



FBC PPO Pool Plan Comparison Highlights January 1, 2023 - December 31, 2023

| | PPO Pool Plan 1 | | PPO Pool Plan 2 | | PPO Pool Plan 3 | |
|--|--------------------------------------|--|--------------------------------------|--|--------------------------------------|--|
| Lifetime Maximum per member | Unlimited | | Unlimited | | Unlimited | |
| | MEMBER PAYS | | MEMBER PAYS | | MEMBER PAYS | |
| | PPO PROVIDERS | NON-PPO PROVIDERS | PPO PROVIDERS | NON-PPO PROVIDERS | PPO PROVIDERS | NON-PPO PROVIDERS |
| Calendar Year Deductible | \$300 Individual \$900 Family | \$550 Individual \$1,650 Family | \$550 Individual \$1,650 Family | \$1,050 Individual \$3,150 Family | \$250 Individual \$750 Family | \$500 Individual \$1,500 Family |
| Out-of-Pocket Maximum | \$3,000 Individual \$6,000 Family | \$6,000 Individual \$12,000 Family | \$4,000 Individual \$8,000 Family | \$6,000 Individual \$12,000 Family | \$3,000 Individual \$6,000 Family | \$6,000 Individual \$12,000 Family |
| Office visits | \$25 copay | 40% of UCR | \$30 copay | 50% of UCR | \$20 copay | 30% of UCR |
| Preventive Services | No charge | 40% of UCR | No charge | 50% of UCR | No charge | 30% of UCR |
| Unlimited days of hospital care in a semi-private room or ICU including ancillary charges | 20% | 40% of UCR | 20% | 50% of UCR | 10% | 30% of UCR |
| Outpatient surgery and services (except emergency room) | 20% | 40% of UCR | 20% | 50% of UCR | 10% | 30% of UCR |
| Use of emergency room facility (copay waived if admitted) | \$150 copay | | \$150 copay | | \$150 copay | |
| Use of urgent care, facility and professional services | \$50 copay | | \$50 copay | | \$50 copay | |
| Other Services | 20% | 40% of UCR | 20% | 50% of UCR | 10% | 30% of UCR |
| Chiropractic/manual manipulation & Acupuncture: Combine maximum 30 visits a calendar year for in-network and out-of-network. Only 10 visits allowed for out-of-network (covers office visits also) | \$20 copay | Benefits Amount: 50% Maximum Benefit: \$30 per visit | \$20 copay | Benefits Amount: 50% Maximum Benefit: \$30 per visit | \$20 copay | Benefits Amount: 50% Maximum Benefit: \$30 per visit |
| Member pays the following per 30-day supply based on the Express-Scripts National Formulary: | | | | | | |
| Generic | \$10 | Not Covered | \$10 | Not Covered | \$10 | Not Covered |
| Preferred | \$25 | Not Covered | \$25 | Not Covered | \$25 | Not Covered |
| Non-preferred | \$40 | Not Covered | \$40 | Not Covered | \$40 | Not Covered |
| Member pays the following per 90-day supply based on the Express-Scripts National Formulary: | | | | | | |
| Generic | \$20 | Not Covered | \$20 | Not Covered | \$20 | Not Covered |
| Preferred | \$50 | Not Covered | \$50 | Not Covered | \$50 | Not Covered |
| Non-preferred | \$80 | Not Covered | \$80 | Not Covered | \$80 | Not Covered |

This Summary of Benefits is a brief outline of the benefits and does not create or confer any rights. It is only a brief summary of the plan benefits and it should not be accepted or construed as a substitute to the Master Plan Document. Benefits are paid based on eligible expenses.