

Version Updated: 09/11/2022

Rating Region: Syracuse

|                                   | SimplyBlue Plus Silver 6   |   | SimplyBlue Plus Silver 6   |   |
|-----------------------------------|--|---|--|---|
| Plan Overview                     |  |   |  |   |
| Plan ID                           | 78124NY0990105-00  |   | 78124NY0990105-00 (TTTH)   |   |
| Plan Name                         | SimplyBlue Plus Silver 6   |   | SimplyBlue Plus Silver 6   |   |
| Aggregation Design                | Individual Aggregation   |   | Individual Aggregation   |   |
| Plan Highlights                   | A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes Active&Fit ExerciseRewards.            | fits, prescription drugs are not subject to the Plan includes Active&Fit ExerciseRewards. | A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes Active&Fit ExerciseRewards.  | le is applied to all covered medical benefits, prescription drugs are not subject to the . Preventive services are covered in full. Plan includes Active&Fit ExerciseRewards. |
| Plan Type                         | Hybrid   |   | Hybrid   |   |
| HSA Eligible                      | No   |   | No   |   |
| Quote Effective                   | 01/01/2022 - 03/31/2022  |   | 01/01/2023 - 03/31/2023  |   |
| Rate (\$)                         | Small Group  |   | Small Group  |   |
| Single                            | \$650.57   |   | \$686.26   |   |
| Subscriber & Spouse               | \$1,301.15   |   | \$1,372.52   |   |
| Subscriber & Child(ren)           | \$1,105.98   |   | \$1,166.64   |   |
| Family                            | \$1,854.14   |   | \$1,955.84   |   |
| Plan features                     |  |   |  |   |
| Primary Care Physician (PCP)      | Not Required   |   | Not Required   |   |
| Referrals                         | Not Required   |   | Not Required   |   |
| Out of network benefits           | Covered at 50%, subject to the deductible  |   | Covered at 50%, subject to the deductible  |   |
| Out of area benefits              | Coverage provided worldwide through our BlueCard Network   | d Network   | Coverage provided worldwide through our BlueCard® Network  | ard® Network  |
| Student/Dependent coverage        | Qualified dependents are covered to age 26   |   | Qualified dependents are covered to age 26   |   |
| Domestic partner                  | Covered  |   | Covered  |   |
| Wellness Incentives               | Active&Fit ExerciseRewards receive up to \$600 in rewards a year by visiting a qualified fitness facility or by tracking your steps using a wearable device. Save on Gym memberships with Active&Fit Direct. | rewards a year by visiting a qualified fitness levice. Save on Gym memberships with       | Active&Fit ExerciseRewards: New in 2023 - Fitness center visits are worth 2 points! Earn up to \$600 in rewards a year by visiting a qualified fitness facility or by tracking your steps using a wearable device. Save on Gym memberships with Active&Fit Enterprise. | sss center visits are worth 2 points! Earn up to sss facility or by tracking your steps using a th Active&Fit Enterprise.   |
| Calm Stress Management<br>Program | Not Applicable   |   | New in 2023, a premium subscription to the Calm App is now an emmembers experience better sleep, lower stress, and reduce anxiety.   | 23, a premium subscription to the Calm App is now an embedded benefit to help experience better sleep, lower stress, and reduce anxiety.                                      |
| Plan cost-sharing highlights      | its  |   |  |   |
| Plan cost-sharing highlights      | In-Network OI  | Out-of-Network  | In-Network   | Out-of-Network  |
| Primary Care Office Visit         | \$40 copay per visit, subject to deductible Co   | Covered at 50%, subject to the deductible   | \$40 copay per visit, subject to deductible  | Covered at 50%, subject to the deductible   |

| Newborn nursery care                         | Hospital care for mom (including delivery)              | Prenatal care   | Maternity Services | Radiation therapy                               | Chemotherapy                                    | Allergy injections   | Allergy tests  | Diagnostic laboratory and pathology             | Advanced Imaging<br>Services                     | Diagnostic x-rays                               | Telemedicine with MDLive                  | Diagnostic Visits -<br>In-Person or Virtual                            | Physician Office<br>Services | +Family Planning Services                 | +Colonoscopy                              | +Prostate cancer screening                | Routine GYN Exam                          | +Pap smear                                | +Mammography                              | +Adult immunizations                      | Adult routine physical exams              | Well child visits                         | Preventive Healthcare<br>Services | Plan Benefits | Lifetime maximum | Out of pocket maximum                 | Deductible   | Coinsurance    | Specialist Office Visit                     |                          |
