

|                                  | Empire Blue Cross<br>Platinum EPO 15/0%/3000 |             | Empire Blue Cross<br>Gold EPO 1000/10%/5000 |             | Empire Blue Cross<br>Gold EPO 500/20%/7150 |             | Empire Blue Cross<br>Gold EPO 1500/0%/7000 |             |
|----------------------------------|--|-------------|---|-------------|--|-------------|--|-------------|
|                                  | In-Network                                   | Out-Network | In-Network                                  | Out-Network | In-Network                                 | Out-Network | In-Network                                 | Out-Network |
| <b>Prescription Drugs</b>        |  |             |   |             |  |             |  |             |
| Drug Card                        | 10/35/75                                     |             | 10/35/75                                    |             | 10/35/75                                   |             | 10/35/75                                   |             |
| <b>Cost Share Information</b>    |  |             |   |             |  |             |  |             |
| Individual/Family Deductible     | N/A  |             | \$1,000/\$3,000 embedded                    |             | \$500/\$1,500 embedded                     |             | \$1,500/\$3,000 embedded                   |             |
| Individual/Family OOP Limit      | \$3,000/\$6,000                              |             | \$5,000/\$10,000 (incl ded)                 |             | \$7,150/\$14,300 (incl ded)                |             | \$7,000/\$14,000 (incl ded)                |             |
| Co-Insurance                     | 0%   |             | 10%   |             | 20%  |             | 0%   |             |
| <b>Office Visits</b>             |  |             |   |             |  |             |  |             |
| Primary Care                     | \$15   |             | \$30 ded waived                             |             | \$25 ded waived                            |             | \$30 ded waived                            |             |
| Specialist                       | \$30   |             | \$50 ded waived                             |             | \$50 ded waived                            |             | \$60 after ded                             |             |
| <b>Inpatient Services</b>        |  |             |   |             |  |             |  |             |
| Inpatient Hospital               | \$300/day up to 3 days                       |             | 10% after ded                               |             | 20% after ded                              |             | \$500/admit after ded                      |             |
| Mental Health Inpatient          | \$300/day up to 3 days                       |             | 10% after ded                               |             | 20% after ded                              |             | \$500/admit after ded                      |             |
| <b>Outpatient Services</b>       |  |             |   |             |  |             |  |             |
| Outpatient Facility<br>Lab/X-Ray | \$200<br>Office-\$30 + 10%; OP-\$200         |             | 10% after ded<br>10% after ded              |             | 20% after ded<br>20% after ded             |             | 0% after ded<br>0% after ded               |             |
| Mental Health Outpatient         | \$30   |             | \$50 ded waived                             |             | \$50 ded waived                            |             | \$30 after ded                             |             |
| <b>Emergency Care</b>            |  |             |   |             |  |             |  |             |
| Emergency Room                   | \$200  |             | \$300 ded waived                            |             | \$300 ded waived                           |             | \$300 after ded                            |             |
| Single                           | 1 x \$852.89                                 |             | 1 x \$736.20                                |             | 1 x \$723.48                               |             | 1 x \$714.55                               |             |
| EE with Spouse                   | 0 x \$1,705.78                               |             | 0 x \$1,472.40                              |             | 0 x \$1,446.96                             |             | 0 x \$1,429.10                             |             |
| EE with Child(ren)               | 0 x \$1,449.91                               |             | 0 x \$1,251.54                              |             | 0 x \$1,229.92                             |             | 0 x \$1,214.74                             |             |
| Family                           | 1 x \$2,430.74                               |             | 1 x \$2,098.17                              |             | 1 x \$2,061.92                             |             | 1 x \$2,036.47                             |             |
| Monthly Cost                     | 2 \$3,283.63                                 |             | 2 \$2,834.37                                |             | 2 \$2,785.40                               |             | 2 \$2,751.02                               |             |
| Annual Cost                      | \$39,403.56                                  |             | \$34,012.44                                 |             | \$33,424.80                                |             | \$33,012.24                                |             |

|                                  | Empire Blue Cross<br>Gold EPO 2500/0%/5000 w/HRA                 |             | Empire Blue Cross<br>Silver EPO 1500/30%/6500          |             | Empire Blue Cross<br>Silver EPO 4000/0%/7000 |             |
|----------------------------------|--|-------------|--|-------------|--|-------------|
|                                  | In-Network   | Out-Network | In-Network   | Out-Network | In-Network                                   | Out-Network |
| <b>Prescription Drugs</b>        |  |             |  |             |  |             |
| Drug Card                        | 15/50/90 IntDed  |             | 15/40/80/250 ded T2-3                                  |             | 15/50/90 IntDed T3                           |             |
| <b>Cost Share Information</b>    |  |             |  |             |  |             |
| Individual/Family Deductible     | \$2,500/\$5,000 embedded   |             | \$1,500/\$3,000 embedded                               |             | \$4,000/\$8,000 embedded                     |             |
| Individual/Family OOP Limit      | \$5,000/\$10,000 (incl ded)                                      |             | \$6,500/\$13,000 (incl ded)                            |             | \$7,000/\$14,000 (incl ded)                  |             |
| Co-Insurance                     | 0%   |             | 30%  |             | 0%   |             |
| <b>Office Visits</b>             |  |             |  |             |  |             |
| Primary Care                     | \$25 after ded   |             | \$35 ded waived visits 1-3;<br>30% after ded visits 4+ |             | \$30 ded waived                              |             |
| Specialist                       | \$50 after ded   |             | \$35 ded waived visits 1-3;<br>30% after ded visits 4+ |             | \$50 after ded                               |             |
| <b>Inpatient Services</b>        |  |             |  |             |  |             |
| Inpatient Hospital               | \$300/admit after ded  |             | 30% after ded  |             | \$500/admit after ded                        |             |
| Mental Health Inpatient          | \$300/admit after ded  |             | 30% after ded  |             | \$500/admit after ded                        |             |
| <b>Outpatient Services</b>       |  |             |  |             |  |             |
| Outpatient Facility<br>Lab/X-Ray | \$200 after ded<br>Office-\$25 after ded; OP-<br>\$200 after ded |             | 30% after ded<br>30% after ded                         |             | 0% after ded<br>0% after ded                 |             |
| Mental Health Outpatient         | \$50 after ded   |             | \$35 ded waived visits 1-3;<br>30% after ded visits 4+ |             | \$30 after ded                               |             |
| <b>Emergency Care</b>            |  |             |  |             |  |             |
| Emergency Room                   | \$250 after ded  |             | \$300 after ded  |             | \$300 after ded                              |             |
| Single                           | 1 x \$645.49   |             | 1 x \$634.55   |             | 1 x \$599.20                                 |             |
| EE with Spouse                   | 0 x \$1,290.98   |             | 0 x \$1,269.10   |             | 0 x \$1,198.40                               |             |
| EE with Child(ren)               | 0 x \$1,097.33   |             | 0 x \$1,078.74   |             | 0 x \$1,018.64                               |             |
| Family                           | 1 x \$1,839.65   |             | 1 x \$1,808.47   |             | 1 x \$1,707.72                               |             |
| Monthly Cost                     | 2 \$2,485.14   |             | 2 \$2,443.02   |             | 2 \$2,306.92                                 |             |
| Annual Cost                      | \$29,821.68  |             | \$29,316.24  |             | \$27,683.04                                  |             |