

## Cuyahoga County 2025 Medical and Prescription Drug Plan Options

This summary of benefits is designed to provide a high-level overview of Cuyahoga County's 2024 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

	MetroHealth Select High Deductible	MetroHealth Select	Medical Mutual SuperMed EPO Plan	Medical Mutual SuperMed PPO Plan																																																			
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
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|   | Covers 100% of preventive care services provided In-Network (according to age and gender)<br>In-Network coverage available through MetroHealth Select Network only<br>Medical and Prescription Drug costs are out-of-pocket until the deductible is met<br>Requires you to pay 100% for Out-of-Network services<br>Prescription Drugs are required to be filled at a MetroHealth Pharmacy or Express Scripts<br>Option to open and contribute to a tax-favored Health Savings Account to pay for healthcare expenses   | Covers 100% of preventive care services provided In-Network (according to age and gender)<br>In-Network coverage available through MetroHealth Select Network only<br>Requires you to Pay 100% for Out-of-Network services<br>Prescription Drug coverage through a MetroHealth Pharmacy and CVS CareMark Network<br>Option to participate in Medical Flexible Spending Account for eligible health care expenses | Covers 100% of preventive care services provided In-Network (according to age and gender)<br>In-Network coverage through MetroHealth Select and Medical Mutual SuperMed Network<br>Requires that you pay 100% for Out-of-Network services<br>Prescription Drug coverage through a MetroHealth Pharmacy and CVS CareMark Network<br>Option to participate in Medical Flexible Spending Account for eligible health care expenses | Covers 100% of preventive care services provided In-Network (according to age and gender)<br>In-Network coverage through MetroHealth Select and Medical Mutual SuperMed Network<br>Out-of-Network coverage available<br>Prescription Drug coverage through a MetroHealth Pharmacy and CVS CareMark Network<br>Option to participate in a Medical Flexible Spending Account for eligible healthcare expenses |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
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Specialist | \$50 Copay \$50 Copay | 30% After Deductible | Urgent Care Visit | \$75 Copay \$75 Copay | 30% After Deductible | Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted) | \$150 Copay* | Not Covered | Emergency Room Visit – Non-Emergency | \$200 Copay | 30% After Deductible | Prescription Drug Benefits<br>Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply<br>All Specialty- Up to 30 day supply | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #800000; color: white;">MetroHealth Pharmacy</th> <th style="background-color: #800000; color: white;">CVS CareMark</th> <th style="background-color: #800000; color: white;">Out-of-Network</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Retail Generic</td> <td style="background-color: #800000; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Preferred Brand</td> <td style="background-color: #800000; color: white;">\$35 Copay \$35 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Non-Preferred Brand</td> <td style="background-color: #800000; color: white;">\$50 Copay \$50 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Specialty</td> <td style="background-color: #800000; color: white;">20% up to \$750 20% up to \$750</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Generic</td> <td style="background-color: #800000; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Preferred Brand</td> <td style="background-color: #800000; color: white;">\$70 Copay \$70 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Non-Preferred Brand</td> <td style="background-color: #800000; color: white;">\$100 Copay \$100 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Specialty</td> <td style="background-color: #800000; color: white;">Not Covered Not Covered</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)</td> <td style="background-color: #800000; color: white;">\$2,500/ \$5,000</td> <td style="background-color: #800000; color: white;">\$3,500/ \$7,000</td> </tr> </tbody> </table> | MetroHealth Pharmacy | CVS CareMark | Out-of-Network | Retail Generic | \$10 Copay \$10 Copay | Not Covered | Retail Preferred Brand | \$35 Copay \$35 Copay | Not Covered | Retail Non-Preferred Brand | \$50 Copay \$50 Copay | Not Covered | Retail Specialty | 20% up to \$750 20% up to \$750 | Not Covered | Mail Order Generic | \$10 Copay \$10 Copay | Not Covered | Mail Order Preferred Brand | \$70 Copay \$70 Copay | Not Covered | Mail Order Non-Preferred Brand | \$100 Copay \$100 Copay | Not Covered | Mail Order Specialty | Not Covered Not Covered | Not Covered | Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family) | \$2,500/ \$5,000 | \$3,500/ \$7,000 |
MetroHealth Select Network	Out-of-Network																																																						
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Deductible (Individual/Family)  | \$2,800/ \$5,250 Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance   | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible  | \$3,850/\$7,950 Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Inpatient Facility Services   | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Outpatient Facility & X-Ray/Lab Services  | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
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| Preventive Care Office Visit  | 0%, No Deductible Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