|--|---|---|--------------------|---|---|--|--|---|--|---|---|--|------------------------------|---|---|---|---|---|---|---|---|---|-----------------------------------|---------------|------------------|---------------------------------------|--|----------------|---|--------------------------|
| Covered In Full, subject to deductible       | Covered at 75%, subject to the deductible               | Covered in full (Cost share may apply to ultrasounds, lab work and sick visits) | In-Network         | \$60 copay per visit, subject to the deductible | \$40 PCP copay per visit, subject to deductible | \$40 PCP copay; \$60 Specialist copay per visit, subject to deductible | \$40 PCP copay; \$60 Specialist copay per visit, subject to deductible | \$40 copay per visit, subject to the deductible | \$100 copay per visit, subject to the deductible | \$60 copay per visit, subject to the deductible | Covered In Full, subject to deductible    | \$40 PCP copay; \$60 Specialist copay per visit, subject to deductible | In-Network                   | Covered In Full                           | Preventive screenings covered in full     | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | In-Network                        |               | None             | \$8,000 Individual / \$16,000 Family  | In-Network: \$2,500 Individual / \$5,000 Family      | Covered at 75% | \$60 copay per visit, subject to deductible | SimplyBlue Plus Silver 6 |
| Covered at 50% per admission, subject to the | Covered at 50% per admission, subject to the deductible | Covered at 50%, subject to the deductible                                       | Out-of-Network     | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible                              | Covered at 50%, subject to the deductible                              | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible        | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible | Covered at 50%, subject to the deductible                              | Out-of-Network               | Covered at 50%, subject to the deductible | Out-of-Network                    |               | None             | \$10,000 Individual / \$20,000 Family | Out-of-Network: \$5,000 Individual / \$10,000 Family | Covered at 50% | Covered at 50%, subject to the deductible   |                          |
| Covered In Full, subject to deductible       | Covered at 75%, subject to the deductible               | Covered in full (Cost share may apply to ultrasounds, lab work and sick visits) | In-Network         | \$60 copay per visit, subject to the deductible | \$40 PCP copay per visit, subject to deductible | \$40 PCP copay; \$60 Specialist copay per visit, subject to deductible | \$40 PCP copay; \$60 Specialist copay per visit, subject to deductible | \$40 copay per visit, subject to the deductible | \$100 copay per visit, subject to the deductible | \$60 copay per visit, subject to the deductible | Covered In Full, subject to deductible    | \$40 PCP copay; \$60 Specialist copay per visit, subject to deductible | In-Network                   | Covered In Full                           | Preventive screenings covered in full     | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | Covered In Full                           | In-Network                        |               | None             | \$8,500 Individual / \$17,000 Family  | In-Network: \$3,000 Individual / \$6,000 Family      | Covered at 75% | \$60 copay per visit, subject to deductible | SimplyBlue Plus Silver 6 |
| Covered at 50% per admission, subject to the | Covered at 50% per admission, subject to the deductible | Covered at 50%, subject to the deductible                                       | Out-of-Network     | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible                              | Covered at 50%, subject to the deductible                              | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible        | Covered at 50%, subject to the deductible       | Covered at 50%, subject to the deductible | Covered at 50%, subject to the deductible                              | Out-of-Network               | Covered at 50%, subject to the deductible | Out-of-Network                    |               | None             | \$10,000 Individual / \$20,000 Family | Out-of-Network: \$5,000 Individual / \$10,000 Family | Covered at 50% | Covered at 50%, subject to the deductible   |                          |

| Perception Drug Scales Service  |                                       | Circuladino Dino Citros 6  |   |  |   |
|---|---------------------------------------|--|---|--|---|
| corption Drug fortion Drug fort  |                                       |  | deductible  |  | deductible  |
