

2020 MEDICAL PLAN SUMMARIES

| | CIGNA | | UNITED HEALTHCARE | |
|---|-------------------------------------|--|--|----------------|
| | OPEN ACCESS PLUS Option OAP/ HMO | In-Network | BASE Option | PREMIER Option |
| | | | PPO | PPO |
| | | | In-Network | In-Network |
| CALENDAR YEAR DED. (CYD): | | | | |
| Individual: | \$6,000 | \$1,500 In / \$3,000 Out-of-Network | \$750 In / \$1,250 Out-of-Network | |
| Family: | \$12,000 | \$4,500 In / \$9,000 Out-of-Network | \$1,500 In / \$3,750 Out-of-Network | |
| COINSURANCE (COINS) | 30% | 20% in-network / 40% out of network | 10% in-network / 30% out of network | |
| PRIMARY PHYSICIAN VISIT (PCP) | \$10 co-pay | \$25 co-pay (Retiree under 65) 20% AFTER CYD (Retiree over 65) | \$25 co-pay (Retiree under 65) 10% AFTER CYD (Retiree over 65) | |
| SPECIALIST VISIT | \$60 co-pay | \$50 co-pay (Retiree under 65) 20% AFTER CYD (Retiree over 65) | \$50 co-pay (Retiree under 65) 10% AFTER CYD (Retiree over 65) | |
| PCP REFERRAL REQUIRED | NO | NO | NO | |
| VIRTUAL VISITS (E-VISITS) | \$10 co-pay | \$5 co-pay | \$5 co-pay | |
| IN-PATIENT HOSPITAL SERVICES | 30% AFTER CYD | 20% AFTER CYD | 10% AFTER CYD | |
| OUT-PATIENT SURGERY | | | | |
| Hospital : | 30% AFTER CYD | 20% AFTER CYD | 10% AFTER CYD | |
| Freestanding Facility: | \$350 co-pay | 20% AFTER CYD | 10% AFTER CYD | |
| MAJOR DIAGNOSTIC/COMPLEX IMAGING | \$75 co-pay | 20% AFTER CYD | 10% AFTER CYD | |
| EMERGENCY ROOM | \$350 co-pay | \$250 co-pay (Retiree under 65) 20% AFTER CYD (Retiree over 65) | \$250 co-pay (Retiree under 65) 10% AFTER CYD (Retiree over 65) | |
| URGENT CARE | \$50 co-pay | \$50 co-pay (Retiree under 65) 20% AFTER CYD (Retiree over 65) | \$50 co-pay (Retiree under 65) 10% AFTER CYD (Retiree over 65) | |
| PRESCRIPTION DRUG (RX): 30 DAYS | | | | |
| Preferred Tier 1: | \$0 / \$10 co-pay | \$10 co-pay | \$10 co-pay | |
| Preferred Tier 2: | \$50 co-pay | \$30 co-pay | \$30 co-pay | |
| Preferred Tier 3: | \$75 co-pay | \$50 co-pay | \$50 co-pay | |
| Preferred Tier 4: | 20% | 20% | 20% | |
| RX DRUG DEDUCTIBLE | NONE | \$25 | \$25 | |
| OUT-OF-POCKET: | Includes CYD, Coins, & Copays | Includes CYD, Coins, & Copays | Includes CYD, Coins, & Copays | |
| Individual: | \$7,900 | \$5,000 In / \$10,000 Out-of-Network | \$4,000 In / \$8,000 Out-of-Network | |
| Family: | \$15,800 | \$15,000 In / \$30,000 Out-of-Network | \$12,000 In / \$24,000 Out-of-Network | |
| LIFETIME MAXIMUM | Unlimited | Unlimited | Unlimited | |

2020 MEDICARE ADVANTAGE OPTION

UNITED HEALTHCARE

Medicare Advantage PPO Plan

In-Network/ Out-of-Network

| | | |
|---|---|---------------------------|
| CALENDAR YEAR DED. (CYD): | | |
| Individual: | | \$0 |
| MAXIMUM OUT-OF-POCKET: | Applies to all covered Medicare A and B benefits including deductible | |
| Individual: | | \$3,000 |
| PRIMARY PHYSICIAN VISIT (PCP) | | \$15 co-pay |
| SPECIALIST VISIT | | \$15 co-pay |
| PCP SELECTION | | Optional |
| REFERRAL REQUIREMENT | | NONE |
| IN-PATIENT HOSPITAL SERVICES | | \$0 per stay |
| OUT-PATIENT SURGERY | | \$0 |
| MAJOR DIAGNOSTIC/ TESTING/ COMPLEX IMAGING | | \$15 co-pay |
| EMERGENCY CARE, WORLDWIDE | | \$50 co-pay |
| URGENTLY NEEDED CARE, WORLDWIDE | | \$15 co-pay |
| ROUTINE PHYSICAL/ EYE/HEARING EXAMS | | Covered 100% |
| HOME HEALTH AGENCY CARE | | Covered 100% |
| PRESCRIPTION DRUG (RX): 30 DAYS | | |
| Retail / Preferred Mail Order Tier 1: | | \$5 co-pay / \$10 co-pay |
| Retail / Preferred Mail Order Tier 2: | | \$20 co-pay / \$40 co-pay |
| Retail / Preferred Mail Order Tier 3: | | \$40 co-pay / \$80 co-pay |
| RX DRUG DEDUCTIBLE | | NONE |
| LIFETIME MAXIMUM | | Unlimited |

