

MARPAI

AMERISTEAD HEALTH



| PLAN                        | VALUE                | BRONZE               | HSA                  | SILVER               | GOLD                 | PLATINUM             | DIAMOND          |
|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------|
| Network                     | OPEN ACCESS          | Cigna PPO            | Cigna PPO            | Cigna PPO            | Cigna PPO            | Cigna PPO            | Cigna PPO        |
| Deductible (Ind/Fam)        | \$5,000/\$10,000     | \$8,000/\$16,000     | \$6,000/\$12,000     | \$5,000/\$10,000     | \$3,000/\$6,000      | \$250/500            | \$0/\$0          |
| Coinurance                  | 60/40                | 70/30                | 70/30                | 70/30                | 80/20                | 80/20                | 70/30            |
| Max Out of Pocket (Ind/Fam) | \$9,000/\$18,000     | \$8,700/\$17,400     | \$7,000/\$14,000     | \$8,700/\$17,400     | \$8,700/\$17,400     | \$1,250/\$2,500      | \$7,000/\$14,000 |
| Preventive Care             | \$0                  | \$0                  | \$0                  | \$0                  | \$0                  | \$0                  | \$0              |
| Teledoctor                  | \$0                  | \$0                  | \$0                  | \$0                  | \$0                  | \$0                  | \$0              |
| Primary Care                | \$50                 | \$50                 | 30% After Deductible | \$40                 | \$35                 | \$25                 | \$25             |
| Specialist                  | \$50                 | \$120                |                      | \$80                 | \$55                 | \$45                 | \$50             |
| Urgent Care                 | \$75                 | \$100                |                      | \$60                 | \$55                 | \$45                 | \$50             |
| Labs/X-Ray                  | 40% After Deductible | 30% After Deductible |                      | 30% After Deductible | 20% After Deductible | 20% After Deductible | 30%              |
| Diagnostic MRI/PET/CT/EKG   |                      |                      |                      |                      |                      |                      |                  |
| Emergency Room              |                      |                      |                      |                      |                      |                      |                  |
| Outpatient Surgical         |                      |                      |                      |                      |                      |                      |                  |
| Hospital Admission          | \$0/\$35/\$75        | \$0/\$35/\$75        | Contact PBM          | \$0/\$35/\$75        | \$0/\$35/\$75        | \$0/\$35/\$75        |                  |
| Maternity                   |                      |                      |                      |                      |                      |                      |                  |
| RX (Generic/Brand/NP Brand) | 100% Member Cost     | Contact PBM          | Contact PBM          | Contact PBM          | Contact PBM          | Contact PBM          | 100% Member Cost |
| RX Specialty                |                      |                      |                      |                      |                      |                      |                  |
| PREMIUMS                    | VALUE                | BRONZE               | HSA                  | SILVER               | GOLD                 | PLATINUM             | DIAMOND          |
| Employee Only               | \$303                | \$544                | \$640                | \$674                | \$941                | \$1,003              | \$873            |
| Employee + Spouse           | \$475                | \$856                | \$1,012              | \$1,067              | \$1,493              | \$1,632              | \$1,372          |
| Employee + Child/ren        | \$492                | \$753                | \$889                | \$945                | \$1,309              | \$1,563              | \$1,243          |
| Employee + Family           | \$601                | \$1,134              | \$1,340              | \$1,413              | \$1,981              | \$2,993              | \$1,687          |

Disclaimer: This document is a summary snapshot of plan benefits and rates for informational purposes only and is subject to change. It does not replace the Schedule of Benefits or official plan documents. For complete details on coverage, limitations, and exclusions, refer to the Schedule of Benefits. If this document differs from the Schedule of Benefits, the Schedule of Benefits and plan documents will govern.