

Carrier Plan Name Benefit Summary	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
	PPO 500 90/70 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost		PPO MVP	
	Eligible Employees		Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information								
Annual Deductible/Individual	\$500	\$1,000	\$750	\$1,500	\$1,250	\$1,250	\$5,900	\$11,800
Annual Deductible/Family	\$1,500	\$3,000	\$2,250	\$4,500	\$3,750	\$3,750	\$11,800	\$23,600
Coinsurance	90%	70%	80%	60%	70%	50%	100% after the deductible has been satisfied	50%
Office Visit/Exam	\$30/Visit; deductible waived	70%	\$40/Visit; deductible waived	60%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	\$30/Visit; deductible waived	70%	\$40/Visit; deductible waived	60%	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$6,100 Rx not included	\$12,700 Rx not included
Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included	\$12,200 Rx not included	\$25,400 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services								
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	80%	60% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	90%	70%	80%	60%	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Emergency Services								
Emergency Room	90%	90%	80%	80%	70%	70%	100%	100%

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	Eligible Employees		Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health Benefits								
Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	\$40 copay; deductible waived (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	50%	\$35 copay/visit with deductible waived for the first 3 visits (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	50%
Substance Abuse								
Inpatient Care								
Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	70% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)	50% (subject to utilization review; waived for emergency admissions)
Outpatient Care								
Outpatient Services	90%	70%	90%	70%	\$40 copay; deductible waived	50%	\$35 copay/visit with deductible waived for the first 3 visits	50%

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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drug Benefits								
Generic	\$10 copay/Tier 1 Pharmacy \$10 copay +\$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$19 copay/Tier 1 Pharmacy; \$19 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
Brand (Formulary/Preferred)	\$30 copay/Tier 1 Pharmacy \$30 copay +\$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
Brand (Non-Formulary/Non-preferred)	\$10 copay/Tier 1 Pharmacy \$10 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available	\$15 copay/Tier 1 Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available	\$75 copay/Tier 1 Pharmacy; \$75 copay + \$15/Tier 2 Pharmacy provided by ESI	50% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order								
Generic	\$20 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered	\$38 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	\$20 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$150 copay provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	Not covered	90 days	N/A	90 days	N/A	90 days	N/A
Other Services and Supplies								
Chiropractic Services	90% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	70% chiro/phys/occ therapy combined; in/out of network combined	80% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	60% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	70% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	50% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	Not covered	Not covered

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