

(ii)

EIN / Vensure Plan Portfolio

Aetna National Master Plan

Policy Period: 1/1/2020 - 12/31/2020

In Network (\$ Copay or % Coinsurance)

Deductible (Individual/Family)

Coinsurance

Maximum Out-of-Pocket (Individual/Family)

Primary Care

Specialist

Hospital/IP Per Visit

Surgical/OP Hospital

Emergency Room

Urgent Care

Lab Services

X-Ray Indiv. Facility

Complex Medical Imaging

Additional Pharmacy Deductible Generic

Formulary

Non-Formulary

Specialty Pharmacy Benefit Per Script

Out Of Network

Deductible (Individual/Family)

Out-of-Pocket Max (Individual/Family)

Out-of-Network Coinsurance

| OAMC 500/80 | OAMC 1000/80 | OAMC 1500/70 | OAMC 2000/80 | OAMC 3000/70 | OAMC 6350/0 Value | OAMC HDHP 3500/80 |
|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| | | | | | | |
| \$500 / \$1,000 | \$1,000 / \$2,000 | \$1,500 / \$3,000 | \$2,000 / \$4,000 | \$3,000 / \$6,000 | \$6,350 / \$12,700 | \$3,500 / \$7,000 |
| 20% | 20% | 30% | 20% | 30% | 0% | 20% |
| \$3,000 / \$6,000 | \$4,000 / \$8,000 | \$4,000 / \$8,000 | \$6,350 / \$12,700 | \$6,350 / \$12,700 | \$6,350 / \$12,700 | \$5,950 / \$11,900 |
| \$25 | \$25 | \$35 | \$30 | \$40 | \$25 | 20% (After Ded) |
| \$50 | \$50 | \$50 | \$60 | \$60 | 0% (After Ded) | 20% (After Ded) |
| 20% (After Ded) | 20% (After Ded) | 30% (After Ded) | 20% (After Ded) | 30% (After Ded) | 0% (After Ded) | 20% (After Ded) |
| 20% (After Ded) | 20% (After Ded) | 30% (After Ded) | 20% (After Ded) | 30% (After Ded) | 0% (After Ded) | 20% (After Ded) |
| \$250 | \$250 | \$250 | \$250 | \$250 | 0% (After Ded) | 20% (After Ded) |
| \$75 | \$75 | \$75 | \$75 | \$75 | 0% (After Ded) | 20% (After Ded) |
| 20% (After Ded) | 20% (After Ded) | 30% (After Ded) | 20% (After Ded) | 30% (After Ded) | 0% (After Ded) | 20% (After Ded) |
| 20% (After Ded) | 20% (After Ded) | 30% (After Ded) | 20% (After Ded) | 30% (After Ded) | 0% (After Ded) | 20% (After Ded) |
| 20% (After Ded) | 20% (After Ded) | 30% (After Ded) | 20% (After Ded) | 30% (After Ded) | 0% (After Ded) | 20% (After Ded) |
| \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | N/A |
| \$10 (Ded Waived) | \$10 (After Plan Ded) |
| \$35 (After Rx Ded) | \$35 (After Plan Ded) |
| \$60 (After Rx Ded) | \$60 (After Plan Ded) |
| 25% (After Rx Ded) | 25% (After Ded) |
| <u> </u> | | <u> </u> | | | <u> </u> | <u> </u> |
| \$1,500 / \$4,500 | \$3,000 / \$6,000 | \$3,000 / \$9,000 | \$6,000 / \$15,000 | \$9,000 / \$22,500 | \$10,000 / \$20,000 | \$7,000 / \$14,000 |
| \$6,000 / \$18,000 | \$8,000 / \$16,000 | \$8,000 / \$24,000 | \$9,000 / \$27,000 | \$10,000 / \$30,000 | \$15,000 / \$30,000 | \$10,000 / \$20,000 |
| 40% | 40% | 50% | 40% | 50% | 50% | 40% |

OAMC 500/80 OAMC 1000/80 OAMC 2000/80 OAMC 1500/70 OAMC 3000/70 OAMC 6350/0 Value OAMC HDHP 3500/80 WV, VA, KY, OH, NC, MD, WV, VA, WV, VA, KY, OH, NC, MD, WV, VA, WV, VA PA, AL, TN, SC, TX State Availability (Based on Group's HQ Address) 7/1 Adds - FL, GA, AZ, CA 7/1 Adds - FL, GA,





