Benefits summary:
PPO Copay Align

Offering the most coverage available before deductible

This document is intended to be an easy-to-read summary to provide a general overview of your benefits. It is not a contract or legal document. Additional limitations and exclusions may apply to covered services. This plan has a specific network of providers, so check the Provider Directory prior to receiving services. Prior authorizations for certain services may apply. A complete description of benefits is contained in the Certificate of Coverage, Schedule or Agreement as applicable.

<table>
<thead>
<tr>
<th>Member cost-sharing</th>
<th>In-network benefits</th>
<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,000 individual/$2,000 family</td>
<td>$1,500 individual/$3,000 family</td>
</tr>
<tr>
<td></td>
<td>Deductible costs don't apply towards your coinsurance maximum</td>
<td>Deductible costs don't apply towards your coinsurance maximum</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>10% coinsurance for services after deductible is met, except where noted.</td>
<td>30% coinsurance for services after deductible is met, except where noted.</td>
</tr>
<tr>
<td><strong>Coinsurance maximum</strong></td>
<td>$1,000 individual/$2,000 family</td>
<td>$1,500 individual/$3,000 family</td>
</tr>
<tr>
<td></td>
<td>The most coinsurance cost share you’ll pay for covered services in a contract year. Your coinsurance cost share counts toward your out-of-pocket limit.</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-pocket limit</strong></td>
<td>$7,150 individual/$14,300 family</td>
<td>$14,300 individual/$28,600 family</td>
</tr>
<tr>
<td></td>
<td>The most you’ll pay in a contract year for covered services before we begin to pay 100% of the costs.</td>
<td></td>
</tr>
<tr>
<td><strong>Office visits</strong></td>
<td><strong>In-network benefits</strong></td>
<td><strong>Out-of-network benefits</strong></td>
</tr>
<tr>
<td>Primary care provider (PCP)</td>
<td>$20 copayment, deductible doesn't apply</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Specialists</td>
<td>$35 copayment, deductible doesn't apply</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50 copayment, deductible doesn't apply</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Virtual visits</td>
<td>$20 copayment, deductible doesn't apply</td>
<td>Not covered</td>
</tr>
<tr>
<td>24/7 care for non-emergency conditions</td>
<td><strong>Allergy testing, serum and injections</strong></td>
<td>10% coinsurance after deductible</td>
</tr>
<tr>
<td>Retail health clinic</td>
<td>Located in a retail center, like a supermarket or pharmacy and provides care for common illnesses and services (examples: ear aches, sore throats, flu shots)</td>
<td>$50 copayment, deductible doesn't apply</td>
</tr>
<tr>
<td>Mental and behavioral health</td>
<td><strong>In-network benefits</strong></td>
<td><strong>Out-of-network benefits</strong></td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Outpatient office visits</td>
<td>$20 copayment, deductible doesn't apply</td>
<td>30% coinsurance after deductible</td>
</tr>
</tbody>
</table>
### Prescription Drug Coverage

Visit priorityhealth.com and search **Approved Drug list** to see a list of covered drugs and pricing information.