| Figure price thing and \$40 copay, subject to deducible per 30 day. Covered at 57%, subject to deducible per 30 day bear atmission for unlimited during, insulin, and \$40 copay, subject to the deducible covered at 57%, subject to the deducible during the subject to the deducible duri                                      | Prescription Drug                     | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| iden Hospital property, subject to deductible per 30 day covered at 50%, subject to the deductible per 30 day subject to the deductible per 30 day subject to the deductible days, subject to the deductible days, subject to the deductible covered at 50%, subject to the deductible days, subject to the deductible days, subject to the deductible days, subject to the deductible covered at 50%, subject to the deductible days, subject to the deductible deductib  | Prescription Drug<br>Coverage         | \$5/\$45/\$90  | Not Covered   |  | Not Covered   |
| In-Network    Covered at 75%, per admission for unlimited data. Adject to the deductible data. Adject to the deductible data. Subject to the deductible deductib  | Diabetic drugs, insulin, and supplies | \$40 copay, subject to deductible per 30 day supply  | Covered at 50%, subject to the deductible   |  | Covered at 50%, subject to the deductible   |
| Dial benefits Covered at 75%, par admission for unlimited covered at 50%, paradmission for unlimited days, subject to the deductible covered at 50%, subject to the deductible days, subject to the deductible days per contract year, subject to the deductible days per visit, subject to the deductible days, subject to the deductible d  | Inpatient Hospital<br>Benefits        | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| Inherthysical intended at 75%, subject to the deductible covered at 50%, subject to the deductible and at 90%, subject to the deductible and per contract year, subject to the deductible and per visit, subject to the deductible and per visit, subject to deductible and the deductible   | Hospital benefits                     | Covered at 75% per admission for unlimited days, subject to the deductible                       | Covered at 50%, per admission for unlimited days, subject to the deductible                 | n for unlimited  | Covered at 50%, per admission for unlimited days, subject to the deductible                 |
| Covered at 75%, subject to the deductible ey  Covered at 75%, subject to the deductible  Experiment care  SSSO copay per visit, subject to the deductible  Covered at 55%, subject to the deductible  SSSO copay per visit, subject to deductible  Covered at 55%, subject to the deductibl  | Physician visits in the hospital      | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   |
| In-Network  Triangly General and T5%, subject to the deductible of Covered at 75%, subject to the deductible of Covered at 55%, subject to the deductible of  | Inpatient physical rehabilitation     | Covered at 75% per 60 day stay per admission per contract year, subject to the deductible        | Covered at 50% per admission for up to 60 days per contract year, subject to the deductible |  | Covered at 50% per admission for up to 60 days per contract year, subject to the deductible |
| attent Hospital (Covered at 75%, subject to the deductible graphy correct graphy) correct graphy per visit, subject to the deductible (Covered at 75%, subject to the deductible graphy) per visit, subject to deductible (Covered at 50%, subject to deductible graphy) per visit, subject to deductible (Covered at 50%, subject to deductible graphy) per visit, subject to deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to the deductible graphy) per visit, subject to the deductible (Covered at 50%, subject to the deductible graphy) per visit, subject to  | Surgery                               | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   |
| rgency corn care gasto copay per visit, subject to deductible gastory room care gastering urgent care gasterin  | Anesthesia                            | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   |
| gency room care \$350 copay per visit, subject to deductible chainers attending urgent care \$500 copay per visit, subject to deductible chainers attent Hospital standing urgent care \$350 copay per visit, subject to deductible chainers attent Hospital stance Use \$350 copay per visit, subject to the deductible covered at 50%,                                    | <b>Emergency Care</b>                 | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| standing urgent care so copay per visit, subject to deductible covered at 50%, subject to the deductible station Therapy stocopay per visit, subject to the deductible covered at 50%, subject to the   | Emergency room care                   | \$350 copay per visit, subject to deductible   | \$350 copay per visit, subject to deductible  | \$450 copay per visit, subject to deductible   | \$450 copay per visit, subject to deductible  |
