

| | | | Total Health Plan Solutions. | lutions. | | |
|-------------------------------------|---|---|--|---|-------------------------------------|---------------------------------|
| Plan Name | 1500 Classic | 2500 Classic | 3500 Classic | 5000 Classic | 5000 HSA | 7350 Value |
| Network | * | * | | | Cigna | Cigna |
| Network Name | Cigna. | Open Acess Plus (OAP) | Open Acess Plus (OAP) | Open Acess Plus (OAP) | Open Acess Plus (OAP) | Open Acess Plus (OAP) |
| Network Search | All ED Ctates | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States |
| riali Avaliability | חוויסס סומונים | | Rates | | | |
| Memher | \$1.154 | \$1,065 | \$936 | \$860 | \$786 | \$723 |
| Member + Spouse | \$2,281 | \$2,102 | \$1,845 | \$1,693 | \$1,544 | \$1,419 |
| Member + Child(ren) | \$2,056 | \$1,895 | \$1,663 | \$1,527 | \$1,393 | \$1,280 |
| Family | \$3,409 | \$3,140 | \$2,753 | \$2,526 | \$2,303 | \$2,115 |
| | | | Benefits | \$5 000 Is /\$10 000 Out | \$5,000 ln / \$10,000 Out | \$7.350 ln / \$14,700 Out |
| Individual Deductible | \$1,500 ln / \$3,000 Out | \$2,500 ln / \$5,000 Out | \$7,000 ln / \$14,000 Out | \$10,000 ln / \$20,000 Out | \$10,000 In / \$20,000 Out | \$14,700 ln / \$29,400 Out |
| Individual Max Out of Pocket | \$7,350 ln / \$14,700 Out | \$7,350 ln / \$14,700 Out | \$7,350 ln / \$14,700 Out | \$7,350 In / \$14,700 Out | \$6,550 ln / \$20,000 Out | \$7,350 ln / \$14,700 Out |
| Family Max Out of Pocket | \$14,700 ln / \$29,400 Out | \$14,700 ln / \$29,400 Out | \$14,700 ln / \$29,400 Out | \$14,700 ln / \$29,400 Out | 100% | 100% |
| Preventive Care | No Maximum | No Maximum | No Maximum | No Maximum | No Maximum | No Maximum |
| Primary Care Visit Copay | \$40 Copay | \$40 Copay | \$45 Copay | \$45 Copay | Deductible then Plan pays 80% | \$50 Copay |
| Specialist Care Visit Copay | \$80 Copay | \$80 Copay | \$90 Copay | \$90 Copay | Deductible then Flail pays 00% | (pados oota) |
| | | | Laboratory & Diagnostic Services | | Dodinatible then Blan nave 80% | Deductible then Plan pays 100% |
| Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| | Considerate strain and property | | Radiology Services | | | |
| Facility (CT/PET/MRI/MRA/SPECT) | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Flair pays 100% |
| | | | Facility & Professional Services | | | |
| Emergency Room - Professional Fee | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Emergency Room - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Inpatient Hospital - Physician Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Outpatient - Physician | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Outpatient Hospital - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | \$100 Copay |
| Urgent Care Copay | \$80 Copay | \$80 Copay | \$90 Copay Prescription Drug Benefit | \$50 Copay | Dealection their mil balla con | |
| Generic | Retail: \$15 Conav | Retail: \$15 Copav | Retail: \$15 Copay | Retail: \$15 Copay | Deductible then Retail: \$15 Copay | Discount Card |
| Preferred Brand | Retail: \$45 Copay | | Retail: \$65 Copay | Retail: \$65 Copay | Deductible then Retail: \$65 Copay | Discount Card |
| Non-Preferred Brand | Retail: \$85 Copay | Retail: \$85 Copay | Retail: \$100 Copay | Retail: \$100 Copay | Deductible then Retail: \$100 Copay | Discount Card |
| For Internal Use Only | *New business rates good until 6/1/2025. *12-month rate guarantee from effective date | 2025. ctive date. | | | | |
| | *All benefits are on a calendar year basis. Disclaimer: This spreadsheet is only a sna | *All benefits are on a calendar year basis. Disclaimer: This spreadsheet is only a snapshot of benefits. Please refer to the SBC as this is for illustration purposes only. Online rates | o the SBC as this is for illustration pur | poses only. Online rates and benefits s | and benefits supersede this sheet. | |
| | | | | | | |



Total Health Plan Solutions.

