SCHEDULE OF BENEFITS

The following is a summary of the benefit options available to each participant during a qualified enrollment period. Descriptions below summarize participant cost sharing, prior authorization requirements, limitations and exclusions. The Plan utilizes a preferred provider network for professional and ancillary services (i.e. physician, specialist, outpatient diagnostic, etc.) only. All facility services for inpatient and outpatient are offered on an "OPEN ACCESS" basis that does not limit the facility where services are performed. Most OPEN ACCESS services must be PRE-CERTIFIED for coverage to be in place. The Plan has contracted with strategic Texas hospital and provider systems and you may learn how this will benefit you when contacting the concierge prior to engaging services.

Most OPEN ACCESS services must be PRE-CE	INTILED TOT COVE	, , , , , , , , ,		1			· · · · · · · · · · · · · · · · · · ·		0-00	
PLAN FEATURES		HD		Low		Basic		Choice		
GENERAL FEATURES Type of Coverage		Point of Service		Point of Service		Point of Service		Point of	f Service	
Professional & Anciliary - Preferred Network		POINT OF Service PHCS/Multiplan		Point of Service PHCS/Multiplan		Point of Service PHCS/Multiplan		PHCS/Multiplan		
Inpatient & Outpatient - Facility		Open Access		Open Access		Open Access		Open Access		
PCP Requirement		Multiple Texas Hospital & Provider Systems None		Multiple Texas Hospital & Provider Systems None		Multiple Texas Hospital & Provider Systems None		Multiple Texas Hospital & Provider Systems None		
DEDUCTIBLE & COINSURANCE		In-Network Non-Network		In-Network Non-Network		In-Network Non-Network		In-Network Non-Network \$1,500		
Deductible - Individual Deductible - Family		\$3,000 \$6,000		\$6,000 \$12,000		\$3, \$6,		\$3,000		
Coinsurance		80% after Deductible	70% after Deductible	80% after Deductible	70% after Deductible	80% after Deductible	70% after Deductible	80% after Deductible	70% after Deductible	
Out of Pocket Maximum (includes deductible, coinsurance and copays)		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	
Individual Family		\$7,500 \$15,000		\$7,500 \$15,000		\$7,500 \$15,000		\$7,500 \$15,000		
Maximum Plan Year Benefits	Prior Auth		mited	Unlir	mited	Unlii	nited	Unlir	mited	
MEDICAL BENEFITS	Required ³		er Pays	Membe		Membe		Membe		
PHYSICIAN SERVICES Primary Care Office Visit (applies to visit only)	No	In-Network 20% after deductible	Non-Network 30% after deductible	In-Network \$30 Copay	Non-Network 30% after deductible	In-Network \$30 Copay	Non-Network 30% after deductible	In-Network \$30 Copay	Non-Network 30% after deductible	
Specialist Office Visit	No	20% after deductible	30% after deductible	\$70 Copay	30% after deductible	\$70 Copay	30% after deductible	\$70 Copay	30% after deductible	
Services provided in a Physicians Office (other than the office visit copay)	No	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	
Urgent Care Telemedicine Services (1 800 MD)	No	20% after deductible	30% after deductible	\$50 Copay	30% after deductible	\$50 Copay	30% after deductible	\$50 Copay	30% after deductible	
PREVENTIVE & WELLNESS SERVICES	No	\$0 In-Network	no coverage Non-Network	\$0 In-Network	no coverage Non-Network	\$0 In-Network	no coverage Non-Network	\$0 In-Network	no coverage Non-Network	
(ACA required preventive services only) Services at Physician Office	No	\$0 Copay	30% after deductible	\$0 Copay	30% after deductible	\$0 Copay	30% after deductible	\$0 Copay	30% after deductible	
Outpatient Hospital Free Standing Facility Services	Yes									
HOSPITAL/FACILITY SERVICES 103		\$0 Copay Open Access		\$0 Copay Open Access		\$0 Copay Open Access		\$0 Copay Open Access		
npatient Hospitalization Yes		30% after deductible		30% after deductible		30% after deductible		30% after deductible		
Inpatient Visits - Physician Inpatient Surgery	Incl in Hospital		deductible	30% after		30% after		30% after		
(Second surgical opinion may be required) Inpatient Diagnostic Services	Yes		deductible	30% after		30% after		30% after		
