

<b>Medical Plan</b>	<b>NAEBT Health Savings Plan</b>		<b>Medical Plan</b>	<b>NAEBT EPO</b>	
Plan Features	IN-NETWORK	OUT-OF-NETWORK	Plan Features	IN-NETWORK	OUT-OF-NETWORK
<b>Plan-Year Deductible</b>			<b>Plan-Year Deductible</b>		
Employee Only	\$1,400	\$1,400	Per Participant	\$750	Not Covered
ES/EC/EF	\$2,800	\$2,800	Per family	\$2,250	
<b>Out-of-Pocket Maximum</b>			<b>Out-of-Pocket Maximum</b>		
Employee Only	\$3,000	Unlimited	Per Participant	\$8,700	Not Covered
ES/EC/EF	\$6,000	Unlimited	Per family	\$17,400	
Inpatient Hospital	80% After Deductible	50% After Deductible	Inpatient Hospital	80% After Deductible	Not Covered
Outpatient Facility	80% After Deductible	50% After Deductible	Outpatient Facility	80% After Deductible	Not Covered
Office Visits	80% After Deductible	50% After Deductible	Office Visits	Primary Care \$30 copay Specialist \$50 copay	Not Covered
Urgent Care Facility	80% After Deductible	50% After Deductible	Urgent Care Facility	\$50 copay	Not Covered
Preventive Services (as mandated by the Federal Government)	100% No Deductible	Not Covered	Preventive Services (as mandated by the Federal Government)	100% No Deductible	Not Covered
Chiropractic Care (Limited to 40 visits)	80% After Deductible	50% After Deductible	Chiropractic Care (Limited to 40 visits)	\$30 copay	Not Covered
X-ray Services (Outpatient)	80% After Deductible	50% After Deductible	X-ray Services (Outpatient)	80% After Deductible	Not Covered
Laboratory Services (Outpatient)	80% After Deductible	50% After Deductible	Laboratory Services (Outpatient)	80% After Deductible (Free standing Lab 100% deductible waived)	Not Covered
Maternity	80% After Deductible	50% After Deductible	Maternity	80% After Deductible	Not Covered
Emergency Room	80% After Deductible	80% After Deductible	Emergency Room	\$500 copay then 80% After Deductible	\$500 copay then 80% After Deductible
Non-Emergency Room	Not Covered	Not Covered	Non-Emergency Room	Not Covered	Not Covered
Mental Health & Substance Abuse In-patient or Out-patient	80% After Deductible	50% After Deductible	Mental Health & Substance Abuse In-patient or Out-patient	80% After Deductible Primary Care \$30 copay Specialist \$50 copay	Not Covered
BlueCare Anywhere - Telemedicine	\$0 through 12/31/2022	N/A	BlueCare Anywhere - Telemedicine	\$0	N/A

BENEFIT OUTLINE	HDHP—NAEBT	EPO—NAEBT
<b>Prescription Drug Plan</b>	<b>30-Day Supply at a Retail Pharmacy</b>	
Generic Drug Tier 1	20% after Deductible	\$10 Co-pay
Preferred Brand Name Drug Tier 2	20% after Deductible	\$30 Co-pay
Non-preferred Brand Name Drug Tier 3	75% after Deductible	75% Participant/25% Plan
Specialty Tier 4	20% after Deductible	20% Coinsurance up to \$150 Co-pay
Prescribed preventive medications as required by Federal Law.	0% no Deductible	\$0 Co-pay
Prescribed expanded preventive medications list	0% no Deductible	Applicable Co-pay
	<b>90-Day Supply at Retail Pharmacy or Mail Order</b>	
Generic Drug Tier 1	20% after Deductible	\$20 Co-pay
Preferred Brand Name Drug Tier 2	20% after Deductible	\$60 Co-pay
Non-preferred Brand Name Drug Tier 3	75% after Deductible	75% Participant/25% Plan
Prescribed preventive medications as required by Federal Law.	0% no Deductible	\$0 Co-pay