

## Summary of Buy Up Plan Major Medical Benefits

The following benefits are per Plan Participant per Calendar Year:

Major Medical Cost Sharing Descriptions	In-Network	Non-Network
Annual Major Medical Deductible <ul style="list-style-type: none"> <li>• Single</li> <li>• Family Unit</li> </ul>	\$1,500 x 2	\$3,000 x 2
Coinsurance Levels <i>(after the Annual Deductible has been met)</i>	90 / 10	60 / 40
Maximum Annual Out-of-Pocket <sup>1</sup> <i>(Including Deductibles)</i> <ul style="list-style-type: none"> <li>• Single</li> <li>• Family Unit</li> </ul>	\$3,000 x 2	\$6,000 x 2
<b>Major Medical deductible and out-of-pocket limits for in-network and out-of-network providers accumulate separately.</b>		
Annual Reimbursable Deductible Allowance <sup>2</sup> (RDA) <ul style="list-style-type: none"> <li>• Single</li> <li>• Family Unit</li> </ul>	\$500 x 2	Not Available Not Available
Maximum Annual Major Medical Benefit Limit	Unlimited	Unlimited
Lifetime Major Medical Benefit Limit	Unlimited	Unlimited

Major Medical Expense Benefit Descriptions:	In-Network Coinsurance	Non-Network Coinsurance	Benefit Limit Descriptions
1. Allergy Injections <i>(GP / Specialists)</i>	\$5 Co-pay	60 / 40	
2. Allergy Testing	90 / 10	60 / 40	
3. Ambulance <i>(Air<sup>3</sup> &amp; Ground)</i>	90 / 10	60 / 40	Essential Health Benefits
4. Ambulatory Surgical Center	90 / 10	60 / 40	Essential Health Benefits
5. Anesthesia	90 / 10	60 / 40	Essential Health Benefits
6. Birthing Center	90 / 10	60 / 40	
7. Birth Control Devices <i>(Implants, IUDs, etc.)</i>	100%	60 / 40	
8. Blood & Plasma	90 / 10	60 / 40	Essential Health Benefits
9. Chiropractic Care	90 / 10	60 / 40	30 Visit Limit Per Year
10. Durable Medical Equipment	90 / 10	60 / 40	\$25,000 Annual Limit
11. Hearing Screening Examination	100%	100%	\$100 Annual Limit
12. Home Health Care	90 / 10	60 / 40	120 Day Annual Visit Limit
13. Hospice Care <ul style="list-style-type: none"> <li>• Inpatient Treatment</li> <li>• Outpatient Treatment</li> <li>• Family Bereavement Counseling</li> </ul>	90 / 10 90 / 10 90 / 10	60 / 40 60 / 40 60 / 40	180 Day Benefit Limit Combined for all Hospice Care Services.
14. Hospital <ul style="list-style-type: none"> <li>• Inpatient Treatment</li> <li>• Outpatient Treatment</li> </ul>	90 / 10 90 / 10	60 / 40 60 / 40	Essential Health Benefits
15. Newborn Nursery Care – while inpatient	90 / 10	60 / 40	Essential Health Benefits
16. Outpatient Diagnostic X-ray and Lab Services	90 / 10	60 / 40	Essential Health Benefits
17. Outpatient Emergency Room Services – ER <ul style="list-style-type: none"> <li>• Emergency</li> <li>• Physicians</li> </ul>	\$150 Co-pay <sup>4</sup> 100%	\$150 Co-pay <sup>5</sup> 100%	Essential Health Benefits

<sup>1</sup> ACA Maximum Annual Out-of-Pocket Limit includes In-Network Major Medical and Generic & Preferred Name Brand Pharmacy Deductibles, Coinsurance, and Co-pays. The actual out-of-pocket limit each year changes based upon cost of living adjustments that is consistent with ACA guidelines for the Plan Year for which claims are incurred. Contact Third Party Administrator for additional details.

<sup>2</sup> The Reimbursable Deductible Allowance (RDA) is a portion of the deductible that is reimbursed back to the Plan Member at a rate of 100% for eligible expenses that are incurred and paid when the Plan Member utilizes Network. There is no RDA available for Non-Network providers.

<sup>3</sup> Eligible Air Ambulance charges are limited to reasonable, Usual & Customary, or a percentage of Medicare Allowable, whichever is appropriate. Benefits can be limited based on other coverage purchased by Plan Members through an association, group, and/or a specific air ambulance company programs. Contact Third Party Administrator for additional details.