| ulance satient Hospital in-Network in Network in State of the deductible in Network in State of the deductible in State of State   | Freestanding urgent care center       | \$60 copay per visit, subject to deductible  | Covered at 50%, subject to the deductible   |  | Covered at 50%, subject to the deductible   |
| ### In-Network   Covered at 50%, subject to the deductible copay per visit, subject to the deductible covered at 50%, subject to the deductible covered  | Ambulance                             | \$350 copay per visit, subject to deductible   | \$350 copay per visit, subject to deductible  | \$450 copay per visit, subject to deductible   | \$450 copay per visit, subject to deductible  |
| nostic x-rays  \$60 copay per visit, subject to the deductible anced Imaging anced Imaging anced Imaging anced Imaging anced Imaging \$100 copay per visit, subject to the deductible anced Imaging anced Imaging \$100 copay per visit, subject to the deductible anced Imaging \$100 copay per visit, subject to the deductible anced Imaging \$100 copay per visit, subject to the deductible anced Imaging \$100 copay per visit, subject to the deductible anced Imaging \$100 copay per visit, subject to the deductible attent Facility Fee Covered at 75%, subject to the deductible attent mental health attent men                                 | Outpatient Hospital<br>Benefits       | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| anced Imaging \$100 copay per visit, subject to the deductible covered at 50%, subject to the deductible stance Use  Covered at 75%, subject to the deductible covered at 50%, subject to the deductible stance Use  In-Network  Covered at 75% per admission for unlimited days, subject to the deductible covered at 50%, subject to the deductible days, subject to the deductible days, subject to the deductible days, subject to the deductible covered at 50%, subject to the deductible days, subject to the deductible                                       | Diagnostic x-rays                     | \$60 copay per visit, subject to the deductible  | Covered at 50%, subject to the deductible   | per visit, subject to the deductible   | Covered at 50%, subject to the deductible   |
| nostic laboratory and \$40 copay per visit, subject to the deductible clogy    Covered at 75%, subject to the deductible close to the deductible ation Therapy   \$40 copay per visit, subject to the deductible ation Therapy   \$60 copay per visit, subject to the deductible   \$60 copay | Advanced Imaging<br>Services          | \$100 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   |  | Covered at 50%, subject to the deductible   |
| ical Care Facility Fee Covered at 75%, subject to the deductible motherapy \$40 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible Covered at 50%, subject to the deductible \$40 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible Covered at 50%, subject to the deductible \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible Covered at 50%, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible at 75% per admission for unlimited at \$40 copay per visit, subject to the deductible ation the substance use at 75% per admission for unlimited at \$40 copay per visit, subject to the deductible at \$40 copay per visit      | Diagnostic laboratory and pathology   | \$40 copay per visit, subject to the deductible  | Covered at 50%, subject to the deductible   |  | Covered at 50%, subject to the deductible   |
| motherapy \$40 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy \$60 copay per visit, subject to the deductible ation Therapy per visit, subject                     | Surgical Care Facility Fee            | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   | Covered at 75%, subject to the deductible  | Covered at 50%, subject to the deductible   |
| tal Health and stance Use       In-Network       Covered at 50%, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 75% per admission for unlimited days, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 50%, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 50%, per admission for unlimited days, subject to the deductible       Covered at 75% per admission for unlimited days, subject to the deductible       Covered at 75%, per admission for unlimited days, subject to the deductible       Covered at 75%, per admission for unlimited days, subject to the deductible       Covered at 75%, per admission for unlimited days, subject to the deductible       Covered at 75%, per admission for unlimited days, subject to the deductible       Covered at 75%, per admission for unlimited days, subject to the deductible       Covered at 75%, per admission for unlimited       Covered at 75%, per admission for unlimited <th< td=""><td>Chemotherapy</td><td>\$40 copay per visit, subject to the deductible</td><td>Covered at 50%, subject to the deductible</td><td>per visit, subject to the deductible</td><td>Covered at 50%, subject to the deductible</td></th<>  | Chemotherapy                          | \$40 copay per visit, subject to the deductible  | Covered at 50%, subject to the deductible   | per visit, subject to the deductible   | Covered at 50%, subject to the deductible   |
