

## Medical Plans Benefit Summary (2023 Changes in bold blue font)

Plan Features and Benefits	Healthy Savings Plan		Standard Plan	
	In-network	Out-of-network	In-network	Out-of-network
<b>How It Works</b>	Administered by Aetna; use an in-network provider and receive higher benefits		Administered by Aetna; use an in-network provider and receive higher benefits	
<b>Health Savings Account Employer Contribution</b>	Up to \$1,000 single coverage / \$2,000 family coverage (\$83 single coverage / \$167 family coverage per month you are eligible)		Not available	
<b>Deductible</b>	\$1,700 per person / \$3,400 per family  (combined for medical and prescription drugs)	\$3,000 per person / \$6,000 per family	Medical: none Prescription drugs: \$75 per person / \$150 per family	<b>\$4,000 per person / \$8,000 per family</b>
<b>Annual Out-of-Pocket Maximum</b> (includes deductible)	\$3,000 per person / \$6,000 per family	\$6,000 per person / \$12,000 per family	\$3,000 per person / \$6,000 per family	<b>\$8,000 per person / \$16,000 per family</b>
<b>Chiropractic Care</b> (medical review required after 25 visits)	<i>After deductible, \$50 copay per visit</i>	<i>After deductible, you pay 40%*</i>	\$50 copay for first visit per year, \$0 for subsequent visits	<i>After deductible, you pay 30%*</i>
<b>Diagnostic Tests, Labs and X-rays</b>	<i>After deductible, you pay 20%</i>	<i>After deductible, you pay 40%*</i>	\$20 copay per visit	<i>After deductible, you pay 30%*</i>
<b>High-cost radiology</b> (i.e. CTs, MRIs, PET scans)	<i>After deductible, you pay 20%</i>	<i>After deductible, you pay 40%*</i>	<b>\$50 copay per visit</b>	<i>After deductible, you pay 30%*</i>
<b>Emergency Room</b> (waived if admitted)	<i>After deductible, you pay 20%*</i>		\$150 copay per visit	
<b>Hospital Stay</b>	<i>After deductible, you pay 20%</i>	<i>After deductible, you pay 40%*</i>	<b>\$300 copay per stay</b>	<i>After deductible, you pay 30%*</i>
<b>Office Visit</b>	<i>After deductible, \$30 copay per visit for primary care / \$50 copay per visit for specialist care</i>	<i>After deductible, you pay 40%*</i>	\$30 copay per visit for primary care / \$50 copay per visit for specialist care	<i>After deductible, you pay 30%*</i>
<b>Outpatient Rehabilitation</b> (physical, occupational, speech)	<i>After deductible, \$50 copay per visit</i>	<i>After deductible, you pay 40%*</i>	\$50 copay per visit	<i>After deductible, you pay 30%*</i>
<b>Outpatient Surgery</b>	<i>After deductible, you pay 20%</i>	<i>After deductible, you pay 40%*</i>	<b>\$200 copay</b>	<i>After deductible, you pay 30%*</i>
<b>Prescription Drugs</b>	See next page			
<b>Preventive Care</b>	You pay \$0 (no deductible)		You pay \$0	
<b>Urgent Care</b>	<i>After deductible, you pay 20%</i>	<i>After deductible, you pay 40%*</i>	\$75 copay per visit	<i>After deductible, you pay 30%*</i>

\*Percentage plan pays is based on the recognized charge. If your out-of-network provider's charges exceed the "usual and customary" charge, you pay the excess in addition to your coinsurance percentage.

## Prescription Drug Benefit Summary (2023 Changes in **bold blue font**)

	Healthy Savings Plan		Standard Medical Plan	
	Retail Pharmacy (up to a 30-day supply)	Mail-order (up to a 90-day supply)	Retail Pharmacy (up to a 30-day supply)	Mail-order (up to a 90-day supply)
<b>Annual Deductible</b>	You pay a combined medical/prescription drug deductible of \$1,700 per person (\$3,400 per family) a year before the Plan begins to pay benefits.		You pay a deductible of \$75 per person (\$150 per family) per year before the Plan begins to pay benefits.	
<b>Preventive</b>	You pay \$0, no deductible		You pay \$0, no deductible	
<b>Generic</b>	After deductible, you pay <b>15% (in or out-of-network)</b>	After deductible, you pay 15%	After deductible, you pay <b>15% in-network</b> or 30% out-of-network	After deductible, you pay 15%
<b>Preferred Brand</b>	After deductible, you pay 25% (in or out-of-network)	After deductible, you pay 25%	After deductible, you pay 25% in-network or 30% out-of-network	After deductible, you pay <b>25%</b>
<b>Non-preferred Brand</b>	After deductible, you pay 37.5% (in or out-of-network)	After deductible, you pay 37.5%	After deductible, you pay <b>37.5% in or out-of-network</b>	After deductible, you pay 37.5%
<b>Specialty</b>	Same as above depending on which tier drug falls into (generally Preferred Brand)*	Same as above depending on which tier drug falls into*	<b>After deductible, you pay 30% for drugs covered under the PrudentRx Copay Program‡</b> For drugs not covered under the PrudentRx Copay Program, same as above depending on which tier drug falls into (generally Preferred Brand)*	

\*The first prescription fill for specialty drugs (that are not covered by the PrudentRx Copay Program) may be obtained from a retail or specialty pharmacy; subsequent fills must be through the Aetna Specialty Pharmacy Network. The cost is as applicable above.

**\*\*All prescriptions included in the PrudentRx Copay Program, must be obtained through the Aetna Specialty Pharmacy Network.**