

| <b>BENEFIT</b>  | <b>HPHC BEST BUY<br/>TIERED CO-PAY WITH HSA<br/>(BROAD NETWORK)</b>   |
|---|---|
| DEDUCTIBLE  | \$2,000 IND/\$4,000 FAM<br><br>UNDER THE QHDP, THE CITY WILL CONTINUE CONTRIBUTING HALF OF YOUR DEDUCTIBLE LEVEL TO YOUR HSA ACCOUNT EACH PLAN YEAR (HSA ENROLLMENT REQUIRED) |
| OUT OF POCKET MAXIMUM (INDIVIDUAL/FAMILY)               | \$5,000 IND/\$10,000 FAM  |
| WELLNESS VISIT  | \$0   |
| PCP OFFICE VISIT  | \$20 co-pay<br>(per visit after deductible)   |
| SPECIALIST VISIT  | \$40 co-pay<br>(per visit after deductible)   |
| PRESCRIPTIONS   | Retail 30 Day Supply: \$10/\$30/\$60 (after deductible)<br>Mail Order 90 Day Supply: \$25/\$75/\$180 (after deductible)<br>Deductible waived for certain preventative drugs   |
| INPATIENT HOSPITAL                                      | \$275 co-pay (after deductible)   |
| OUTPATIENT SURGERY                                      | \$250 co-pay (after deductible)   |
| DIAGNOSTIC SERVICES<br>LAB, X-RAY, ETC.                 | Covered in full<br>(after deductible)   |
| CT SCAN, MRI, PET                                       | \$50 non-hospital   \$100<br>hospital (after deductible)  |
| SHORT-TERM REHAB:<br>OUTPATIENT/OT/PT                   | \$25 co-pay (after deductible)<br>Up to 60 combined visits per plan year  |
| SKILLED NURSING   | Covered in full<br>(after deductible)<br>Up to 100 days per plan year   |
| CHIROPRACTOR  | \$25 co-pay after deductible<br>12 visits per plan year   |
| OUTPATIENT MENTAL HEALTH                                | \$20 co-pay (after deductible)  |
| DURABLE MEDICAL EQUIPMENT:<br>WHEELCHAIRS/CRUSTCHES/ETC | 20% co-insurance<br>(after deductible)  |
| ER VISIT (WAIVED IT ADMITTED)                           | \$150 co-pay (after deductible)   |
| AMBULANCE   | Covered in full when ordered by a<br>Physician (after deductible)   |
| <b>PREMIUM RATES</b>                                    |   |
| MONTHLY (IND/FAM)                                       | \$635.82 / \$1,578.62   |
| <b>EMPLOYEE COST</b>                                    |   |
| WEEKLY (IND/FAM)  | \$36.68 / \$91.07   |
| BI-WEEKLY (IND/FAM)                                     | \$73.36 / \$182.15  |
| MONTHLY (IND/FAM)                                       | \$158.96 / \$394.66   |

\*This is a brief summary of some of the benefits offered. Additional details can be found in the complete plan descriptions.

\*\*Eligibility regulations must be met in order to enroll in this plan