

Benefit Comparison (2019/20)

The following chart summarizes and compares the benefits the Welfare Plan will provide for the three benefit Tiers. It is not intended to interpret, extend or change in any way the provisions of the Summary Plan Description, the carrier's benefit descriptions, or the other official plan documents. In the event of a conflict or inconsistency, the Summary Plan Description, the carrier's benefit descriptions, or other official plan documents will govern in all cases.

Feature	Tier I	Tier II	Tier III
Deductible ^[1]	<u>In-Network</u> \$500 for individuals/ \$1,250 for families <u>Out-of-Network</u> \$1,500 for individuals/ \$3,750 for families	<u>In-Network</u> \$300 for individuals/ \$750 for families <u>Out-of-Network</u> \$1,250 for individuals/ \$3,125 for families	<u>In-Network</u> None <u>Out-of-Network</u> \$1,000 for individuals/ \$2,500 for families
Office Visits (Physician/Specialist)	<u>In-Network</u> \$50/\$50 copay <u>Out-of-Network</u> \$50/\$65 per visit deductible, then 50% after plan deductible	<u>In-Network</u> \$35/\$50 copay <u>Out-of-Network</u> \$35/\$50 per visit deductible, then 60% after plan deductible	<u>In-Network</u> \$25/\$50 copay <u>Out-of-Network</u> 75% after plan deductible
Inpatient Hospital	<u>In-Network</u> 70% coverage, after \$500 per admission copay and plan deductible <u>Out-of-Network</u> 50% coverage, after \$500 per admission deductible and plan deductible	<u>In-Network</u> 80% coverage, after \$250 per admission copay and plan deductible <u>Out-of-Network</u> 60% coverage, after \$250 per admission deductible and plan deductible	<u>In-Network</u> 100% coverage, no copay <u>Out-of-Network</u> 75% after plan deductible
Hospital Emergency Room ^[3]	<u>In-Network</u> \$200 per visit copay, then 70% after plan deductible <u>Out-of-Network</u> ^[2] \$200 per visit deductible, then 70% after plan deductible	<u>In-Network</u> \$200 per visit copay, then 80% after plan deductible <u>Out-of-Network</u> ^[2] \$200 per visit deductible, then 80% after plan deductible	<u>In-Network</u> \$200 per visit copay, then 100% after plan deductible <u>Out-of-Network</u> ^[2] \$200 per visit deductible, then 100% after plan deductible
Prescription Drugs (Please Note that Basic Coverage only includes Generic Drugs)	\$100 individual deductible <u>Retail purchase at a participating pharmacy:</u> \$5 copay for generic drugs \$45 copay for brand-name formulary drugs \$60 copay for brand-name non-formulary drugs <u>Express Scripts Mail Order (3 mos.):</u> \$10 / \$90 / \$120	\$50 individual deductible <u>Retail purchase at a participating pharmacy:</u> \$5 copay for generic drugs \$40 copay for brand-name formulary drugs \$55 copay for brand-name non-formulary drugs <u>Express Scripts Mail Order (3 mos.):</u> \$10 / \$80 / \$110	No deductible <u>Retail purchase at a participating pharmacy:</u> \$5 copay for generic drugs \$35 copay for brand-name formulary drugs \$50 copay for brand-name non-formulary drugs <u>Express Scripts Mail Order (3 mos.):</u> \$10 / \$70 / \$100
Maximum Out-of-Pocket Expenses ^[4]	<u>In-Network</u> \$5,350 per individual \$10,700 per family <u>Out-of-Network</u> Unlimited out-of-pocket	<u>In-Network</u> \$2,750 per individual \$5,500 per family <u>Out-of-Network</u> \$20,000 per individual \$50,000 per family	<u>In-Network</u> \$2,000 per individual \$4,000 per family <u>Out-of-Network</u> \$10,000 per individual \$25,000 per family
Annual Limit	<u>In-Network</u> – Unlimited <u>Out-of-Network</u> - Unlimited	<u>In-Network</u> – Unlimited <u>Out-of-Network</u> - Unlimited	<u>In-Network</u> – Unlimited <u>Out-of-Network</u> - Unlimited

[1] Deductibles accumulate by calendar year.

[2] If you visit an out-of-network emergency room for a true emergency, the services will be covered the same as an in-network emergency room.

[3] If you are admitted to the hospital, the emergency room copay is waived.

[4] Out-of-Pocket Maximums accumulate by calendar year. Medical deductibles, copays, and coinsurance are applied against out-of-pocket maximums.