### SUMMARY OF MEDICAL BENEFITS

**Applies to Medical OOP Maximum**

**Applies to Prescription Drugs OOP Maximum**

OOP = Out-of-Pocket

<table>
<thead>
<tr>
<th>Medical Plan</th>
<th>HDHP 3500</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visits</strong></td>
<td>Deductible, then coinsurance</td>
</tr>
<tr>
<td>Teladoc</td>
<td>$45.00 per visit</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$3500 ($7000 Family)</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%/20%</td>
</tr>
<tr>
<td></td>
<td>Participant Liability:</td>
</tr>
<tr>
<td></td>
<td>$1500 ($3000 family)</td>
</tr>
<tr>
<td><strong>Medical OOP</strong></td>
<td>$5000 ($10000 Family)</td>
</tr>
<tr>
<td>Maximum</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Deductible, then coinsurance</td>
</tr>
<tr>
<td><strong>Prescription Drugs OOP</strong></td>
<td>Deductible, then coinsurance</td>
</tr>
</tbody>
</table>

*This comparison of coverages is intended only as a general description for the principle features of the benefit plans. Please refer to the Benefit Document for details.*
SUMMARY OF MEDICAL BENEFITS

Preventive Services Unlimited Services as Defined by PPACA

In-Hospital Deductible + 20% Coinsurance
   Pre-Certification Required for Non-Emergency, Non-Maternity Admissions

Surgery Deductible + 20% Coinsurance
   Hospital
   Inpatient
   Outpatient

Physician’s Office Covered at 100% of Allowable Charges after Deductible
   Ambulatory Surgical Center

Laboratory/Pathology/X-Ray Deductible + 20% Coinsurance

Magnetic Resonance Imaging (MRI) Deductible + 20% Coinsurance

Work Related Injuries Deductible + 20% Coinsurance

Therapy Deductible + 20% Coinsurance - 30 Visits per Illness or Injury
   Physical Therapy
   Occupational Therapy
   Speech Therapy

Spinal Manipulations Deductible + 20% Coinsurance - 30 Visits per Calendar Year

Ambulance Deductible + 20% Coinsurance
   Ground
   Air

Mental Health Deductible + 20% Coinsurance

Substance Abuse Deductible + 20% Coinsurance

Dependent Eligibility End of Month Age 26

Rehabilitation Services Deductible + 20% Coinsurance for Specified Conditions that Meet Criteria

Plan Maximum Unlimited

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