

ATU 788 MEDICAL PLAN COMPARISON

Plan Year January 1, 2025 – December 31, 2025

| | Premium | | Preferred | | Economy | |
|----------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | | | | | | |
| Individual | \$0 | \$500 | \$500 | \$700 | \$700 | \$1,300 |
| Family | \$0 | \$1,000 | \$1,000 | \$1,400 | \$1,400 | \$2,600 |
| Employee Co-Insurance (% you pay, remaining paid by insurance company) | 0% | Deductible, then 20% | Deductible, then 20% | Deductible, then 30% | Deductible, then 30% | Deductible, then 40% |
| Annual Out-of-Pocket Max | | | | | | |
| Individual | \$0 | \$2,300 | \$2,300 | \$3,300 | \$3,300 | \$5,400 |
| Family (Includes deductible) | \$0 | \$4,600 | \$4,600 | \$6,600 | \$6,600 | \$10,800 |
| Office Visit | | | | | | |
| Primary Care | \$30 | Deductible, 20/80 | \$20 | Deductible, 30/70 | Deductible, 30/70 | Deductible, 40/60 |
| Specialist Visit | \$40 | Deductible, 20/80 | \$30 | Deductible, 30/70 | Deductible, 30/70 | Deductible, 40/60 |
| Preventative Exams | | | | | | |
| Child & Adult (Annual &/or Wellness Exams) | \$30 Primary \$40 Specialist | Deductible, 20/80 | \$20 Primary \$30 Specialist | Deductible, 30/70 | Deductible, 30/70 | Deductible, 40/60 |
| Surgery / Hospital | | | | | | |
| In-Patient ¹ | \$0 | Deductible, 20/80 | Deductible, 20/80 | Deductible, 20/80 | Deductible, 30/70 | Deductible, 20/80 |
| Out-Patient ² | \$0 | Deductible, 20/80 | \$0 | Deductible, 20/80 | \$0 | \$0 |
| Emergency Room (co-pay waived if admitted from ER) | \$150 co-pay per visit Then plan pays 100% | \$150 co-pay per visit Then plan pays 100% | \$150 co-pay per visit, Deductible, 20/80 | \$150 co-pay per visit, Deductible, 20/80 | \$150 co-pay per visit, Deductible, 30/70 | \$150 co-pay per visit, Deductible, 30/70 |
| Urgent Care | \$40 per visit, No deductible applies | \$40 per visit, No deductible applies | \$30 per visit, No deductible applies | \$30 per visit, No deductible applies | Deductible, 30/70 | Deductible, 30/70 |
| Prescription Drugs³ (Retail or Mail Order) | | | | | | |
| 30 Day Generic | Max. \$20 | Not Covered | Max. \$20 | Not Covered | Max. \$20 | Not Covered |
| 30 Day Name Brand | \$25 | Not Covered | \$25 | Not Covered | \$25 | Not Covered |
| 90 Day Generic | Max. \$40 | Not Covered | Max. \$40 | Not Covered | Max. \$40 | Not Covered |
| 90 Day Name Brand | \$50 | Not Covered | \$50 | Not Covered | \$50 | Not Covered |
| Weekly Premiums | | | | | | |
| Employee Only | \$80.40 | | \$33.42 | | \$10.20 | |
| Employee + Spouse | \$156.77 | | \$65.17 | | \$19.91 | |
| Employee + Child(ren) | \$143.90 | | \$59.83 | | \$18.26 | |
| Family (EE + Sp + Ch) | \$220.30 | | \$91.58 | | \$27.98 | |

This summary was prepared to show the member's copay, member's portion of the co-insurance and deductibles. This is for illustrative purposes only and does not cover all the terms and conditions of the plan. In the event of any discrepancies, the Plan document will prevail. See SPD for clarification.

¹ A Pre-Certification must be obtained prior to all Inpatient admissions, except in the case of an emergency admission. In the event of an emergency inpatient admission, the provider must notify Cigna Healthcare, Inc. within 48 hours of confinement. **Failure to obtain required pre-certification could result in a benefit payment reduction or denial.**

² A Pre-Certification must be obtained prior to selected outpatient procedures and diagnostic testing. **Failure to obtain required pre-certification could result in a benefit payment reduction or denial.**

³ Prescription Coverage is Administered by Express Scripts.