

[COMPANY NAME]  
INDIVIDUAL MARKET  
[Standard Silver Coinsurance Plan – 73%]  
SCHEDULE OF BENEFITS

| <b>Deductible and Out-of-Pocket Maximum</b>  | <b>In-Network (INET) Member Pays</b>                          | <b>Out-of-Network (OON) Member Pays</b>                      |
|--|---|--|
| <b>Plan Deductible</b><br><i>Individual</i>  | \$2,600 per member  | \$7,400 per member   |
| <i>Family</i>  | \$5,200 per family  | \$14,800 per family  |
| <b>Separate Prescription Drug Deductible</b><br><i>Individual</i>  | \$250 per member  | \$500 per member   |
| <i>Family</i>  | \$500 per family  | \$1,000 per family   |
| <b>Out-of-Pocket Maximum</b><br><i>Individual</i>  | \$6,300 per member  | \$15,800 per member  |
| <i>Family</i><br>(Includes deductible, copayments and coinsurance)   | \$12,600 per family   | \$31,600 per family  |
| <b>Benefits</b>  | <b>In-Network (INET) Member Pays</b>                          | <b>Out-of-Network (OON) Member Pays</b>                      |
| <b>Provider Office Visits</b>  |   |  |
| Adult Preventive Visit   | No Cost   | 40% coinsurance per visit                                    |
| Infant / Pediatric Preventive Visit  | No Cost   | 40% coinsurance per visit                                    |
| Primary Care Provider Office Visits<br>(includes services for illness, injury, follow-up care and consultations) | 30% coinsurance per visit                                     | 40% coinsurance per visit after OON plan deductible is met   |
| Specialist Office Visits   | 30% coinsurance per visit after INET plan deductible is met   | 40% coinsurance per visit after OON plan deductible is met   |
| Mental Health and Substance Abuse Office Visit   | 30% coinsurance per visit                                     | 40% coinsurance per visit after OON plan deductible is met   |
| <b>Outpatient Diagnostic Services</b>  |   |  |
| Advanced Radiology (CT/PET Scan, MRI)  | 30% coinsurance per service after INET plan deductible is met | 40% coinsurance per service after OON plan deductible is met |

[COMPANY NAME]  
INDIVIDUAL MARKET  
[Standard Silver Coinsurance Plan – 73%]  
SCHEDULE OF BENEFITS

| <b>Benefits</b>  | <b>In-Network (INET) Member Pays</b>   | <b>Out-of-Network (OON) Member Pays</b>  |
|--|--|--|
| Laboratory Services  | 30% coinsurance per service after INET plan deductible is met  | 40% coinsurance per service after OON plan deductible is met                   |
| Non-Advanced Radiology (X-ray, Diagnostic)   | 30% coinsurance per service after INET plan deductible is met  | 40% coinsurance per service after OON plan deductible is met                   |
| Mammography Ultrasound   | 30% coinsurance per service after INET plan deductible is met  | 40% coinsurance per service after OON plan deductible is met                   |
| <b>Prescription Drugs – Retail Pharmacy<br/>(30 day supply per prescription)</b>   |  |  |
| Tier 1   | \$5 copayment per prescription   | 40% coinsurance per prescription after OON prescription drug deductible is met |
| Tier 2   | 30% coinsurance per prescription after INET prescription drug deductible is met                          | 40% coinsurance per prescription after OON prescription drug deductible is met |
| Tier 3   | 30% coinsurance per prescription after INET prescription drug deductible is met                          | 40% coinsurance per prescription after OON prescription drug deductible is met |
| Tier 4   | 30% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible is met | 40% coinsurance per prescription after OON prescription drug deductible is met |
| <b>Outpatient Rehabilitative and Habilitative Services</b>   |  |  |
| Speech Therapy<br>(40 visits per calendar year limit combined for Rehabilitative physical, speech, and occupational therapies, separate 40 visits per calendar year limit combined for Habilitative speech, physical and occupational therapies.)                    | 30% coinsurance per visit after INET plan deductible is met  | 40% coinsurance per visit after OON plan deductible is met                     |
| Physical and Occupational Therapy<br>(40 visits per calendar year limit combined for Rehabilitative physical, occupational, and speech therapies, separate 40 visits per calendar year limit combined for Habilitative physical, occupational and speech therapies.) | 30% coinsurance per visit after INET plan deductible is met  | 40% coinsurance per visit after OON plan deductible is met                     |
| <b>Other Services</b>  |  |  |