| tal Health and stance Use  Covered at 75% per admission for unlimited days, subject to the deductible  Covered at 75% per admission for unlimited days, subject to the deductible  Covered at 50%, per admission for unlimited days, subject to the deductible  Covered at 50%, per admission for unlimited days, subject to the deductible  Covered at 75% per admission for unlimited days, subject to the deductible  Covered at 50%, per admission for unlimited days, subject to the deductible  Covered at 50%, per admission for unlimited days, subject to the deductible  Covered at 50%, subje  | Radiation Therapy                     | \$60 copay per visit, subject to the deductible  | Covered at 50%, subject to the deductible   | \$60 copay per visit, subject to the deductible  | Covered at 50%, subject to the deductible   |
| Covered at 75% per admission for unlimited days, subject to the deductible attent mental health satient mental health satient substance use attent substance use attent substance use aftent substance  | Mental Health and<br>Substance Use    | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |
| atient mental health static covered in full. Next visits covered at 50%, subject to the deductible steint substance use tient substance use atient substance use atient substance use static substance use atient substance use atient substance use atient substance use atient substance use static substance use atient substance use atient substance use static substance use atient substance use static substance  | Inpatient mental health care          | Covered at 75% per admission for unlimited days, subject to the deductible                       | Covered at 50%, per admission for unlimited days, subject to the deductible                 | Covered at 75% per admission for unlimited days, subject to the deductible                       | Covered at 50%, per admission for unlimited days, subject to the deductible                 |
| Covered at 75% per admission for unlimited days, subject to the deductible  3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible  In-Network  Covered at 50%, per admission for unlimited days, subject to the deductible  3 visits covered in full. Next visits covered at \$50%, subject to the deductible  3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible  In-Network  Covered at 50%, per admission for unlimited days, subject to the deductible  3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible  In-Network  In-Network   | Outpatient mental health care         | 3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible | Covered at 50%, subject to the deductible   | 3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible | Covered at 50%, subject to the deductible   |
| 3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible In-Network Covered at 50%, subject to the deductible 3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible In-Network In-Network  | Inpatient substance use               | Covered at 75% per admission for unlimited days, subject to the deductible                       | Covered at 50%, per admission for unlimited days, subject to the deductible                 | Covered at 75% per admission for unlimited days, subject to the deductible                       | Covered at 50%, per admission for unlimited days, subject to the deductible                 |
| In-Network Out-of-Network In-Network  | Outpatient substance use              | 3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible | Covered at 50%, subject to the deductible   | 3 visits covered in full. Next visits covered at \$40 copay per visit, subject to the deductible | Covered at 50%, subject to the deductible   |
|   | Other Services                        | In-Network   | Out-of-Network  | In-Network   | Out-of-Network  |

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|--|---|---|---|---|
| Skilled nursing facility                       | Covered at 75% per admission for 200 days per year, subject to the deductible   | Covered at 50% per admission for up to 200 days per year, subject to the deductible   | Covered at 75% per admission for 200 days per year, subject to the deductible   | Covered at 50% per admission for up to 200 days per year, subject to the deductible   |
| Home care                                      | \$40 copay per visit for 40 visits per year, subject to the deductible  | Covered at 50% for up to 40 visits per year, subject to the deductible  | \$40 copay per visit for 40 visits per year, subject to the deductible  | Covered at 50% for up to 40 visits per year, subject to the deductible  |
