

Local Consumer-Driven Health Plan (LCDHP) - Aetna

| Plan Year Maximums and Deductibles | | |
|------------------------------------|-------------------|-------------------------|
| Plan Year Maximum | Unlimited | |
| Lifetime Maximum | Unlimited | |
| Plan Year Deductible | In-Network | Out-of-Network** |
| – Individual | \$2,000 | \$4,000 |
| – Family | \$4,000 | \$8,000 |

| Out-of-Pocket Maximum Limits | | | |
|----------------------------------|------------------------------|--------------------------------------|-----------------------------------|
| In-Network Individual \$5,000 | In-Network Family \$8,000 | Out-of-Network Individual \$7,000 | Out-of-Network Family \$14,000 |

The plan has two out-of-pocket maximums, one for all eligible in-network services and one for all eligible out-of-network services. Each out-of-pocket maximum (in-network vs. out-of-network) is exclusive and separate from the other. Plan medical and prescription drug coinsurance and medical deductibles apply toward the out-of-pocket maximums. Out-of-network benefits will be paid at 100% up to the allowable charges after the applicable out-of-pocket maximum has been met. In-network benefits will be paid at 100% of the charges after the applicable out-of-pocket maximum has been met.

| Hospital Services | |
|------------------------|-------------------------------------|
| LCDHP Hospital Network | 80% after the plan year deductible. |
| Non-LCDHP Hospitals** | 50% after the plan year deductible. |

| Outpatient Services | |
|--|--|
| Preventive Services, including immunizations | 100% covered in-network only |
| Diagnostic Lab/X-ray | 80% in-network. After the plan year deductible, 50% of allowable charges out-of-network.** |
| Approved Durable Medical Equipment (DME) and Prosthetics | |
| Licensed Ambulatory Surgical Treatment Centers | |

| Professional and Other Services | |
|---|--|
| Services included in the LCDHP Network | 80% after the plan year deductible. |
| Services not included in the LCDHP Network** | 50% of allowable charges after the plan year deductible. |
| Chiropractic Services – medical necessity required (up to a maximum of 30 visits per plan year) | 80% in-network. After the plan year deductible, 50% of allowable charges out-of-network.** |

| Transplant Services | |
|------------------------------|--|
| Organ and Tissue Transplants | 90% after the plan year deductible, limited to network transplant facilities as determined by the medical plan administrator. Benefits are not available unless approved by the Notification Administrator, Aetna. To assure coverage, the transplant candidate must contact Aetna prior to beginning evaluation services. |

| Prescription Drugs | | | |
|------------------------------------|--|-----|--|
| Preventive Prescription Drugs | Applicable coinsurance; not subject to plan year deductible. | | |
| Prescription Drugs (30-day supply) | Generic | 70% | |
| | Preferred Brand | 50% | |
| | Nonpreferred Brand | 50% | |

* For members who have at least one dependent, the family deductible must be met before any family member can receive coverage at the plan's benefit levels of 80% (in-network) and 50% (out-of-network).

** Using out-of-network services may significantly increase your out-of-pocket expense. Amounts over the plan's allowable charges do not count toward your plan year out-of-pocket maximum; this varies by plan and geographic region. Members who use out-of-network providers, should contact their health plan administrator for information regarding out-of-network changes before obtaining services.