

MEDICAL PLAN SUMMARY

PPO

| PPO PLAN - 2025 | Premier Tier 1 – Direct Contract Provider | Standard Tier 2 – 6 Degrees/RBP |
|--|--|--|
| Calendar Year Deductible | | |
| Individual | \$1,250 | \$2,500 |
| Family | \$2,500 | \$5,000 |
| Coinsurance | 10% member / 90% plan | 30% member / 70% plan |
| Out-of-Pocket Maximum | | |
| Individual | \$2,500 | \$5,000 |
| Family | \$5,000 | \$10,000 |
| Common Services | | |
| Wellness / Preventive | Covered in full | Covered in full |
| Primary Care Physician | \$10 copay | \$30 copay |
| Specialist Physician | \$10 copay | \$30 copay |
| Urgent Care | \$75 copay | Deductible then 30% |
| Emergency Room | \$200 copay then 10% | \$200 copay then 10% |
| X-Ray and Lab Services | Copay applies if done during office visit Deductible then 10% - out of office | Copay applies if done during office visit Deductible then 30% - out of office |
| Hospital Services—Inpatient & Outpatient | Deductible then 10% | Deductible then 30% |

| IN-NETWORK PRESCRIPTION DRUGS | | |
|--------------------------------------|-------------------------|--------------------------|
| | Retail—30-day supply | Mail Order—90-day supply |
| Tier 1 | \$8 copay | \$16 copay |
| Tier 2 | \$25 copay | \$50 copay |
| Tier 3 | \$45 copay | \$90 copay |
| Specialty | 25% up to \$200 maximum | 25% up to \$200 maximum |

Percentages listed in the table represent the amount paid by the member.

| MEDICAL RATES—WEEKLY (52) DEDUCTIONS | | |
|---|---|--|
| | Employee Cost with Strategic Consult | Employee Cost without Strategic Consult |
| Employee Only | \$48.47 | \$62.20 |
| Employee + 1 | \$97.95 | \$128.57 |
| Family | \$131.31 | \$165.16 |

Note: Medical premium payroll deductions are taken on a pre-tax basis.