| Hospice  | Covered at 75% for up to 210 visits per year, subject to the deductible   | Covered at 50% for up to 210 visits per year, subject to the deductible   | Covered at 75% for up to 210 visits per year, subject to the deductible   | Covered at 50% for up to 210 visits per year, subject to the deductible   |
| Outpatient therapy                             | \$60 per visit, subject to deductible for physical, speech and occupational therapy for up to 60 visits per contract year                 | Covered at 50%, subject to the deductible for physical, speech and occupational therapy for up to 60 visits per contract year             | \$40 per visit, subject to deductible for physical, speech and occupational therapy for up to 60 visits per contract year                 | Covered at 50%, subject to the deductible for physical, speech and occupational therapy for up to 60 visits per contract year             |
| Durable medical equipment                      | Covered at 50%, subject to the deductible   |
| External prosthetics                           | Covered at 50%, subject to the deductible   |
| Chiropractic                                   | \$40 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   | \$40 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   |
| Acupuncture                                    | \$60 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   | \$60 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   |
| Hearing Aids                                   | Covered at 50%, subject to the deductible for a single purchase once every 3 years  | Covered at 50%, subject to the deductible for a single purchase once every 3 years  | Covered at 50%, subject to the deductible for a single purchase once every 3 years  | Covered at 50%, subject to the deductible for a single purchase once every 3 years  |
| Vision Benefits                                | In-Network  | Out-of-Network  | In-Network  | Out-of-Network  |
| Adult Routine Vision Exam                      | One routine exam covered in full per year, subject to the deductible  | Covered at 50% for one routine exam every year, subject to the deductible   | One routine exam covered in full per year, subject to the deductible  | Covered at 50% for one routine exam every year, subject to the deductible   |
| Adult Diagnostic Vision                        | \$60 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   | \$60 copay per visit, subject to the deductible   | Covered at 50%, subject to the deductible   |
| Adult Eyewear                                  | Eyewear Reimbursement of \$100 per year   |
| Pediatric Routine Vision Exam                  | \$60 copay per visit for one routine exam every year, subject to deductible   | Covered at 50% for one routine exam every year, subject to the deductible   | One routine exam covered in full per year, subject to the deductible  | Covered at 50% for one routine exam every year, subject to the deductible   |
| Pediatric Eyewear                              | Covered at 50%, subject to the deductible for one purchase per plan year  | Covered at 50%, subject to the deductible for one purchase per plan year  | Covered at 50%, subject to the deductible for one purchase per plan year  | Covered at 50%, subject to the deductible for one purchase per plan year  |
| Dental Benefits                                | In-Network  | Out-of-Network  | In-Network  | Out-of-Network  |
| Adult Dental Care                              | Not Covered   | Not Covered   | Not Covered   | Not Covered   |
| Pediatric Dental:<br>Preventative & Routine    | Preventive covered at 100%. Routine covered at 80%, subject to the deductible   | Preventive covered at 100%, subject to balance billing. Routine covered at 80%, subject to the deductible and balance billing             | Preventive covered at 100%. Routine covered at 80%, subject to the deductible   | Preventive covered at 100%, subject to balance billing. Routine covered at 80%, subject to the deductible and balance billing             |
| Pediatric Major Dental<br>Care & Medical Ortho | Covered at 50%, subject to the deductible   | Covered at 50%, subject to the deductible and balance billing   | Covered at 50%, subject to the deductible   | Covered at 50%, subject to the deductible and balance billing   |
| Accidental Dental -<br>Outpatient Surgical     | Covered at 75% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to the deductible | Covered at 50% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to the deductible | Covered at 75% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to the deductible | Covered at 50% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to the deductible |
|  |   |   |   |   |

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefit. +Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.