Effective Date: 01/01/2015 Prepared On: 11/13/2014

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| Prescription Drugs Drug Card | In-Network | Out-Network | In-Network | |
|--------------------------------------|-------------------------------|-------------|------------------------------|------------------------------|
| Drug Card | | | III-INELWOIK | Out-Network |
| - | | | | |
| | 8C(15/35/75/100 ded) | | DM(15/35/75 IntDed) | |
| Cost Share Information | | | | |
| ndividual/Family Deductible | \$850/\$1,700 | | \$2,000/\$4,000 | \$4,000/\$8,000 |
| ndividual/Family OOP Limit | \$4,000/\$8,000 (incl ded) | | \$5,500/\$11,000 (incl ded) | \$10,000/\$20,000 (incl ded) |
| Co-Insurance | 10% | | 10% | 50% |
| Office Visits | | | | |
| Primary Care | \$15 ded waived | | \$30 after ded | 50% after ded |
| Specialist | \$25 ded waived | | \$60 after ded | 50% after ded |
| Maternity Prenatal/Postnatal Care | \$15 ded waived | | \$30 after ded | 50% after ded |
| Chiropractic Care | \$15 ded waived; 20 visits/yr | | \$30 after ded; 20 visits/yr | 50% after ded; 20 visits/yr |
| npatient Services | | | | |
| npatient Hospital | 10% after ded | | 10% after ded | 50% after ded |
| Nental Health Inpatient | 10% after ded | | 10% after ded | 50% after ded |
| Substance Abuse Inpatient | 10% after ded | | 10% after ded | 50% after ded |
| Dutpatient Services | | | | |
| Dutpatient Facility | \$200 ded waived | | \$200 after ded | 50% after ded |
| _ab/X-Ray | 10% after ded | | 10% after ded | 50% after ded |
| Advanced Radiology | 10% after ded | | 10% after ded | 50% after ded |
| Mental Health Outpatient | \$15 ded waived | | \$30 after ded | 50% after ded |
| Substance Abuse Outpatient | \$15 ded waived | | \$30 after ded | 50% after ded |
| Emergency Care | | | | |
| Emergency Room | \$200 ded waived | | 10% after ded | Paid as in-network |
| Ambulance | 10% after ded | | 10% after ded | Paid as in-network |
| Jrgent Care | \$75 ded waived | | \$75 after ded | 50% after ded |
| Recovery/Special Needs | | | | |
| Home Health Care | 10% ded waived; 60 visits/yr | | 10% after ded; 60 visits/yr | 25% after ded; 60 visits/yr |
| Skilled Nursing | 10% after ded; 200 days/yr | | 10% after ded; 200 days/yr | 50% after ded; 200 days/yr |
| Durable Medical Equipment | 10% after ded | | 10% after ded | 50% after ded |
| | | | | |
| Single | 1 x \$622.64 | | 1 x \$538.83 | |
| EE with Spouse | 0 x \$1,245.28 | | 0 x \$1,077.66 | |
| EE with Child(ren) | 0 x \$1,058.49 | | 0 x \$916.01 | |
| | 1 x \$1,774.53 | | 1 x \$1,535.67 | |
| amily | | | | |

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible