

| | INSURANCE 1 | INSURANCE 2 | INSURANCE 3 | INSURANCE 4 |
|-----------------------|-------------|-------------|-------------|-------------|
| MONTHLY PREMIUM | | | | |
| ANNUAL PREMIUM | | | | |
| DEDUCTIBLE | | | | |
| OOP MAXIMUM | | | | |
| PREMIUM/OOP MAXIMUM | | | | |
| SPECIALIST COPAY | | | | |
| MRI/CAT SCAN | | | | |
| DIAGNOSTIC LABS | | | | |
| EMERGENCY SERVICES | | | | |
| CHEMOTHERAPY | | | | |
| INPATIENT STAY | | | | |
| RETAIL- GENERIC | | | | |
| RETAIL- BRAND | | | | |
| RETAIL- NON FORMULARY | | | | |
| MAIL- GENERIC | | | | |
| MAIL- BRAND | | | | |
| MAIL- NON-FORMULARY | | | | |