(Lab, x-ray, CT, MRI, MRA, PET scan)	Incl in Hospital	30% after deductible		30% after deductible		30% after deductible		30% after deductible		
and Surgery Anesthesia			30% after deductible 30% after deductible		30% after deductible 30% after deductible		30% after deductible 30% after deductible		30% after deductible 30% after deductible	
Emergency Room Services (Life threatening Services)	No No		deductible		deductible	30% after		30% after		
Emergency Room Services (Non-Emergent Care)	No	Not Covered / 100	Not Covered / 100% paid by Member		Not Covered / 100% paid by Member		Not Covered / 100% paid by Member		Not Covered / 100% paid by Member	
DIAGNOSTIC SERVICES (Outpatient)		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	
Laboratory Services	No	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	
Radiology (x-ray, ultrasound) CT / MRI / MRA / PET Scan	No Yes	20% after deductible 20% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	30% after deductible 30% after deductible	
PREGNANCY BENEFITS		In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	
Physician Visits Testing/Childbirth/Delivery	No No	20% after deductible	30% after deductible deductible	\$30 Copay 30% after	30% after deductible	\$30 Copay 30% after	30% after deductible	\$30 Copay	30% after deductible deductible	
MENTAL & NERVOUS; CHEMICAL DEPENDENCY	NO	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	
Office Visits (outpatient)	No	20% after deductible	30% after deductible	\$30 Copay	30% after deductible	\$30 Copay	30% after deductible	\$30 Copay	30% after deductible	
Inpatient (Facility) Outpatient (Facility)	Yes Yes		deductible deductible	30% after \$30 0		30% after \$30 0		30% after \$30 0		
OTHER SERVICES; Network requirements Allergy Office visits	163	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	
(The copay applies for the office visit only) Allergy Services	No	20% after deductible	30% after deductible	\$100 Copay	30% after deductible	\$100 Copay	30% after deductible	\$100 Copay	30% after deductible	
Testing / injections Air Ambulance Transportation - NON Emergency	Yes	20% after deductible 20% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	30% after deductible 30% after deductible	
Home Health Care	Yes	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	
(Limited to 30 visits per plan year) Hospice Care (Outpatient/Home)	Yes	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	
Rehabilitation/Habilitation Services (limited to 30 visits per plan year)	No	20% after deductible	30% after deductible	20% after deductible			30% after deductible			
Second Surgical Opinion (may be required)	No				30% after deductible	20% after deductible	30 % after deductible	20% after deductible	30% after deductible	
OTHER SERVICES: Open Access		\$0 Copay	30% after deductible	\$0 Copay	30% after deductible 30% after deductible	20% after deductible \$0 Copay	30% after deductible	20% after deductible \$0 Copay	30% after deductible 30% after deductible	
		Open	Access	\$0 Copay	30% after deductible	\$0 Copay	30% after deductible	\$0 Copay	30% after deductible	
Hospice Care (Inpatient) Emergency Medical Transportation	Yes	Open 30% after		\$0 Copay	30% after deductible Access deductible	\$0 Copay Open a 30% after	30% after deductible Access deductible	\$0 Copay Open /	30% after deductible Access deductible	
Emergency Medical Transportation Air Ambulance Transportation - Emergency		Open 30% after 30% after	Access deductible	\$0 Copay Open J 30% after	30% after deductible Access deductible	\$0 Copay	30% after deductible Access deductible deductible	\$0 Copay Open J 30% after	30% after deductible Access deductible	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible)	Yes No	Open 30% after 30% after	Access deductible deductible deductible	\$0 Copay Open J 30% after 30% after	30% after deductible Access deductible deductible deductible	\$0 Copay Open . 