<sup>4</sup> After the co-pay the appropriate major medical coinsurance is applied.

<sup>5</sup> After the co-pay the appropriate major medical coinsurance is applied.

18. Physician Services <ul style="list-style-type: none"> <li>• General Practitioner – Encounter Co-pay</li> <li>• Specialist – Encounter Co-pay</li> <li>• Urgent Care – Encounter Co-pay</li> <li>• Lab, X-ray, and Surgery</li> </ul>	\$20 Dr. Co-pay \$25 Dr. Co-pay \$50 Dr. Co-pay 90 / 10	60 / 40 60 / 40 60 / 40 60 / 40	Essential Health Benefits
19. <b>Preferred Plan Benefits</b> <ul style="list-style-type: none"> <li>• Preferred Lab Benefits (<i>Quest - LabCard</i>)</li> <li>• Preferred Lab Benefits - <i>Boyce &amp; Bynum</i></li> <li>• Preferred DME Program</li> <li>• Mizzou Quick Care Clinics</li> <li>• CVS - Walk in Clinic Benefit</li> <li>• Healthy Track Diabetic Testing Program</li> <li>• Preferred Radiology Benefit</li> <li>• Telehealth Services – 24/7 Physician Access</li> </ul>	<i>Quest/LabCard</i> <i>Boyce &amp; Bynum</i> Pathology Laboratories Heartland DME MU Quick Care <i>minute clinic</i> Genesis Health <i>OneCall Care</i> <b>Teladoc</b>	N/A N/A N/A N/A N/A N/A N/A N/A	100% - <i>Quest/LabCard</i> 100% - <i>Boyce &amp; Bynum</i> Pathology Laboratories 100% - Heartland DME 100% at MU Quick Care 100% at <i>minute clinic</i> 100% through Genesis 100% through <b>OneCall</b> 100% through Teladoc
20. Pregnancy Expenses	90 / 10	60 / 40	Essential Health Benefits
21. Preventive Care <ul style="list-style-type: none"> <li>• Well Adult Care</li> <li>• Routine Physical Exam</li> <li>• Mammograms – <i>must be over age 40</i></li> <li>• Pap Smears</li> <li>• Prostate Exam – <i>must be over age 50</i></li> <li>• Routine Immunizations</li> <li>• Well Child Care Exam</li> </ul>	100% 100% 100% 100% 100% 100% 100%	60 / 40 60 / 40 60 / 40 60 / 40 60 / 40 60 / 40 60 / 40	Essential Health Benefits
22. Private Duty Nursing	90 / 10	60 / 40	
23. Prosthetics, Orthotics, Supplies and Surgical Dressings	90 / 10	60 / 40	\$10,000 Annual Limit
24. Psychiatric Care: <ul style="list-style-type: none"> <li>• Inpatient Physician Services</li> <li>• Partial Day Program</li> <li>• Outpatient Physician Services</li> <li>• Residential Treatment Program</li> </ul>	90 / 10 90 / 10 90 / 10 90 / 10	60 / 40 60 / 40 60 / 40 60 / 40	60 Day Annual Visit Limit 60 Visit Annual Limit 60 Visit Annual Limit 60 Day Annual Limit
25. Routine Patient Costs ( <i>Approved Clinical Trials</i> )	90 / 10	60 / 40	
26. Second Surgical Opinions	100%	60 / 40	
27. Skilled Nursing Facility	90 / 10	60 / 40	120 Day Annual Limit
28. Substance & Chemical Dependency: <ul style="list-style-type: none"> <li>• Inpatient Physician Services</li> <li>• Partial Day Program</li> <li>• Outpatient Physician Services</li> <li>• Residential Treatment Program</li> </ul>	90 / 10 90 / 10 90 / 10 90 / 10	60 / 40 60 / 40 60 / 40 60 / 40	60 Day Annual Visit Limit 60 Visit Annual Limit 60 Visit Annual Limit 60 Day Annual Limit
29. Surgery	90 / 10	60 / 40	Essential Health Benefits
30. Temporomandibular Joint Disorder (TMJ)	90 / 10	60 / 40	\$1,000 Annual Limit
31. Therapy <ul style="list-style-type: none"> <li>• Chemotherapy</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Radiation Therapy</li> <li>• Respiration Therapy</li> <li>• Speech Therapy</li> </ul>	90 / 10 90 / 10 90 / 10 90 / 10 90 / 10 90 / 10	60 / 40 60 / 40 60 / 40 60 / 40 60 / 40 60 / 40	Essential Health Benefits 60 Day Annual Visit Limit 60 Day Annual Visit Limit Essential Health Benefits Essential Health Benefits 60 Day Annual Visit Limit
32. Transplants	90 / 10	60 / 40	Essential Health Benefits
33. Vision Screening	100%	100%	\$100 Annual Limit
34. All Other Eligible Services ( <i>Not Specifically Listed</i> )	90 / 10	60 / 40	<b>See Plan Document</b>

