

| <b>NHRMC Plan Coverage 2021</b>  |  |  |
|--|--|--|
| <b>Service</b>   | <b>NHRMC Facility</b>                        | <b>UHC In Network</b>                        |
| <b>Deductible</b>  |  |  |
| Individual   | \$500  | \$800  |
| Family   | \$1,000                                      | \$1,500                                      |
| <i>Copayments, Deductible &amp; Coinsurance is included in Out-of-Pocket Maximum</i> |  |  |
| <b>Out-of-Pocket Maximum</b>   |  |  |
| Individual   | \$3,500                                      | \$4,500                                      |
| Family   | \$5,600                                      | \$7,600                                      |
| Office Visit Co-Pay  | \$15 co-pay per visit                        | \$35 co-pay per visit                        |
| <i>*Preventative care visits are covered at 100% with no copay</i>                   |  |  |
| Urgent Care Facility   | \$40 co-pay per visit                        | \$55 co-pay per visit                        |
| Specialist Office Visit  | \$40 co-pay per visit                        | \$55 co-pay per visit                        |
| Eye Exam limited to 1X per year  | Go to any UHC Provider and pay a \$25 co-pay | Go to any UHC Provider and pay a \$25 co-pay |

| <b>Standard Plan Coverage 2021</b>   |  |                       |                           |
|--|--|-----------------------|---------------------------|
| <b>Service</b>   | <b>NHRMC Facility</b>                        | <b>UHC In Network</b> | <b>UHC Out of Network</b> |
| <b>Deductible</b>  |  |                       |                           |
| Individual   | \$1,350                                      | \$1,500               | \$3,000                   |
| Family   | \$2,700                                      | \$3,000               | \$7,000                   |
| <i>Copayments, Deductible &amp; Coinsurance is included in Out-of-Pocket Maximum</i> |  |                       |                           |
| <b>Out-of-Pocket Maximum</b>   |  |                       |                           |
| Individual   | \$4,750                                      | \$5,720               | \$8,000                   |
| Family   | \$8,312                                      | \$13,125              | \$18,000                  |
| Office Visit Co-Pay  | \$15 co-pay per visit                        | \$35 co-pay per visit | 60% after deductible      |
| <i>*Preventative care visits are covered at 100% with no copay</i>                   |  |                       |                           |
| Urgent Care Facility   | \$40 co-pay per visit                        | \$55 co-pay per visit | 60% after deductible      |
| Specialist Office Visit  | \$40 co-pay per visit                        | \$55 co-pay per visit | 60% after deductible      |
| Eye Exam limited to 1X per year  | Go to any UHC Provider and pay a \$25 co-pay |                       | 60% after deductible      |