30% after 30% after	30% after deductible Access deductible deductible deductible	\$0 Copay Open J 30% after 30% after	30% after deductible Access deductible deductible deductible	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY	Yes No	Open 30% after 30% after 30% after Participating	Access deductible deductible deductible	\$0 Copay Open 1 30% after 30% after 30% after	30% after deductible Access deductible deductible deductible	\$0 Copay Open. 30% after 30% after Participating	30% after deductible Access deductible deductible deductible	\$0 Copay Open. 30% after 30% after Participating	30% after deductible Access deductible deductible deductible deductible	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY (Subject to Formulary & ACA requirements)	Yes No	Open 30% after 30% after 30% after Wentle Participating Memb Generic On	Access deductible deductible deductible spharmacles ar Pays ly \$0 Copay	\$0 Copay Open 30% after 30% after 40% after 4	30% after deductible Access deductible deductible deductible deductible I Pharmacles or Pays ly \$0 Copay	\$0 Copay Open. 30% after 30% after 30% after Membe	30% after deductible Access deductible deductible deductible IPharmacles y \$0 Copay	\$0 Copay Open 30% after 30% after 40% after 4	30% after deductible Access deductible deductible deductible J Pharmacles or Pays ly \$0 Copay	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY (Subject to Formulary & ACA requirements) Pharmacy Retail – up to a 30 day supply	Yes No	Open 30% after 30% after 30% after Participating Memb Generic On Brand Drugs Generic On	Access deductible deductible deductible j Pharmacles ar Pays ly \$0 Copay - Not Covered ly \$0 Copay	\$0 Copay Open 30% after 30% after 30% after Membe Generic Onl Brand Drugs Generic Onl	30% after deductible Access deductible deductible deductible I Pharmacles sor Pays ly \$0 Copay - Not Covered ly \$0 Copay	\$0 Copay Open. 30% after 30% after 30% after Membe Generic On Brand Drugs Generic On	30% after deductible Access deductible deductible deductible IPharmacles Pr Pays y \$0 Copay Not Covered y \$0 Copay	\$0 Copay Open 30% after 30% after 30% after Renticipating Membe Generic Onl Brand Drugs Generic Onl	30% after deductible Access deductible deductible deductible I Pharmacles or Pays ly \$0 Copay - Not Covered ly \$0 Copay	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY (Subject to Formulary & ACA requirements)	Yes No Yes	Open 30% after 30% after 30% after 30% after Participating Memb Generic On Brand Drugs Generic On Brand Drugs	Access deductible deductible deductible p Pharmacies ar Pays ly \$0 Copay - Not Covered	\$0 Copay Open 30% after 30% after Participating Membe Generic Onl Brand Drugs Generic Onl Brand Drugs	30% after deductible Access deductible deductible deductible I Pharmacles sor Pays ly \$0 Copay - Not Covered ly \$0 Copay	\$0 Copay Open. 30% after 30% after 30% after Participating Membo Generic On Brand Drugs Generic On Brand Drugs	30% after deductible Access deductible deductible deductible Pharmacies or Pays y 50 Copay Not Covered	\$0 Copay Open 30% after 30% after 30% after Participating Membe Generic Onl Brand Drugs Generic Onl Brand Drugs	30% after deductible Access deductible deductible deductible I Pharmacles or Pays ly \$0 Copay - Not Covered ly \$0 Copay	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY (Subject to Formulary & ACA requirements) Pharmacy Retail – up to a 30 day supply Pharmacy Mail Order – up to a 90 day supply	Yes No Yes	Open 30% after 30% after 30% after Participating Memb Generic On Brand Drugs Generic On Brand Drugs Generic On Brand Drugs	Access deductible deductible deductible I Pharmacles or Pays Iy \$0 Copay - Not Covered Iy \$0 Copay - Not Covered	\$0 Copay Open 30% after 30% after 30% after Participating Membel Generic Onl Brand Drugs Generic Onl Brand Drugs Membel Generic Onl Brand Prugs	30% after deductible Access deductible deductible deductible Pharmacies ar Pays y S0 Copay - Not Covered y S0 Copay - Not Covered - Pays S10 Copay - Pays S10 Copay - Pays S10 Copay	\$0 Copay Open. 30% after 30% after 30% after Renticipating Membi Generic On Brand Drugs Membi Membi Generic On Brand Prugs	30% after deductible Access deductible deductible Pharmacies or Pays y 50 Copay - Not Covered y \$0 Copay - Not Covered or Pays	\$0 Copay Open. 30% after 30% after 30% after Participating