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|--|--|--|---|------------------------------------|------------------------------------|--|
| Plan Name | 1500 Classic | 2500 Classic | 3500 Classic | 5000 Classic | 5000 HSA | 7350 Value |
| Network | PHCS | PHCS | PHCS | M PHCS | PHCS | PHCS |
| Network Name | Practitioner and Ancillary Network | Practitioner and Ancillary Network | Practitioner and Ancillary Network | Practitioner and Ancillary Network | Practitioner and Ancillary Network | Practitioner and Ancillary Network |
| Network Search | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States |
| r tall Avaitability | 711.00 | | Rates | | | |
| Member | \$960 | \$886 | \$780 | \$717 | \$655 | \$579 |
| Member + Spouse | \$1.894 | \$1.745 | \$1,532 | \$1,407 | \$1,283 | \$1,130 |
| Member + Child(ren) | \$1,707 | \$1.573 | \$1,382 | \$1,269 | \$1,158 | \$1,020 |
| Family | \$2.827 | \$2,604 | \$2,285 | \$2,096 | \$1,911 | \$1,682 |
| , will be | | | Benefits | | | |
| Individual Deductible | \$1,500 ln / \$3,000 Out | \$2,500 ln / \$5,000 Out | \$3,500 ln / \$7,000 Out | \$5,000 ln / \$10,000 Out | \$5,000 ln / \$10,000 Out | \$7,350 ln / \$14,700 Out |
| Family Deductible | \$3,000 In / \$6,000 Out | \$5,000 ln / \$10,000 Out | \$7,000 In / \$14,000 Out | \$10,000 ln / \$20,000 Out | \$10,000 ln / \$20,000 Out | \$14,700 ln / \$29,400 Out |
| Individual Max Out of Pocket | \$7,350 ln / \$20,000 Out | \$7,350 ln /\$20,000 Out | \$7,350 In / \$20,000 Out | \$1,350 ln / \$20,000 Out | \$14.700 ln / \$40.000 Out | \$14,700 ln / \$40,000 Out |
| Proventive Care | \$14,700 III7 \$40,000 Out | 100% | 100% | | 100% | 100% |
| Lifetime Maximum | No Maximum | No Maximum | No Maximum | No Maximum | No Maximum | No Maximum |
| Primary Care Visit Copay | \$40 Copay | \$40 Copay | \$45 Copay | \$45 Copay | Deductible then Plan pays 80% | \$50 Copay |
| Specialist Care Visit Copay | \$80 Copay | \$80 Copay | \$90 Copay | \$90 Copay | Deductible then Plan pays 80% | \$100 Copay |
| | | | Laboratory & Diagnostic Services | | | 1000 |
| Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible their Plan pays ou % | Deductible dien Fran bays oo // | Continue and the party of the p |
| | | | 2 | Dodinstible then Blan page 90% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Facility (CT/PET/MRI/MRA/SPECT) Professional Fees | Deductible then Plan pays 80% Deductible then Plan pays 80% | Deductible then Plan pays 80% Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| | | | Facility & Professional Services | | | |
| Emergency Room - Professional Fee | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Emergency Room - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Inpatient Hospital - Physician Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Inpatient - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Outpatient - Physician | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Outpatient Hospital - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | \$100 Consy |
| Urgent Care Copay | \$80 Copay | \$80 Copay | \$90 Copay | \$90 Copay | Deductible then Plan pays 80% | \$100 Copay |
| | | | Prescription Drug Benefit | | | |
| Generic | Retail: \$15 Copay | Retail: \$15 Copay | Retail: \$15 Copay | Retail: \$15 Copay | Discount Card | Discount Card |
| Preferred Brand | Retail: \$45 Copay | Retail: \$45 Copay | Retail: \$65 Copay | Retail: \$65 Copay | Discount Card | Discount Card |
| Non-Preferred Brand | Retail: \$85 Copay | Retail: \$85 Copay | Retail: \$100 Copay | Retail: \$100 Copay | Discount Card | Discount Card |
| | * All plans are Reference-Based Pricing. *New business rates good until 6/1/2025. | ng. 2025. | | | | |
| | *All benefits are on a calendar year basis. | asis. | | | | |
| | Disclaimer: Inis spreadsneer is only | a shapshot of beliefits. Flease felet to | Discialment into a speaking a shapshot of penins, reaserner to the operation massionary penipages in state of the speaking state of | | | |



Total Health Plan Solutions.

