

Quote ID: 6783

131205,131213,131221,131229,131365,131371,131377,1  
131205,131213,131221,131229,131365,131371,1313  
77,131383

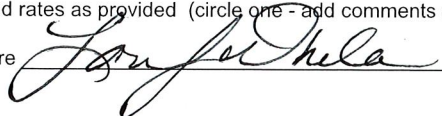
131446,131449,131452,131455,131458,131510,131514,1  
131446,131449,131452,131455,131458,131510,13151  
4,131518

|  | Premier/HMO<br>Traditional With Rx |               |               |          | Premier/HMO<br>Traditional With Rx |               |               |          |
|--|------------------------------------|---------------|---------------|----------|------------------------------------|---------------|---------------|----------|
| <b>Benefits</b>                          |                                    |               |               |          |                                    |               |               |          |
| Deductible (Single/Family)               | \$2,000/\$4,000                    |               |               |          | \$3,000/\$6,000                    |               |               |          |
| Coinsurance                              | 100%                               |               |               |          | 100%                               |               |               |          |
| Maximum Out-of-Pocket<br>(Single/Family) | \$3,000/\$6,000                    |               |               |          | \$4,000/\$8,000                    |               |               |          |
| Emergency Room Copayment                 | Ded/\$250                          |               |               |          | Ded/\$250                          |               |               |          |
| Urgent Care Copayment                    | \$100                              |               |               |          | \$100                              |               |               |          |
| Office Visit Copayment                   | \$25                               |               |               |          | \$25                               |               |               |          |
| Specialist Office Visit<br>Copayment     | \$50                               |               |               |          | \$50                               |               |               |          |
| Preventive Benefit                       | Paid at 100%*                      |               |               |          | Paid at 100%*                      |               |               |          |
| Laboratory/Radiology Benefit             | Subject to deductible/coinsurance  |               |               |          | Subject to deductible/coinsurance  |               |               |          |
| Dependent Wrap Benefit                   | Included                           |               |               |          | Included                           |               |               |          |
| Pharmacy Benefit                         | \$10/\$30/\$60/\$250               |               |               |          | \$10/\$30/\$60/\$250               |               |               |          |
| Mail Order                               | x 2 Copay(s)                       |               |               |          | x 2 Copay(s)                       |               |               |          |
|  | Empls                              | Current Rates | Renewal Rates | % Change | Empls                              | Current Rates | Renewal Rates | % Change |
| EE Only                                  | 14                                 | \$1,005.96    | \$1,036.14    | 3.0%     | 21                                 | \$949.23      | \$977.71      | 3.0%     |
| ES                                       | 15                                 | \$2,273.47    | \$2,341.68    | 3.0%     | 15                                 | \$2,145.26    | \$2,209.62    | 3.0%     |
| EE + 1 child                             | 1                                  | \$2,273.47    | \$2,341.68    | 3.0%     | 2                                  | \$2,145.26    | \$2,209.62    | 3.0%     |
| EE + 2 or more children                  | 5                                  | \$2,273.47    | \$2,341.68    | 3.0%     | 1                                  | \$2,145.26    | \$2,209.62    | 3.0%     |
| Family                                   | 17                                 | \$2,273.47    | \$2,341.68    | 3.0%     | 34                                 | \$2,145.26    | \$2,209.62    | 3.0%     |
| Medicare Single                          | 0                                  | \$704.17      | \$725.30      | 3.0%     | 0                                  | \$664.46      | \$684.40      | 3.0%     |
| Medicare Couple                          | 0                                  | \$1,408.34    | \$1,450.60    | 3.0%     | 0                                  | \$1,328.92    | \$1,368.79    | 3.0%     |
| Medicare Split                           | 1                                  | \$1,710.13    | \$1,761.44    | 3.0%     | 0                                  | \$1,613.69    | \$1,662.11    | 3.0%     |
| Total                                    | 53                                 | \$102,185.43  | \$105,251.24  | 3.0%     | 73                                 | \$131,487.35  | \$135,432.15  | 3.0%     |

\*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on calendar year. Rates have been calculated for the period 7/1/2021 through 6/30/2022.

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature  Date 05/11/21

Quote ID: 6783

131448,131451,131454,131457,131460,131511,131515,1  
131448,131451,131454,131457,131460,131511,13151  
5,131519

Explore/HMO  
Traditional With Rx

**Benefits**

|                                       |                                   |
|---------------------------------------|-----------------------------------|
| Deductible (Single/Family)            | \$3,000/\$6,000                   |
| Coinsurance                           | 100%                              |
| Maximum Out-of-Pocket (Single/Family) | \$4,000/\$8,000                   |
| Emergency Room Copayment              | Ded/\$250                         |
| Urgent Care Copayment                 | \$100                             |
| Office Visit Copayment                | \$25                              |
| Specialist Office Visit Copayment     | \$50                              |
| Preventive Benefit                    | Paid at 100%*                     |
| Laboratory/Radiology Benefit          | Subject to deductible/coinsurance |
| Dependent Wrap Benefit                | Not included                      |
| Pharmacy Benefit                      | \$10/\$30/\$60/\$250              |
| Mail Order                            | x 2 Copay(s)                      |

|                         | Empls    | Current Rates | Renewal Rates | % Change    | Empls    | Current Rates | Renewal Rates | % Change    |
|-------------------------|----------|---------------|---------------|-------------|----------|---------------|---------------|-------------|
| EE Only                 | 0        | \$990.99      | \$1,020.72    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| ES                      | 0        | \$2,239.64    | \$2,306.83    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| EE + 1 child            | 0        | \$2,239.64    | \$2,306.83    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| EE + 2 or more children | 0        | \$2,239.64    | \$2,306.83    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| Family                  | 0        | \$2,239.64    | \$2,306.83    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| Medicare Single         | 0        | \$693.69      | \$714.50      | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| Medicare Couple         | 0        | \$1,387.39    | \$1,429.01    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| Medicare Split          | 0        | \$1,684.68    | \$1,735.22    | 3.0%        | 0        | \$0.00        | \$0.00        | 0.0%        |
| <b>Total</b>            | <b>0</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>0.0%</b> | <b>0</b> | <b>\$0.00</b> | <b>\$0.00</b> | <b>0.0%</b> |

\*Paid at 100% subject to frequency schedule that meets or exceeds the guidelines of the U.S. Preventive Services Task Force (USPSTF).

Deductibles are based on calendar year. Rates have been calculated for the period 7/1/2021 through 6/30/2022.

Renewal benefits and rates as provided (circle one - add comments as necessary) Yes or No

Acceptance Signature *Jon J. Whelan* Date 5/11/21