2020 GAP PLAN OPTIONS

American Public Life

| | Basic GAP Plan | Advanced GAP Plan |
|--|---|---|
| | Plan 1 | Plan 2 |
| In Hospital Policy: | | |
| Max In-Hospital Benefits | \$7,900 per person per CY* Max \$15,800 per family per CY* | \$7,900 per person per CY* Max \$15,800 per family per CY* |
| In-Hospital Ambulance Benefits | Up to \$7,900 per ground transport Up to \$7,900 per air transport Limited to one trip per CY confined as an inpatient* | Up to \$7900 per ground transport Up to \$7,900 per air transport Limited to one trip per CY confined as an inpatient* |
| Outpatient Policy: | | |
| Max Outpatient Benefits | \$250 per covered person per CY* | \$7900 per covered person per CY* |
| Outpatient Ambulance Benefit | Up to \$250 per ground trip Up to \$250 per air transport Limited to one trip per CY* residing less than 18 hrs* | Up to \$7,900 per ground trip Up to \$7,900 per air transport Limited to one trip per CY* residing less than 18 hrs* |
| Optional Benefit Riders: | | |
| Physician or Specialty Outpatient Treatment | Physician - \$25 per visit Specialist - \$50 per visit <i>For treatment in hospital outpatient facility or physician's office</i> | Physician - \$25 per visit Specialist - \$50 per visit <i>For treatment in hospital outpatient facility or physician's office</i> |

2020 DENTAL PLAN OPTIONS

| SERVICES | Cigna DHMO Base Plan P7X00 | Cigna DHMO Premier Plan A2109 | Dental PPO Plan | |
|---------------------------------------|-------------------------------|----------------------------------|-----------------|-------------------------------|
| | In-Network Only | In-Network Only | In-Network | Out-of-Network |
| Provider Network | Access Plus National Network | Access Plus National Network | PPO | |
| PROVIDER NETWORK | | | | |
| CALENDAR YEAR DEDUCTIBLE (CYD) | | | | |
| Individual: | N/A | N/A | | \$50 |
| Family: | N/A | N/A | | \$150 |
| Applied to Preventive | N/A | N/A | | Yes |
| Annual Maximum | Unlimited | Unlimited | | \$1,200 |
| Out-of-Network Reimbursement | N/A | N/A | | MAC |
| Reimbursement Schedule: | | | | |
| Preventive | Copay Schedule | Copay Schedule | | 100% |
| Basic Services | Copay Schedule | Copay Schedule | | 80% |
| Major Services | Copay Schedule | Copay Schedule | | 50% |
| Oral Evaluations | D0120 - \$0 | D0120 - \$0 | | Preventive |
| Intraoral Series, X-rays | D0210 - \$0 | D0210 - \$0 | | Preventive |
| Prophylaxis (Cleanings) | D1110 - \$0 | D1110 - \$0 | | Preventive |
| Fluoride Treatment | D1208 - \$0 | D1208 - \$0 | | Preventive |
| Sealants | D1351 - \$12 per tooth | D1351 - \$0 | | Preventive |
| Restorations (Amalgam / Composite) | D2140 - \$0 / D2330 - \$0 | D2140 - \$0 / D2330 - \$0 | | Basic |
| Simple Extractions | D7140 - \$6 | D7140 - \$0 | | Basic |
| Periodontics Scaling/Planning | D4910 - \$40 | D4910 - \$30 | | Major |
| Endodontics (Root Canal) | D3310 - \$100 | D3310 - \$50 | | Major |
| Complex Extractions | D7241 - \$135 | D7241 - \$70 | | Major |
| Crowns | D2740 - \$285 | D2740 - \$225 | | Major |
| Dentures | D5110 - \$225 | D5110 - \$275 | | Major |
| Bridges | D5211 - \$225 | D5211 - \$275 | | Major |
| Orthodontia: | | | | |
| Orthodontics | (Adult & Child) \$2,592 Max | (Adult & Child) \$1,992 Max | | (Children) 50% to \$1,000 Max |

2020 VISION PLAN OPTION

CIGNA

| SERVICES | In-Network |
|-------------------------------------|--|
| Provider Network | |
| FREQUENCY SCHEDULE: | 12/12/24/12 |
| Comprehensive Exam | Once every 12 months |
| Eyeglass Lenses | Once every 12 months |
| Eyeglass Frames | Once every 24 months |
| Contact Lenses (in lieu of glasses) | Once every 12 months |
| PLAN FEATURES: | |
| Exam | \$10 copay |
| Materials | \$10 copay (contact lenses N/A) |
| Standard Contact Lens Fit | \$160 allowance also applies |
| Premium Contact Lens Fit | \$160 allowance also applies |
| EYEGLOSS LENSES OPTIONS: | |
| Single Vision Lenses | Covered 100% after copay |
| Bifocal Lenses | Covered 100% after copay |
| Trifocal Lenses | Covered 100% after copay |
| Lenticular Lenses | Covered 100% after copay |
| Standard Progressive Lenses | Covered 100% after copay + 20% discount |
| Premium Progressive Lenses | Covered 100% after copay + 20% discount |
| CONTACT LENSES OPTIONS: | |
| Elective | \$160 allowance applies to all contact lens materials and fittings/evaluations |
| All Other Elective Contact Lenses | |
| Necessary Contact Lenses | Covered 100% |
| Frame Retail Allowance | Up to \$120 allowance, then 20% discount |
| ADDITIONAL SERVICES: | |
| Laser Vision Discount | Discounts may be available |