

## Benefit Comparison 07/01-12/31/24

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
<b>Deductible</b> <sup>[1]</sup>	<u>In-Network</u> \$500 for individuals/ \$1,250 for families  <u>Out-of-Network</u> \$10,000 for individuals/ \$20,000 for families	<u>In-Network</u> \$300 for individuals/ \$750 for families  <u>Out-of-Network</u> \$10,000 for individuals/ \$20,000 for families	<u>In-Network</u> None  <u>Out-of-Network</u> \$10,000 for individuals/ \$20,000 for families
<b>Office Visits (Physician/Specialist)</b>	<u>In-Network</u> \$50/\$50 copay  <u>Out-of-Network</u> \$50/\$65 per visit copay, then 50% after plan deductible	<u>In-Network</u> \$35/\$50 copay  <u>Out-of-Network</u> \$50/\$65 per visit copay, then 50% after plan deductible	<u>In-Network</u> \$25/\$50 copay  <u>Out-of-Network</u> \$50/\$65 per visit copay, then 50% after plan deductible
<b>Inpatient Hospital</b>	<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 copay and plan deductible	<u>In-Network</u> 80% coverage, after \$250 per admission copay and plan deductible  <u>Out-of-Network</u> 50% coverage, after \$500 per admission copay and plan deductible	<u>In-Network</u> 100% coverage, no copay  <u>Out-of-Network</u> 50% coverage, after \$500 per admission copay and plan deductible
<b>Hospital Emergency Room</b> <sup>[2]</sup>	<u>In-Network</u> \$200 per visit copay, then 70% after plan deductible  <u>Out-of-Network</u> <sup>[3]</sup> \$200 per visit copay, then 70% after plan deductible	<u>In-Network</u> \$200 per visit copay, then 80% after plan deductible  <u>Out-of-Network</u> <sup>[3]</sup> \$200 per visit copay, then 80% after plan deductible	<u>In-Network</u> \$200 per visit copay, then 100%  <u>Out-of-Network</u> <sup>[3]</sup> \$200 per visit copay, then 100% after plan deductible
<b>Prescription Drugs</b> <sup>[4]</sup>  (Please Note that Basic Coverage only includes Generic Drugs)	<u>Retail purchase at a participating pharmacy:</u> <b>Generic Drugs:</b> \$5 copay <b>Brand Name Drugs:</b> \$45 copay after deductible of \$50 individuals/\$100 families  <b>Non-Formulary Brand Name Drugs:</b> Not Covered  <u>Express Scripts Mail Order Copays (3 mos.):</u> \$10 /\$90	<u>Retail purchase at a participating pharmacy:</u> <b>Generic Drugs:</b> \$5 copay <b>Brand Name Drugs:</b> \$45 copay after deductible of \$50 individuals/\$100 families  <b>Non-Formulary Brand Name Drugs:</b> Not Covered  <u>Express Scripts Mail Order Copays (3 mos.):</u> \$10 /\$90	<u>Retail purchase at a participating pharmacy:</u> <b>Generic Drugs:</b> \$5 copay <b>Brand Name Drugs:</b> \$45 copay after deductible of \$50 individuals/\$100 families  <b>Non-Formulary Brand Name Drugs:</b> Not Covered  <u>Express Scripts Mail Order Copays (3 mos.):</u> \$10 /\$90
<b>Maximum Out-of-Pocket Expenses</b> <sup>[5]</sup>	<u>Medical In-Network</u> \$5,350 per individual \$10,700 per family  <u>Prescription In-Network</u> \$1,000 per individual \$2,000 per family  <u>Out-of-Network</u> Unlimited out-of-pocket	<u>Medical In-Network</u> \$2,750 per individual \$5,500 per family  <u>Prescription In-Network</u> \$1,000 per individual \$2,000 per family  <u>Out-of-Network</u> Unlimited out-of-pocket	<u>Medical In-Network</u> \$2,000 per individual \$4,000 per family  <u>Prescription In-Network</u> \$1,000 per individual \$2,000 per family  <u>Out-of-Network</u> Unlimited out-of-pocket
<b>Annual Limit</b>	<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 plan year 07/01-06/30.

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

[3] 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.

[4] If you are taking a brand-name drug with a generic equivalent drug, you will be responsible for the difference in cost between the generic and brand-name drugs.

[5] Out-of-Pocket Maximums accumulate by plan year 07/01-06/30. Medical deductibles, copays, and coinsurance are applied against out-of-pocket maximums.