### Summary of Prescription Drug Card Benefits

The following benefits levels are per Plan Participant:

<b>Retail Pharmacy Prescription Drug Expenses:</b>	<b>Participating Pharmacy</b>
<b>Retail Prescription Co-payment Options (30 day supply)</b>	The copayments shown are applied to each prescription
Copayment, per new prescription or refill, for Generic <sup>6</sup>	<b>\$8</b>
Copayment, per new prescription or refill, for Preferred Name Brand	<b>\$20</b>
Copayment, per new prescription or refill, for Non-Preferred Name Brand	<b>\$40 or 50% Whichever is greater</b>

<b>Mail Order or Retail Maintenance Pharmacy Prescription Drug Expenses:</b>	<b>Participating Pharmacy</b>
<b>Mail Order or Retail Maintenance Prescription Co-payment Options (90 day supply)<sup>7</sup>:</b>	The copayments shown are applied to each prescription
Copayment, per new maintenance prescription or refill, for Generic <sup>8</sup>	<b>\$8</b>
Copayment, per new maintenance prescription or refill, for Preferred Name Brand	<b>\$30</b>
Copayment, per new maintenance prescription or refill, for Non-Preferred Name Brand	<b>\$80 or 50% Whichever is greater</b>

<b>CVS / Caremark Specialty Drug Expenses:</b>	<b>Participating Pharmacy</b>
<b>CVS Retail Specialty Card Co-payment Options (30 day supply):</b>	The copayments shown are applied to each prescription
Copayment, per new Specialty prescription or refill, for Generic	<b>\$30</b>
Copayment, per new Specialty prescription or refill, for Preferred Name Brand	<b>\$60</b>
Copayment, per new Specialty prescription or refill, for Non-Preferred Name Brand	<b>\$90 or 50% Whichever is greater</b>

<b>Non CVS / Caremark Specialty Drug Expenses:</b>	<b>Participating Pharmacy</b>
<b>Non - CVS Specialty Co-payment Options (30 day supply):</b>	The copayments shown are applied to each prescription
Copayment, per new Specialty prescription or refill, for Generic	<b>\$50</b>
Copayment, per new Specialty prescription or refill, for Preferred Name Brand	<b>\$80</b>
Copayment, per new Specialty prescription or refill, for Non-Preferred Name Brand	<b>\$110 or 50% Whichever is greater</b>

### Specialty Drug 30 Day Retail Lock:

The first Specialty prescription (*30 day maximum fill amount*) can be filled at any retail pharmacy. Subsequent fills must be obtained through the **CVS / Caremark** Specialty Drug Program. The **CVS / Caremark** phone number is located on the actual Pharmacy Benefit Card (Rx).

Participating pharmacies ("*Participating Pharmacies*") have contracted with the Plan to charge Participants reduced fees for covered Drugs. **CVS / Caremark** is the administrator of the prescription drug program for your Plan. Participants will be issued an identification card to use at any pharmacy at the time of purchase. Participants will be held fully responsible for the consequences of any pharmacy identification card usage after the termination date of your coverage. The Plan has the right to charge you for any prescriptions you purchase beyond your termination date.

The Mail Order and Retail Maintenance Options are available for maintenance medications (*medications that are taken for longer periods of time, such as drugs that are prescribed for heart disease, high blood pressure, asthma, etc.*). Because of volume buying, when you utilize the **CVS / Caremark** mail order pharmacy or the retail maintenance programs at select pharmacies, you are able to help achieve significant savings for you and the prescription drug plan.

<sup>6</sup> Formulary Generic Prescriptions for a 30 day supply of FDA approved Women's Contraceptives, are covered at 100%.

<sup>7</sup> Some medications such as narcotics are not available for the 90 day mail order or retail maintenance program.

<sup>8</sup> Formulary Generic Prescriptions for a 90 day supply of FDA approved Women's Contraceptives, are covered at 100%.