Aetna National Master Plan (New Additions Effective 7/1/2020)

Policy Period: 1/1/2020 - 12/31/2020



In Network (\$ Copay or % Coinsurance)

Deductible (Individual/Family)

Coinsurance

Maximum Out-of-Pocket (Individual/Family)

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Complex Medical Imaging

Additional Pharmacy Deductible

Generic

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Specialty Pharmacy Benefit Per Script

Out Of Network

Deductible (Individual/Family)

Out-of-Pocket Max (Individual/Family)

Out-of-Network Coinsurance

| OAMC HDHP 5000/80% | OAMC HDHP 2,800/90% | CA HMO 1000/100% | CA HMO 2000/100% | AWH - SCA HMO 0/100% | |
|----------------------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------|--|
| | | CALIFORNIA ONLY | | | |
| \$5,000 / \$10,000 | \$2,800 / \$5,600 | \$1,000 / \$2,000 | \$2,000 / \$4,000 | \$0 / \$0 | |
| 20% | 10% | 0% | 0% | 0% | |
| \$6,350 / \$12,700 | \$4,000 / \$8,000 | \$6,500 / \$13,000 | \$6,500 / \$13,000 | \$3,500 / \$7,000 | |
| 20% (After Ded) | 10% (After Ded) | \$40 | \$40 | \$20 | |
| 20% (After Ded) | 10% (After Ded) | \$60 | \$60 | \$50 | |
| 20% (After Ded) | 10% (After Ded) | \$300/day After Ded, 5 days | \$400/day After Ded, 5 days | \$400/day, 3 days | |
| 20% (After Ded) | 20% (After Ded) | \$250 After Ded | \$300 After Ded | \$300 | |
| 20% (After Ded) | 10% (After Ded) | \$350 After Ded | \$350 After Ded | \$350 | |
| 20% (After Ded) | 10% (After Ded) | \$100 | \$100 | \$75 | |
| 20% (After Ded) | 10% (After Ded) | \$0 | \$0 | \$0 | |
| 20% (After Ded) | 10% (After Ded) | \$60 | \$60 | \$50 | |
| 20% (After Ded) | 10% (After Ded) | \$150 | \$200 | \$100 | |
| \$0 | \$0 | \$150 / \$450 | \$150 / \$450 | \$150 / \$450 | |
| \$10 (After Plan Ded) | \$10 (After Plan Ded) | \$15 (Ded Waived) | \$15 (Ded Waived) | \$15 (Ded Waived) | |
| \$45 (After Plan Ded) | \$45 (After Plan Ded) | \$35 (After Rx Ded) | \$35 (After Rx Ded) | \$35 (After Rx Ded) | |
| \$70 (After Plan Ded) | \$70 (After Plan Ded) | \$60 (After Rx Ded) | \$60 (After Rx Ded) | \$60 (After Rx Ded) | |
| 25% (After Plan Ded) - \$250 Max | 25% (After Plan Ded) - \$250 Max | 20% (After Rx Ded) - \$250 Max | 20% (After Rx Ded) - \$250 Max | 20% (After Rx Ded) - \$250 Ma | |

| \$7,000 / \$14,000 | \$4,000 / \$8,000 | N/A | N/A | N/A |
|---------------------|--------------------|-----|-----|-----|
| \$10,000 / \$20,000 | \$8,000 / \$16,000 | N/A | N/A | N/A |
| 50% | 40% | N/A | N/A | N/A |

| | OAMC HDHP 5000/80% | OAMC HDHP 2,800/90% | CA HMO 1000/100% | CA HMO 2000/100% | AWH - SCA HMO 0/100% |
|--------------------|-------------------------|-------------------------|------------------|------------------|----------------------|
| | WV, VA, KY, OH, NC, | WV, VA, KY, OH, NC, | | | |
| | MD, PA, AL, TN, SC, TX, | MD, PA, AL, TN, SC, TX, | | | |
| State Availability | FL, GA, AZ, CA | FL, GA, AZ, CA | CALIFORNIA ONLY | CALIFORNIA ONLY | CALIFORNIA ONLY |
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