<table>
<thead>
<tr>
<th>Category</th>
<th>In-network benefits</th>
<th>Out-of-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care</strong></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>Preventive care, immunizations</td>
<td>Covered in full; includes women’s preventative health care services, well-child visits, flu shots and routine physical exams. Get the most up-to-date list of all the care that’s recommended in our Preventative Health Care Guidelines when you login to your online account at PriorityHealth.com</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Laboratory and X-ray</strong></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>Radiology</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Advanced imaging (CT/ PET/MRI)</td>
<td>$150 copayment, deductible doesn’t apply</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Laboratory</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$100 copayment, deductible doesn’t apply</td>
<td>$100 copayment, deductible doesn’t apply</td>
</tr>
<tr>
<td>Emergency transportation/ ambulance services</td>
<td>$50 copayment, deductible doesn’t apply</td>
<td>$50 copayment, deductible doesn’t apply</td>
</tr>
<tr>
<td><strong>Hospital Care</strong></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>Inpatient hospital physician services</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Surgery and/or facility fee</td>
<td>10% coinsurance after deductible; exceptions apply</td>
<td>30% coinsurance after deductible; exceptions apply</td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td>10% coinsurance after deductible; covered once per lifetime</td>
<td>30% coinsurance after deductible; covered once per lifetime</td>
</tr>
<tr>
<td><strong>Outpatient Care</strong></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>Skilled nursing services and residential treatment</td>
<td>10% coinsurance after deductible; Up to 120 days covered per member each contract year</td>
<td>30% coinsurance after deductible; Up to 45 days covered per member each contract year</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>In-home and hospice care</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Rehabilitation Services and Devices</strong></td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>Physical and occupational therapy (including chiropractic)</td>
<td>$20 copayment, deductible doesn’t apply Combined maximum 50 visits per member per contract year</td>
<td>50% coinsurance after deductible Combined maximum 30 visits per member per contract year</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>$20 copayment, deductible doesn’t apply Combined maximum 50 visits per member per contract year</td>
<td>50% coinsurance after deductable Combined maximum 30 visits per member per contract year</td>
</tr>
<tr>
<td>Prosthetic and orthotic support</td>
<td>10% coinsurance after deductible</td>
<td>50% coinsurance after deductible</td>
</tr>
<tr>
<td>Durable medical equipment (DME)</td>
<td>10% coinsurance after deductible</td>
<td>50% coinsurance after deductible</td>
</tr>
<tr>
<td>Family planning and maternity care</td>
<td>In-network benefits</td>
<td>Out-of-network benefits</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family planning</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Routine prenatal and postpartum care</td>
<td>Covered in full for evaluation and management; see Preventative Health Care Guidelines for recommendations and services</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Maternity delivery and nursery care</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Tubal ligation</td>
<td>Covered in full for physicians services and outpatient facility</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td></td>
<td>Note: Hospital inpatient charges are subject to deductible and coinsurance when in connection with delivery or other covered inpatient surgery</td>
<td></td>
</tr>
<tr>
<td>Vasectomy</td>
<td>Covered in full when performed in physician's office or in connection with other surgery</td>
<td>30% coinsurance after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Riders</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable medical equipment</td>
<td>90% coverage</td>
</tr>
<tr>
<td>Prosthetics and orthotics</td>
<td>90% coverage</td>
</tr>
<tr>
<td>Elective Termination of Pregnancy</td>
<td>May use any participating provider during the first trimester of the pregnancy, no referral required, limited one procedure during any one period of 24 consecutive months.</td>
</tr>
<tr>
<td>Rehabilitative medicine</td>
<td>20 additional visits</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>Skilled nursing facility services are covered up to 120 days.</td>
</tr>
<tr>
<td>Early retiree</td>
<td>Covers early retirees who are not yet eligible for Medicare</td>
</tr>
<tr>
<td>Surviving Spouse with dependents</td>
<td>Covers a surviving spouse with dependents</td>
</tr>
<tr>
<td>Domestic partners</td>
<td>Covers both same sex partner or different sex partner</td>
</tr>
</tbody>
</table>

### Additional benefits:

**Cost estimator:** Calculates specific costs for hundreds of procedures, based on where you’re at with your deductible, coinsurance, etc. If a selected procedure is above fair market price, the tool will provide a list of nearby facilities where it's offered at a lower cost.

**Travel assistance:** If you become ill or injured while traveling more than 100 miles from home, AssistAmerica® coverage is included in your plan. Receive help with medical care, coordinating prescriptions, assistance with lost luggage, and even arrange your travel back home.

**Member perks:** Earn up to 20% cash back when you purchase digital gift cards from hundreds of local and national retailers - from Amazon to Zappos. Redeem online or at checkout at the store.