<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>PPO1 Plan</th>
<th>PPO2 Plan</th>
<th>PPO2 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network Only</td>
</tr>
<tr>
<td>Plan Year Deductible</td>
<td>Individual: $500</td>
<td>Individual: $750</td>
<td>Individual: $1,000</td>
</tr>
<tr>
<td></td>
<td>Family: $1,500</td>
<td>Family: $2,250</td>
<td>Family: $3,000</td>
</tr>
<tr>
<td>Plan Year Out-of-Pocket Maximum</td>
<td>Individual: $4,000</td>
<td>Individual: $7,000</td>
<td>Individual: $7,200</td>
</tr>
<tr>
<td></td>
<td>Family: $8,000</td>
<td>Family: $14,000</td>
<td>Family: $14,400</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$35 copayment; services billed outside office services are subject to deductible and 30% coinsurance</td>
<td>Plan pays 50%; You pay 50% after deductible</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
<td>Plan pays 50%; You pay 50% after deductible</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
</tr>
<tr>
<td>Preventive Care Annual Well Exam (age 2 and up)</td>
<td>Plan pays 100%</td>
<td>Plan pays 100% up to $200/plan year; You pay 50% after deductible</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Well Child (to age 2)</td>
<td>Plan pays 100%</td>
<td>Plan pays 100% up to $300/plan year; You pay 50% after deductible</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Mammograms/Routine Prostate Exams</td>
<td>Plan pays 100%</td>
<td>Plan pays 100% up to $100/plan year; You pay 50% after deductible</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
<td>If immediate care is required: Plan pays 70%; You pay 30% after deductible If immediate care is not required: Plan pays 50%; You pay 50% after deductible</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
<td>Plan pays 50%; You pay 50% after deductible</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
</tr>
<tr>
<td>Outpatient/Ambulatory Surgery</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
<td>Plan pays 50%; You pay 50% after deductible</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
</tr>
<tr>
<td>Benefit Description</td>
<td>PPO1 Plan In-Network</td>
<td>PPO1 Plan Out-of-Network</td>
<td>PPO2 Plan In-Network Only</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Laboratory and X-Ray – Diagnostic MRIs, CAT and PET Scans</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
<td>Plan pays 50%; You pay 50% after deductible</td>
<td>Plan pays 70%; You pay 30% after deductible</td>
</tr>
</tbody>
</table>
| Emergency Care                                           | Plan pays 70%; You pay 30% after deductible              | If immediate care is required: Plan pays 70%; You pay 30% after deductible  
If immediate care is **not** required: Plan pays 50%; You pay 50% after deductible | Plan pays 70%; You pay 30% after deductible               |
| Ambulance                                                | Plan pays 70%; You pay 30% after deductible              | Plan pays 50%; You pay 50% after deductible               | Plan pays 70%; You pay 30% after deductible               |
| Durable Medical Equipment                                | Plan pays 70%; You pay 30% after deductible              | Plan pays 50%; You pay 50% after deductible; $2,000 plan year max | Plan pays 70%; You pay 30% after deductible               |
| Therapies – Occupational, Physical, Speech              | Plan pays 70%; You pay 30% after deductible; 30 sessions maximum per acute care | Plan pays 50%; You pay 50% after deductible; 30 sessions maximum per acute care | Plan pays 70%; You pay 30% after deductible; 30 sessions maximum per acute care |
| Prescription Drugs                                       |                                                        |                                                          |                                                          |
| Out-of-Pocket Maximum                                    | Individual: $1,500                                      | Not Applicable                                           | Individual: $1,500                                      |
|                                                          | Family: $3,000                                           |                                                          | Family: $3,000                                           |
| Retail (up to 34-day supply)                             | Generic: You pay 10%                                     | No Benefit                                               | Generic: You pay 10%                                     |
|                                                          | Preferred: You pay 20%                                   |                                                          | Preferred: You pay 20%                                   |
|                                                          | Non-Preferred: You pay 30%                               |                                                          | Non-Preferred: You pay 30%                               |
| Mail Order (90-day supply)                               | Generic: You pay $25                                     | No Benefit                                               | Generic: You pay $25                                     |
|                                                          | Preferred: You pay $75                                   |                                                          | Preferred: You pay $75                                   |
|                                                          | Non-Preferred: You pay $125                              |                                                          | Non-Preferred: You pay $125                              |

If there is a conflict between the information in this summary and the legal plan documents, the plan will be administered according to the legal plan documents.