| | | | IUlat neattii rtaii sotutioiis: | | 5000 1160 | 7350 Value |
|-------------------------------------|--|---|--|--|--|--------------------------------|
| Plan Name | 1500 Classic | 2500 Classic | 3500 Classic | 5000 Classic | OUUU TOA | /330 |
| | | | QUALCARE | QUALCARE | QUALCARE | QUALCARE |
| Network | COALCARE | Control | A S C COMPANY OF THE SAME OF T | | *Multiplian/DHCS | *MultiPlan/PHCS |
| | *MultiPlan/PHCS | *MultiPlan/PHCS | *MultiPlan/PHCS (All other states) | *MultiPlan/PHCS [All other states] | [All other states] | (All other states) |
| Dian Availability | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States | All 50 States |
| rallovalability | | | Rates | | | |
| Mamhar | \$960 | \$8886 | \$780 | \$717 | \$655 | \$579 |
| Mombor - Charles | \$1 894 | \$1.745 | \$1,532 | \$1,407 | \$1,283 | \$1,130 |
| Member + Spouse | \$1,694 | \$1.573 | \$1,382 | \$1,269 | \$1,158 | \$1,020 |
| Member + Critiqiren) | \$1,707 | \$2 604 | \$2,285 | \$2,096 | \$1,911 | \$1,682 |
| Family | \$2,827 | \$2,000 | Benefits | | | |
| Individual Doduction | \$1 TOO TO | \$2 500 ln / \$5 000 Out | \$3 500 In / \$7,000 Out | \$5,000 In / \$10,000 Out | \$5,000 In / \$10,000 Out | \$7,350 ln / \$14,700 Out |
| Individual Deductible | \$1,500 In / \$3,000 Out | \$5,000 ln / \$10,000 Cut | \$7 000 In / \$14,000 Out | \$10,000 In / \$20,000 Out | \$10,000 In / \$20,000 Out | \$14,700 ln / \$29,400 Out |
| Family Deductible | \$3,000 In / \$6,000 Out | \$5,000 In / \$10,000 Out | \$7.350 In / \$20.000 Out | \$7,350 In / \$20,000 Out | \$7,350 In / \$20,000 Out | \$7,350 ln / \$20,000 Out |
| Individual Max Out of Pocket | \$/,350 In / \$20,000 Out | \$1,700 \$16,000 Out | \$14 700 In / \$40 000 Out | \$14.700 ln / \$40,000 Out | \$14,700 In / \$40,000 Out | \$14,700 In / \$40,000 Out |
| Preventive Care | \$14,700 In / \$40,000 Out | 100% | 100% | 100% | 100% | 100% |
| Lifetime Maximum | No Maximum | No Maximum | No Maximum | No Maximum | No Maximum | No Maximum |
| Primary Care Visit Copay | \$40 Copay | \$40 Copay | \$45 Copay | \$45 Copay | Deductible then Plan pays 80% | \$100 Copay |
| Specialist Care Visit Copay | \$80 Copay | \$80 Copay | \$90 Copay | \$50 Cupay | Connection with the best of the second | |
| n n | Dodination Plan page 900% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| | | | Radiology Services | | | |
| Facility (CT/PET/MRI/MRA/SPECT) | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| | | | Facility & Professional Services | | | |
| Bosson Brotossional Eso | Doductible then Blan pays 80% | Deductible then Plan navs 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Emergency Room - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Inpatient Hospital - Physician Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Inpatient - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Outpatient - Physician | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 100% |
| Outpatient Hospital - Facility | Deductible then Plan pays 80% | \$80 Copay | \$90 Copay | \$90 Copay | Deductible then Plan pays 80% | \$100 Copay |
| or going corpus | too cobul | | Prescription Drug Benefit | | | |
| Compile | Data H. #45 Canal | Potail: \$15 Conav | Retail: \$15 Copay | Retail: \$15 Copay | Discount Card | Discount Card |
| Generic Generic | Retail: \$15 Copay | Potail: \$15 Copay | Retail: \$65 Copay | Retail: \$65 Copay | Discount Card | Discount Card |
| Preferred Brand | Retail: \$45 Copay | Potail: \$85 Consy | Retail: \$100 Copay | Retail: \$100 Copay | Discount Card | Discount Card |
| * | The QualCare network uses its netw | The QualCare network uses its network for all services in New Jersey, all other states the benefits will be based on Reference-Based Pricing. | ther states the benefits will be based | on Reference-Based Pricing. | | |
| * | New Jersey Residents Only. QualCare network in NJ, all other states, MultiPlan / PHCS | ates, MultiPlan / PHCS. | | | | |
| | New business rates good until 6/1/2025 | 025. | | | | |
| For Internal Use Only | The state of the s | | | | | |
| | *12-month rate guarantee from effective date. *All benefits are on a calendar year basis. | asis. | | *12-month rate guarantee from effective date. *All benefits are on a calendar vear basis. | | |