

SPPS MEDICAL PLAN COMPARISON CHART FOR EDUCATIONAL ASSISTANTS, SCHOOL AND COMMUNITY PROFESSIONALS AND TEACHERS

| PLAN PROVISION | | PEIP HIGH PLAN IN-NETWORK BENEFITS | | | | PEIP HSA COMPATIBLE PLAN IN-NETWORK BENEFITS | | | |
|--------------------------------------|--------------------------------|--|---------------------------|---------------------------|--------------------------|--|-----------------------------|-----------------------------|-----------------------------|
| | | Cost Level 1 | Cost Level 2 | Cost Level 3 | Cost Level 4 | Cost Level 1 | Cost Level 2 | Cost Level 3 | Cost Level 4 |
| Monthly Cost | 1 Single Single + Family | \$1,147.56 \$2,555.12 \$2,922.03 | | | | \$776.89 \$1,726.86 \$1,974.43 | | | |
| Deductible ¹ | | \$250/\$500 | \$400/\$800 | \$750/\$1,500 | \$1,500/\$3,000 | \$1,750/\$4,000 | \$2,250/\$4,500 | \$3,250/\$6,500 | \$4,250/\$8,500 |
| Out-of-Pocket Maximum ^{2,3} | | \$1,700/\$3,400 | \$1,700/\$3,400 | \$2,400/\$4,800 | \$3,600/\$7,200 | \$3,250/\$6,500 | \$3,250/\$6,500 | \$4,250/\$8,500 | \$5,250/\$10,500 |
| Preventive Care | | No cost | No cost | No cost | No cost | No cost | No cost | No cost | No cost |
| Office Visits | | \$35 after deductible | \$40 after deductible | \$70 after deductible | \$90 after deductible | \$45 after deductible | \$55 after deductible | \$105 after deductible | \$130 after deductible |
| Convenience Clinics | | No cost | No cost | No cost | No cost | No cost after deductible | No cost after deductible | No cost after deductible | No cost after deductible |
| Advanced Radiology | | 10% after deductible | 15% after deductible | 25% after deductible | 30% after deductible | 20% after deductible | 25% after deductible | 30% after deductible | 50% after deductible |
| Lab/X-Ray | | 10% after deductible | 10% after deductible | 20% after deductible | 25% after deductible | 20% after deductible | 25% after deductible | 30% after deductible | 50% after deductible |
| Chiropractic | | \$35 after deductible | \$40 after deductible | \$70 after deductible | \$90 after deductible | \$45 after deductible | \$55 after deductible | \$105 after deductible | \$130 after deductible |
| Outpatient Surgery | | \$60 after deductible | \$120 after deductible | \$250 after deductible | 25% after deductible | \$250 after deductible | \$400 after deductible | \$800 after deductible | 50% after deductible |
| Urgent Care | | \$35 after deductible | \$40 after deductible | \$70 after deductible | \$90 after deductible | \$45 after deductible | \$55 after deductible | \$105 after deductible | \$130 after deductible |
| Emergency Room | | \$100 | \$125 | \$150 | \$350 | \$250 after deductible | \$300 after deductible | \$350 after deductible | \$600 after deductible |
| Ambulance | | 5% after deductible | 5% after deductible | 20% after deductible | 25% after deductible | 20% after deductible | 25% after deductible | 30% after deductible | 50% after deductible |
| Inpatient Hospital Services | | \$100 after deductible | \$200 after deductible | \$500 after deductible | 25% after deductible | \$400 after deductible | \$650 after deductible | \$1,500 after deductible | 50% after deductible |
| PRESCRIPTION DRUGS | | | | | | | | | |
| Rx Out-of-Pocket Maximum | | \$1,050/\$2,100 | | | | Combined with Medical | | | |
| Tier 1 | | \$18 | | | | \$30 after deductible | | | |
| Tier 2 | | \$30 | | | | \$50 after deductible | | | |
| Tier 3 | | \$55 | | | | \$75 after deductible | | | |

¹ For the HSA Compatible plan the family tier has a per person deductible with the maximum for the family displayed. Per member deductible is: Level 1 - \$3,500; Level 2 - \$3,750; Level 3 - \$5,250; Level 4 - \$6,750.

² For the Advantage plan there is a separate Rx out-of-pocket maximum.

³ For the HSA Compatible plan the family tier has a per person out-of-pocket with the maximum for the family displayed. Per member out-of-pocket is: Level 1 and 2 - \$5,250; Level 3 and 4 - \$7,250.

All coinsurance amounts listed reflect the amount the member may be charged.