

| Horizon Omnia Plan | | | |
|---|--------------------------------|---|---|
| | Inspira Inner Circle | Omnia Tier 1 | Omnia Tier 2 |
| Annual Deductible <i>(Single/Family)</i> | \$0 | \$2,000/\$4,000 | \$2,500/\$5,000 |
| Out-of-Pocket Maximum <i>(includes deductible and copays)</i> | \$5,750 single/\$11,500 family | | |
| Coinsurance | \$0 | 50% | 60% |
| Doctor's Office Visits | | | |
| Preventative Services | \$0 | \$0 | \$0 |
| Primary Care Office Visit | \$0 | \$25 copay | \$80 copay |
| Specialist Office Visit | \$30 copay | \$50 copay | \$160 copay |
| Labs | | | |
| Non-Routine Laboratory <i>(no coverage at freestanding labs other than LabCorp)</i> | \$0 | \$30 in office/LabCorp and Quest; 50% after deductible in outpatient facility | \$30 in office/LabCorp and Quest; 60% after deductible in outpatient facility |
| Hospital Services | | | |
| Inpatient Admission <i>(including maternity)</i> | \$0 | \$1,000 copay, then 50% after deductible | \$1,000 copay, then 60% after deductible |
| Outpatient Surgery | | | |
| Hospital Outpatient Surgery | \$0 | \$500 copay, then 50% after deductible | \$500 copay, then 60% after deductible |
| Surgery in an Ambulatory SurgiCenter | \$0 | \$500 copay, then 50% after deductible | \$500 copay, then 60% after deductible |
| Emergency Services | | | |
| Urgent Care | \$20 copay | \$60 copay | \$100 copay |
| Emergency Room <i>(copay waived if admitted)</i> | \$100 copay | \$100 copay | \$100 copay |
| Ambulance <i>(Ground Transport Only)</i> | \$0 | \$0 | \$0 |
| Prescription Coverage: CVS Caremark | | 30 day/90 day | |
| Generic <i>(Retail/Mail-Order)</i> | \$5 copay/\$12.50 copay | | |
| Preferred Brand <i>(Retail/Mail-Order)</i> | \$45 copay/\$112.50 copay | | |
| Non-Preferred Brand <i>(Retail/Mail-Order)</i> | \$65 copay/\$162.50 copay | | |
| Specialty | N/A/\$125 copay | | |

| Horizon MyWay HSA Plan | | |
|--|--------------------------------|---------------------------------|
| | Inner Circle | Out-of-Network |
| Annual Deductible (Single/Family) | \$2,000/\$4,000 | |
| Out-of-Pocket Maximum (Includes deductible and copays) | \$6,750 single/\$13,500 family | \$10,000 single/\$20,000 family |
| Coinsurance | 0% | 30% |
| Doctor's Office Visits | | |
| Preventative Services | \$0 (no deductible) | 30% (no deductible) |
| Primary Care Office Visit | \$0 after deductible | 30% after deductible |
| Specialist Office Visit | \$0 after deductible | 30% after deductible |
| Labs | | |
| Non-Routine Laboratory | \$0 after deductible | 30% after deductible |
| Hospital Services | | |
| Inpatient Admission (including maternity) | \$0 after deductible | 30% after deductible |
| Outpatient Surgery | | |
| Hospital Outpatient Surgery | \$0 after deductible | 30% after deductible |
| Surgery in an Ambulatory Surgical Center | \$0 after deductible | 30% after deductible |
| Emergency Services | | |
| Urgent Care | \$0 after deductible | 30% after deductible |
| Emergency Room | \$0 after deductible | 30% after deductible |
| Ambulance (Ground Transport Only) | \$0 after deductible | \$0 after deductible |
| Prescription Coverage: CVS Caremark | | |
| Generic (Retail/Mail-Order) | 20% after deductible | |
| Preferred Brand (Retail/Mail-Order) | 20% after deductible | |
| Non-Preferred Brand (Retail/Mail-Order) | 20% after deductible | |