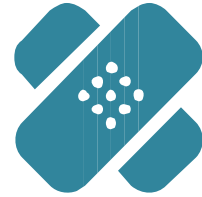


MEDICAL PLAN

HDHP PLAN

Plan Benefits	In-Network-Tier I	In-Network-Tier II	Out-of-Network
Deductible - Individual	\$3,200	\$3,200	\$6,000
Deductible - Family	\$6,400	\$6,400	\$12,000
Coinsurance (member pays)	10%	20%	40%
Out-of-Pocket Max Individual	\$3,600	\$6,000	\$10,000
Out-of-Pocket Max - Family	\$7,200	\$12,000	\$20,000
Copays:			
Preventive	\$0	\$0	Deductible/ Coinsurance
Office Visit - Primary Care	Deductible/Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Office Visit - Specialist	Deductible/Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Urgent Care	Deductible/Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Emergency Room	Deductible/Coinsurance	Tier I In-network Level of Benefits	Tier I In-network Level of Benefits
Telehealth Services	Deductible/Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Prescription Drug Co-Pays	30-day Supply		90-day Supply
Generic Brand	\$12		\$35
Preferred Brand	\$22		\$65
Non-Preferred Brand	\$27		\$80



MEDICAL PLAN

PREMIUM REDUCTION OPTION

Coverage Election	Total Premium	Employer Monthly	Employee Per Pay Period
Employee Only	\$952.98	\$824.44	\$64.27
Employee & Spouse	\$1791.53	\$1347.41	\$222.06
Employee & Child(ren)	\$1821.76	\$1367.30	\$227.23
Family	\$2064.47	\$1527.29	\$268.59

HEALTH SAVINGS ACCOUNT OPTION

Coverage Election	Total Premium	Employer Monthly	Employee Per Pay Period	Contribution To H.S.A.
Employee Only	\$952.98	\$856.10	\$105.94	\$41.67 Per Pay
Employee & Spouse	\$1791.53	\$1379.05	\$305.40	\$83.34 Per Pay
Employee & Child(ren)	\$1821.76	\$1398.94	\$310.57	\$83.34 Per Pay
Family	\$2064.47	\$1558.93	\$351.93	\$83.34 Per Pay

Employees completing the requirements of the Wellness Program will receive a \$380 health insurance discount the following year.

Calendar Year Benefit	\$1,000
Deductibles	
Type 1 (Preventative)	100%
Type 2 (Basic)	80%
Type 3 (Major)	50%