# Health

<table>
<thead>
<tr>
<th>HealthPartners</th>
<th>Plan A – $2,500-90%</th>
<th>Plan B – $1,500-90%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Family</td>
<td>$10,000</td>
<td>$20,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>Deduct &amp; Coins</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td>Specialist Care Physician</td>
<td>Deduct &amp; Coins</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td>Routine / Preventive Care</td>
<td>Covered based on Preventive Care Guidelines</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td><strong>Hospital Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>Deduct &amp; Coins</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Deduct &amp; Coins</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Deduct &amp; Coins</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Deduct &amp; Coins</td>
<td>Deduct &amp; Coins</td>
</tr>
<tr>
<td><strong>Prescription Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>Deductible &amp; Coinsurance</td>
<td>Deductible &amp; Coinsurance</td>
</tr>
<tr>
<td>Preferred Brand Name</td>
<td>Deductible &amp; Coinsurance</td>
<td>Deductible &amp; Coinsurance</td>
</tr>
<tr>
<td>Non-Preferred Brand Name</td>
<td>Deductible &amp; Coinsurance</td>
<td>Deductible &amp; Coinsurance</td>
</tr>
</tbody>
</table>

This is a summary of benefits and features offered by the Unity School District and HealthPartners. All benefits are subject to the limitations, and exclusions set forth in the Summary Plan Description.

## Payroll Rates (24 Pay Period)

<table>
<thead>
<tr>
<th></th>
<th>PLAN A RATES</th>
<th>PLAN B RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee/District</td>
<td>Employee/District</td>
</tr>
<tr>
<td>Employee</td>
<td>$31.55 / $231.40</td>
<td>$49.92 / $243.74</td>
</tr>
<tr>
<td>Family</td>
<td>$80.78 / $592.36</td>
<td>$127.80 / $623.96</td>
</tr>
</tbody>
</table>

## Payroll Rates (20 Pay Period)

<table>
<thead>
<tr>
<th></th>
<th>PLAN A RATES</th>
<th>PLAN B RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee</td>
</tr>
<tr>
<td>Employee</td>
<td>$37.86 / $277.68</td>
<td>$59.91 / $292.49</td>
</tr>
<tr>
<td>Family</td>
<td>$96.93 / $710.84</td>
<td>$153.36 / $748.75</td>
</tr>
</tbody>
</table>

## Payroll Rates (18 Pay Period)

<table>
<thead>
<tr>
<th></th>
<th>PLAN A RATES</th>
<th>PLAN B RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee</td>
<td>Employee</td>
</tr>
<tr>
<td>Employee</td>
<td>$42.07 / $308.53</td>
<td>$66.56 / $324.98</td>
</tr>
<tr>
<td>Family</td>
<td>$107.20 / $789.82</td>
<td>$170.40 / $831.95</td>
</tr>
</tbody>
</table>