Membe Generic Onl Brand Drugs Membe Membe Generic Onl Brand Drugs Membe Generic Onl Brand Drugs	30% after deductible deductible deductible deductible pharmacies ar Pays ly \$0 Copay - Not Covered ly \$0 Copay - Not Covered ar Pays sti0 Copay	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY (Subject to Formulary & ACA requirements) Pharmacy Retail - up to a 30 day supply Pharmacy Mall Order - up to a 90 day supply NON-PREVENTIVE Prescriptions - (Subject to Formulary	Yes No Yes	Open 30% after 30% after 30% after 30% after Participating Memb Generic On Brand Drugs Generic On Brand Prugs Memb Generic On Brand Drugs Amend Generic - 30% Preferred Brand - 30% Preferred Brand - 30% Preferred Brand - 30%	Access deductible deductible deductible I Pharmacles or Pays Iy \$0 Copay - Not Covered Iy \$0 Copay - Not Covered or Pays after deductible of a deductible	\$0 Copay Open 30% after 30% after 30% after Participating Membe Generic On Brand Drugs Membe Generic On Brand Progress Membe	30% after deductible Access deductible deductible deductible Pharmacies ar Pays ly \$0 Copay - Not Covered y \$0 Copay - Not Covered ar Pays \$10 Copay - S5 Copay - S35 Copay - S87.50 Copay - S87.50 Copay	\$0 Copay Open. 30% after 30% after 30% after Participating Membr Generic On Brand Drugs Membr Generic On Preferred Bran Non Preferred Bran Generic Preferred Bran Generic Preferred Bran	30% after deductible Access deductible deductible Pharmacies Pays y 50 Copay Not Covered y 50 Copay 1 Copay 1 Copay 1 Copay 1 So Copay	\$0 Copay Open 30% after 30% after 30% after Participating Membr Generic On Brand Drugs Membr Generic On Preferred Bran Non Preferred Bran Generic Preferred Bran	30% after deductible deductible deductible deductible Pharmacies Pays S O Copay N O Copay N O Copay N O Copay O Copay O Copay O Copay S S O Copay	
Emergency Medical Transportation Air Ambulance Transportation - Emergency (Pre-cert as soon as reasonably possible) PHARMACY BENEFITS PREVENTIVE Prescriptions ONLY (Subject to Formulary & ACA requirements) Pharmacy Retail - up to a 30 day supply Pharmacy Mail Order - up to a 90 day supply NON-PREVENTIVE Prescriptions - (Subject to Formulary & ACA requirements) Retail Pharmacy - (up to a 30 day supply) Mail Order Pharmacy (90 day supply)	Yes No Yes	Open 30% after 30% after 30% after 30% after 30% after Participating Memb Generic On Brand Drugs Memb Generic On Brand Prugs Memb Generic - 30% Preferred Brand - 30% Pref	Access deductible deductible deductible 1 Pharmacles ar Pays ly \$0 Copay - Not Covered ly \$0 Copay - Not Covered ar Pays after deductible - 30% after deductible - 30% after deductible - 30% after deductible	\$0 Copay Open 1 30% after 30% after 30% after Participating Member Generic On Brand Drugs Generic On Brand Drugs Member Generic On Preferred Brand Non Preferred Brand Non Preferred Brand	30% after deductible Access deductible deductible deductible Pharmacies ar Pays y \$0 Copay - Not Covered y \$0 Copay - Not Covered ar Pays \$10 Copay - Not Covered - \$35 Copay and - Not Covered - \$45 Copay - \$45	\$0 Copay Open 30% after 30% after 30% after Participating Membr Generic On Brand Drugs Generic On Brand Drugs Membr Generic On Preferred Bran Non Preferred Bran Non Preferred Bran	30% after deductible Access deductible deductible Pharmacles Pr Pays y 50 Copay - Not Covered y 50 Copay - Not Covered or Pays \$10 Copay - So Copay - 355 Copay - 39% to \$125 Max - \$37.50 Copay	\$0 Copay Open 30% after 30% after 30% after Participating Member Generic On Brand Drugs Generic On Brand Drugs Generic On Preferred Brand Non Preferred Brand Non Preferred Brand Non Preferred Brand	30% after deductible deductible deductible deductible I Pharmacies ar Pays y S0 Copay - Not Covered y S0 Copay - Not Covered ar Pays \$10 Copay d - \$35 Copay d - \$35 Copay d - \$35 Copay d - \$35 Copay d - \$30 Copay see Pays \$10 Copay d - \$35 Copay d - \$30 Copay	
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RXContain Program provides certain specialty medications at a \$0 copay if the participants family income is below \$100,000 annually.