan |                                                                 |
| Plan Notes       *2019 HSA Contribution Limits: Single: \$3,500, Family: \$7,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | documents for details                                    | 2.5                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plan Notes                                               | *2019 HSA Contribution Limits: Single: \$3,500, Family: \$7,000 |

L This information is a brief, general description of your coverage; it is not a contract and does not replace your Certificate of Coverage/ Summary Plan Description. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts conflict with official benefit coverage documents, the official benefits coverage documents prevail.

\*Emb = Embedded Deductible= All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

\*NonEmb = Non-Embedded Deductible = No one in the family is eligible for benefits until the family deductible is met.