

FRONTIER Building 12/01/2020- 11/30/2021

| Basic Plan | | | Mid Option Plan | | | High Plan - Selection 500 | | | POS Plan - High Option | | |
|---------------------|-----------------------|---|---------------------|--------------------------------|--|---------------------------|-----------------------|---|------------------------|-----------------------|---|
| Benefit summary | AETNA | | Benefit summary | AETNA | | Benefit summary | AETNA | | Benefit summary | AETNA | |
| | SELECT 3000 / 100% | | | SELECT 1500 / 100% | | | Select \$500 / 100% | | | POS \$500 / 100% | |
| In Network Coverage | Primary Copay | \$35 copay | In Network Coverage | Primary Copay | \$25 copay | In Network Coverage | Primary Copay | \$25 copay | In Network Coverage | Primary Copay | \$25 copay |
| | Specialist Copay | \$70 Copay | | Specialist Copay | \$50 Copay | | Specialist Copay | \$60 Copay | | Specialist Copay | \$60 Copay |
| | Deductible | \$3,000 Individual \$6,000 Family | | Deductible | \$1500 Individual \$3,000 Family | | Deductible | \$500 Individual \$1,000 Family | | Deductible | \$500 Individual \$1,000 Family |
| | Coinsurance | 100% | | Coinsurance | 100% | | Coinsurance | 100% | | Coinsurance | 100% |
| | Hospitalization | 100% AFTER DEDUCTIBLE | | Hospitalization | 100% AFTER DEDUCTIBLE | | Hospitalization | 100% AFTER DEDUCTIBLE | | Hospitalization | 100% AFTER DEDUCTIBLE |
| | Urgent Care | \$75 per visit | | Urgent Care | \$75 per visit | | Urgent Care | \$75 per visit | | Urgent Care | \$75 per visit |
| | ER Room | \$500 per visit | | ER Room | \$500 per visit | | ER Room | \$500 per visit | | ER Room | \$500 per visit |
| | Outpatient Diagnostic | 100% AFTER DEDUCTIBLE | | Outpatient Diagnostic | 100% AFTER DEDUCTIBLE | | Outpatient Diagnostic | 100% AFTER DEDUCTIBLE | | Outpatient Diagnostic | 100% AFTER DEDUCTIBLE |
| | Prescriptions | \$3 GEN T1 / \$10 GEN T2 / \$35/\$60/40% UP TO \$500 | | Prescriptions | \$3 GEN T1 / \$10 GEN T2 / \$45/\$60/40% UP TO \$500 | | Prescriptions | \$3 GEN T1 / \$10 GEN T2 / \$45/\$60/40% UP TO \$500 | | Prescriptions | \$3 GEN T1 / \$10 GEN T2 / \$45/\$60/40% UP TO \$500 |
| | Out of Pocket Maximum | \$6000 Individual / \$12,000 Family Inc. Ded. + Copays + Coins. | | Out of Pocket Maximum | \$4000 Individual / \$8,000 Family Inc. Ded. + Copays + Coins. | | Out of Pocket Maximum | \$3,000 Individual / \$6,000 Family Inc. Ded. + Copays + Coins. | | Out of Pocket Maximum | \$3,000 Individual / \$6,000 Family Inc. Ded. + Copays + Coins. |
| Lifetime Maximum | Unlimited | Lifetime Maximum | Unlimited | Lifetime Maximum | Unlimited | Lifetime Maximum | Unlimited | | | | |
| Out of Network | Deductible | N/A | Out of Network | Deductible | N/A | Out of Network | Deductible | N/A | Out of Network | Deductible | \$2,000 / \$6,000 |
| | Coinsurance | N/A | | Coinsurance | N/A | | Coinsurance | N/A | | Coinsurance | 30% |
| | Out of Pocket Maximum | N/A | | Out of Pocket Maximum | N/A | | Out of Pocket Maximum | N/A | | Out of Pocket Maximum | \$10,000 / \$30,000 |
| | Lifetime Maximum | N/A | | Lifetime Maximum | N/A | | Lifetime Maximum | N/A | | Lifetime Maximum | Unlimited |
| Premiums | Per Pay Period | | Premiums | Per Pay Period | | Premiums | Per Pay Period | | Premiums | Per Pay Period | |
| | Employee Only | \$50.26 | | Employee Only | \$83.47 | | Employee Only | \$130.74 | | Employee Only | \$176.02 |
| | Employee + Spouse | \$500.69 | | Employee + Spouse | \$588.96 | | Employee + Spouse | \$714.64 | | Employee + Spouse | \$834.96 |
| | Employee + Child(ren) | \$336.28 | | Employee + Child(ren) | \$404.46 | | Employee + Child(ren) | \$501.52 | | Employee + Child(ren) | \$594.45 |
| | Family | \$765.44 | | Family | \$886.08 | | Family | \$1,057.84 | | Family | \$1,222.28 |
| Vision Premium | Principal Vision VSP | | Dental Premium | Principal Dental High PPO 2000 | | | | | | | |
| | Employee Only | \$3.19 | | Employee Only | \$17.93 | | | | | | |
| | Employee + Spouse | \$6.93 | | Employee + Spouse | \$36.60 | | | | | | |
| | Employee + Child(ren) | \$7.42 | | Employee + Child(ren) | \$42.63 | | | | | | |
| | Family | \$12.00 | | Family | \$64.26 | | | | | | |

*Note: FRONTIER Building deducts every payroll for 26 pays