

Plan Benefits

| | Essential Plan 1 | Essential Plan 2 | Essential Plan 3 | Essential Plan 4 |
|--|---------------------|-------------------|-------------------|-------------------|
| Premium (per month) | \$20 | \$0 | \$0 | \$0 |
| Deductible (per year) | \$0 | \$0 | \$0 | \$0 |
| Maximum Out-of-Pocket Limit | \$2,000 | \$200 | \$200 | \$200 |
| Cost Sharing | | | | |
| Preventive Care | \$0 | \$0 | \$0 | \$0 |
| Primary Care Physician | \$15 | \$0 | \$0 | \$0 |
| Specialist | \$25 | \$0 | \$0 | \$0 |
| Inpatient Facility (including behavioral health) | \$150 per admission | \$0 per admission | \$0 per admission | \$0 per admission |
| Outpatient behavioral health | \$15 | \$0 | \$0 | \$0 |
| Outpatient Facility | \$50 | \$0 | \$0 | \$0 |
| Emergency Room | \$75 | \$0 | \$0 | \$0 |
| Ambulance | \$75 | \$0 | \$0 | \$0 |
| Urgent Care | \$25 | \$0 | \$0 | \$0 |
| Surgeon | \$50 | \$0 | \$0 | \$0 |
| Physical Therapy, Occupational Therapy, Speech Therapy | \$15 | \$0 | \$0 | \$0 |
| Durable Medical Equipment and Supplies | 5% Coinsurance | \$0 | \$0 | \$0 |
| Hearing Aids | 5% Coinsurance | \$0 | \$0 | \$0 |
| Non-emergency transportation | Not covered | Not covered | \$0 | \$0 |
| Adult Dental* (preventive, routine and major dental care) | \$15 | \$0 | \$0 | \$0 |
| Vision Care – Exams* | \$15 | \$0 | \$0 | \$0 |
| Vision Care – Lenses and Frames* | 10% Coinsurance | \$0 | \$0 | \$0 |
| Vision Care – Contact Lenses* | 10% Coinsurance | \$0 | \$0 | \$0 |
| Non-prescription drugs | Not covered | Not covered | \$1 | \$0 |
| Prescription Drugs | | | | |
| Tier 1 | \$6 | \$1 | \$1 | \$0 |
| Tier 2 | \$15 | \$3 | \$3 | \$0 |
| Tier 3 | \$30 | \$3 | \$3 | \$0 |

(Note that copays for mail order prescription drugs are 2.5 times retail copays above for 90-day supply)

*Where dental and vision benefits are available for Essential Plan 1 & 2 members, enrollees pay extra for the benefits. All essential Plan 3 & 4 enrollees have these benefits included.