[COMPANY NAME]  
INDIVIDUAL MARKET  
[Standard Silver Coinsurance Plan – 73%]  
SCHEDULE OF BENEFITS

| <b>Benefits</b>  | <b>In-Network (INET) Member Pays</b>                                   | <b>Out-of-Network (OON) Member Pays</b>                               |
|--|--|---|
| Chiropractic Services<br>(up to 20 visits per calendar year)   | 30% coinsurance per visit after INET plan deductible is met            | 40% coinsurance per visit after OON plan deductible is met            |
| Diabetic Equipment and Supplies  | 30% coinsurance per equipment/supply after INET plan deductible is met | 40% coinsurance per equipment/supply after OON plan deductible is met |
| Durable Medical Equipment (DME)  | 30% coinsurance per equipment/supply after INET plan deductible is met | 40% coinsurance per equipment/supply after OON plan deductible is met |
| Home Health Care Services<br>(up to 100 visits per calendar year)  | 25% coinsurance per visit after separate \$50 deductible is met        | 25% coinsurance per visit after separate \$50 deductible is met       |
| Outpatient Services (in a hospital or ambulatory facility)   | 30% coinsurance per visit after INET plan deductible is met            | 40% coinsurance per visit after OON plan deductible is met            |
| <b>Inpatient Hospital Services</b>   |  |   |
| Inpatient Hospital Services (including mental health, substance abuse, maternity, hospice and skilled nursing facility*)<br><br>*(skilled nursing facility stay is limited to 90 days per calendar year) | 30% coinsurance per admission after INET plan deductible is met        | 40% coinsurance per admission after OON plan deductible is met        |
| <b>Emergency and Urgent Care</b>   |  |   |
| Ambulance Services   | 30% coinsurance per service after INET plan deductible is met          | 30% coinsurance per service after INET plan deductible is met         |
| Emergency Room   | 30% coinsurance per visit after INET plan deductible is met            | 30% coinsurance per visit after INET deductible is met                |
| Urgent Care Centers  | 30% coinsurance per visit after INET plan deductible is met            | 40% coinsurance per visit after OON plan deductible is met            |
| <b>Pediatric Dental Care (for children under age 19)</b>   |  |   |
| Diagnostic & Preventive  | No Cost  | 50% coinsurance per visit after OON plan deductible is met            |
| Basic Services   | 30% coinsurance per visit after INET plan deductible is met            | 50% coinsurance per visit after OON plan deductible is met            |
| Major Services   | 40% coinsurance per visit after INET plan deductible is met            | 50% coinsurance per visit after OON plan deductible is met            |
| Orthodontia Services<br>(medically necessary only)   | 50% coinsurance per visit after INET plan deductible is met            | 50% coinsurance per visit after OON plan deductible is met            |
| <b>Pediatric Vision Care</b>   |  |   |

[COMPANY NAME]  
 INDIVIDUAL MARKET  
 [Standard Silver Coinsurance Plan – 73%]  
 SCHEDULE OF BENEFITS

| Benefits  | In-Network (INET) Member Pays                               | Out-of-Network (OON) Member Pays                           |
|---|---|--|
| Prescription Eye Glasses<br>(one pair of frames and lenses or contact lens per calendar year) | 30% coinsurance after INET medical deductible               | Not Covered  |
| Routine Eye Exam by Specialist<br>(one exam per calendar year)                                | 30% coinsurance per visit after INET plan deductible is met | 40% coinsurance per visit after OON plan deductible is met |