

IN-NETWORK HEALTH CARE COSTS

This chart details the costs for in-network medical care.

| | PREMIUM PPO* | BASIC PPO | CORE CHOICE | CORE VALUE | ESSENTIAL |
|--|---|-----------------|---|--------------------------|---------------------|
| Preventive Care | \$0 | | | | |
| Annual Deductible (Individual/Family) | \$500/\$1,000** | \$850/\$1,700** | \$1,700/\$3,400*** | \$3,400/\$6,800*** | \$6,150/\$12,300*** |
| Coinsurance | 20% after deductible | | | Nothing after deductible | |
| Office Visit (Primary or Specialist) | \$15 | \$30 | Subject to deductible and coinsurance | | |
| LiveHealth Online | \$10 | \$20 | Subject to deductible and coinsurance | | |
| Urgent Care | \$35 | \$50 | Subject to deductible and coinsurance | | |
| Emergency Room | \$175 | \$250 | Subject to deductible and coinsurance | | |
| Annual Medical Out-of-Pocket Maximum | \$2,600/\$5,200 | \$3,700/\$7,400 | \$2,600/\$5,200*** | \$3,400/\$6,800*** | \$6,150/\$12,300*** |
| Prescription Drugs (Individual/Family) | \$3,250/\$6,500 Annual Rx Out-of-Pocket Maximum | | Subject to deductible and coinsurance; costs applied to Annual Medical Out-of-Pocket Maximum | | |
| Retail (30-day Supply) | Generic: \$10 Formulary: You pay 20% (\$30 min; \$75 max) Non-formulary: You pay 40% (\$60 min; \$150 max) Specialty: You pay 0% (if enrolled in CarelonRx's Cost Relief program; otherwise 30%)***** | | Subject to deductible and coinsurance | | |
| Mail (90-day Supply) | Generic: \$20 Formulary: You pay 20% (\$60 min; \$150 max) Non-formulary: You pay 40% (\$120 min; \$300 max) Specialty: You pay 0% (if enrolled in CarelonRx's Cost Relief program; otherwise 30%)***** | | Subject to deductible and coinsurance | | |

* The Premium PPO Medical Plan option is only available to partners who were benefits-eligible before January 1, 2012 or are grandfathered into the Plan.

** Co-pays do not count toward your deductible.

*** If you have coverage other than Partner Only, you must satisfy the family amount.

**** For all Essential Medical Plan option coverage levels except Partner Only, the family limit can be satisfied by any combination of family members, but the maximum amount any covered individual will pay per plan year for covered in-network services is \$9,400.

***** Applies to Basic PPO and Premium PPO Medical Plan options only — partners and eligible dependents will be automatically enrolled in CarelonRx's Cost Relief program and will have a \$0 co-pay for specialty (only) drugs. Partners and dependents who opt out of CarelonRx's Cost Relief program will pay a 30% co-pay for specialty drugs.

Note: For coverage of weight loss medications, contact Anthem Health Guide at **800.514.4538**.

IMPORTANT NOTES ABOUT PRESCRIPTION DRUG COVERAGE

- **If you take ongoing maintenance medications**, you'll be required to get 90-day supplies after two 30-day fills of your prescription. You must get your 90-day supply filled at a local CVS retail pharmacy OR Anthem's CarelonRx Mail Order Pharmacy. Anthem's CarelonRx Mail Order Pharmacy will deliver right to your door with free standard shipping.
- **If you have a complex health condition and need specialty drugs**, you'll be required to fill them through BioPlus Specialty Pharmacy. With the CarelonRx's Cost Relief program, partners enrolled in a PPO option can receive co-pay or coinsurance assistance.

RX TERMS TO KNOW

Tier 1 — Typically Generic: Tier 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2 — Typically Formulary Brand: Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work, and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 — Typically Non-Formulary Brand: Tier 3 drugs have a higher cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA.

Tier 4 — Typically Specialty Drugs: Tier 4 drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 4 may also include drugs recently approved by the FDA or specialty drugs used to treat serious, long-term health conditions and that may need special handling.