

| Medical  |            |                |            |                |            |                |
|--|------------|----------------|------------|----------------|------------|----------------|
| Deductible*  | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Per Covered Person   | \$500      | \$3,000        | \$650      | \$3,000        | \$1,600    | \$3,000        |
| Per Family   | \$1,000    | \$6,000        | \$1,300    | \$6,000        | \$3,200    | \$6,000        |
|  |            |                |            |                |            |                |
|  |            |                |            |                |            |                |
|  |            |                |            |                |            |                |
| Specialist Office Visit  | \$20       | 60%*           | \$30       | 60%*           | 80%*       | 60%*           |
| Urgent Care  | \$75       | 60%*           | \$75       | 60%*           | 80%*       | 60%*           |
| Emergency Room (Professional)  |            |                |            |                |            |                |
| Emergency Room (Facility Charge)   |            |                |            |                |            |                |
| Hospital Care  |            |                |            |                |            |                |
| Inpatient Services   | 90%*       | 60%*           | 80%*       | 60%*           | 80%*       | 60%*           |
| Outpatient Services  | 90%*       | 60%*           | 80%*       | 60%*           | 80%*       | 60%*           |
| Diagnostic, X-ray & Lab Charges  | 90%*       | 60%*           | 80%*       | 60%*           | 80%*       | 60%*           |
| Preventive Drug List   |            |                |            |                |            |                |
| Prescription Drugs   |            |                |            |                |            |                |
| Generic Tier 1/Tier 2  |            |                |            |                |            |                |
| Brand Tier 3/ Tier 4   |            |                |            |                |            |                |
| Specialty Drugs  |            |                |            |                |            |                |
| Hearing - Testing  |            |                |            |                |            |                |
| Hearing - Office Visits / hearing aids<br>(Max-\$2,500/2 benefit year periods) |            |                |            |                |            |                |
| Preventive Services  |            |                |            |                |            |                |
|  |            |                |            |                |            |                |
|  |            |                |            |                |            |                |
|  |            |                |            |                |            |                |
|  |            |                |            |                |            |                |