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| Office Visit – Primary Care Physician   | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Office Visit – Specialist   | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Urgent Care Visit   | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted)   | 20% After Deductible   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Emergency Room Visit – Non-Emergency  | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Prescription Drug Benefits<br>Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply<br>All Specialty- Up to 30 day supply | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #f4a460;">MetroHealth Pharmacy or Medical Mutual Express Script Network (Mail Order is only available through Express Script Network)</th> <th style="background-color: #f4a460;">Out-of-Network</th> </tr> </thead> <tbody> <tr> <td style="background-color: #f4a460;">Retail Generic</td> <td style="background-color: #f4a460;">20% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Retail Preferred Brand</td> <td style="background-color: #f4a460;">20% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Retail Non-Preferred Brand</td> <td style="background-color: #f4a460;">50% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Retail Specialty</td> <td style="background-color: #f4a460;">50% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Mail Order Generic</td> <td style="background-color: #f4a460;">20% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Mail Order Preferred Brand</td> <td style="background-color: #f4a460;">20% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Mail Order Non-Preferred Brand</td> <td style="background-color: #f4a460;">50% After Deductible Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Mail Order Specialty</td> <td style="background-color: #f4a460;">Not Covered Not Covered</td> </tr> <tr> <td style="background-color: #f4a460;">Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)</td> <td style="background-color: #f4a460;">\$6,650 / \$13,200 N/A</td> </tr> </tbody> </table>  | MetroHealth Pharmacy or Medical Mutual Express Script Network (Mail Order is only available through Express Script Network)  | Out-of-Network  | Retail Generic  | 20% After Deductible Not Covered | Retail Preferred Brand | 20% After Deductible Not Covered | Retail Non-Preferred Brand   | 50% After Deductible Not Covered | Retail Specialty            | 50% After Deductible Not Covered | Mail Order Generic                       | 20% After Deductible Not Covered | Mail Order Preferred Brand   | 20% After Deductible Not Covered | Mail Order Non-Preferred Brand        | 50% After Deductible Not Covered | Mail Order Specialty      | Not Covered Not Covered          | Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family) | \$6,650 / \$13,200 N/A           |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| MetroHealth Pharmacy or Medical Mutual Express Script Network (Mail Order is only available through Express Script Network)                       | Out-of-Network   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Retail Generic  | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Retail Preferred Brand  | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Retail Non-Preferred Brand  | 50% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Retail Specialty  | 50% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Mail Order Generic  | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Mail Order Preferred Brand  | 20% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Mail Order Non-Preferred Brand  | 50% After Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Mail Order Specialty  | Not Covered Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)  | \$6,650 / \$13,200 N/A   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| MetroHealth Select Network  | Out-of-Network   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Deductible (Individual/Family)  | \$0/\$0 Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance   | 0%, No Deductible Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible  | N/A N/A  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Inpatient Facility Services   | \$250 Copay Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Outpatient Facility & X-Ray/Lab Services  | 0%, No Deductible Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Preventive Care Office Visit  | \$0 Copay, No Deductible Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Office Visit – Primary Care Physician   | \$20 Copay Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Office Visit – Specialist   | \$40 Copay Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Urgent Care Visit   | \$40 Copay Not Covered   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted)   | \$150 Copay*   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Emergency Room Visit – Non-Emergency  | \$200 Copay Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Prescription Drug Benefits<br>Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply<br>All Specialty- Up to 30 day supply | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4f81bd; color: white;">MetroHealth Pharmacy</th> <th style="background-color: #4f81bd; color: white;">CVS CareMark</th> </tr> </thead> <tbody> <tr> <td style="background-color: #4f81bd; color: white;">Retail Generic</td> <td style="background-color: #4f81bd; color: white;">\$10 Copay \$20 Copay</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Retail Preferred Brand</td> <td style="background-color: #4f81bd; color: white;">\$25 Copay \$50 Copay</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Retail Non-Preferred Brand</td> <td style="background-color: #4f81bd; color: white;">\$50 Copay \$100 Copay</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Retail Specialty</td> <td style="background-color: #4f81bd; color: white;">20% to \$750 20% to \$750</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Mail Order Generic</td> <td style="background-color: #4f81bd; color: white;">\$10 Copay \$20 Copay</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Mail Order Preferred Brand</td> <td style="background-color: #4f81bd; color: white;">\$50 Copay \$80 Copay</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Mail Order Non-Preferred Brand</td> <td style="background-color: #4f81bd; color: white;">\$80 Copay \$120 Copay</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Mail Order Specialty</td> <td style="background-color: #4f81bd; color: white;">Not Covered Not Covered</td> </tr> <tr> <td style="background-color: #4f81bd; color: white;">Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)</td> <td style="background-color: #4f81bd; color: white;">\$6,600/ \$13,200 N/A</td> </tr> </tbody> </table>   | MetroHealth Pharmacy   | CVS CareMark  | Retail Generic  | \$10 Copay \$20 Copay            | Retail Preferred Brand | \$25 Copay \$50 Copay            | Retail Non-Preferred Brand   | \$50 Copay \$100 Copay           | Retail Specialty            | 20% to \$750 20% to \$750        | Mail Order Generic                       | \$10 Copay \$20 Copay            | Mail Order Preferred Brand   | \$50 Copay \$80 Copay            | Mail Order Non-Preferred Brand        | \$80 Copay \$120 Copay           | Mail Order Specialty      | Not Covered Not Covered          | Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family) | \$6,600/ \$13,200 N/A            |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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| MetroHealth Pharmacy  | CVS CareMark   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Generic  | \$10 Copay \$20 Copay  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Preferred Brand  | \$25 Copay \$50 Copay  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Non-Preferred Brand  | \$50 Copay \$100 Copay   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Specialty  | 20% to \$750 20% to \$750  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Generic  | \$10 Copay \$20 Copay  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Preferred Brand  | \$50 Copay \$80 Copay  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Non-Preferred Brand  | \$80 Copay \$120 Copay   |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Specialty  | Not Covered Not Covered  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)  | \$6,600/ \$13,200 N/A  |  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Tier 1<br>MetroHealth Select Network  | Tier 2<br>Medical Mutual SuperMed Network  | Tier 3<br>Out-of-Network   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Deductible (Individual/Family)  | \$0/\$0 \$500/\$1,000  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance   | 10%, No Deductible 20% After Deductible  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible  | \$1,250/\$2,500 \$2,500/\$5,000  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Inpatient Facility Services   | \$250 + 10% 20% After Deductible   | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Outpatient Facility & X-Ray/Lab Services  | 0%, No Deductible 20% After Deductible   | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Preventive Care Office Visit  | \$0 Copay, No Deductible \$0 Copay, No Deductible  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Office Visit – Primary Care Physician   | \$20 Copay \$30 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Office Visit – Specialist   | \$40 Copay \$50 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Urgent Care Visit   | \$40 Copay \$60 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted)   | \$150 Copay*   | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Emergency Room Visit – Non-Emergency  | \$200 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Prescription Drug Benefits<br>Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply<br>All Specialty- Up to 30 day supply | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #2e8b57; color: white;">MetroHealth Pharmacy</th> <th style="background-color: #2e8b57; color: white;">CVS CareMark</th> <th style="background-color: #2e8b57; color: white;">Out-of-Network</th> </tr> </thead> <tbody> <tr> <td style="background-color: #2e8b57; color: white;">Retail Generic</td> <td style="background-color: #2e8b57; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #2e8b57; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #2e8b57; color: white;">Retail Preferred Brand</td> <td style="background-color: #2e8b57; color: white;">\$35 Copay \$35 Copay</td> <td style="background-color: #2e8b57; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #2e8b57; color: white;">Retail Non-Preferred Brand</td> <td style="background-color: #2e8b57; 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Deductible</td> </tr> <tr> <td style="background-color: #800000; color: white;">Outpatient Facility &amp; X-Ray/Lab Services</td> <td style="background-color: #800000; color: white;">0%, No Deductible 10% After Deductible</td> <td style="background-color: #800000; color: white;">30% After Deductible</td> </tr> <tr> <td style="background-color: #800000; color: white;">Preventive Care Office Visit</td> <td style="background-color: #800000; color: white;">\$0 Copay, No Deductible \$0 Copay, No Deductible</td> <td style="background-color: #800000; color: white;">30% After Deductible</td> </tr> <tr> <td style="background-color: #800000; color: white;">Office Visit – Primary Care Physician</td> <td style="background-color: #800000; color: white;">\$25 Copay \$25 Copay</td> <td style="background-color: #800000; color: white;">30% After Deductible</td> </tr> <tr> <td style="background-color: #800000; color: white;">Office Visit – Specialist</td> <td style="background-color: #800000; color: white;">\$50 Copay \$50 Copay</td> <td style="background-color: #800000; 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Visit   | \$0 Copay, No Deductible \$0 Copay, No Deductible | 30% After Deductible | Office Visit – Primary Care Physician | \$25 Copay \$25 Copay  | 30% After Deductible | Office Visit – Specialist   | \$50 Copay \$50 Copay   | 30% After Deductible                     | Urgent Care Visit             | \$75 Copay \$75 Copay        | 30% After Deductible                 | Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted) | \$150 Copay*           | Not Covered               | Emergency Room Visit – Non-Emergency | \$200 Copay       | 30% After Deductible   | Prescription Drug Benefits<br>Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply<br>All Specialty- Up to 30 day supply | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #800000; color: white;">MetroHealth Pharmacy</th> <th style="background-color: #800000; color: white;">CVS CareMark</th> <th style="background-color: #800000; color: white;">Out-of-Network</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Retail Generic</td> <td style="background-color: #800000; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Preferred Brand</td> <td style="background-color: #800000; color: white;">\$35 Copay \$35 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Non-Preferred Brand</td> <td style="background-color: #800000; color: white;">\$50 Copay \$50 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Specialty</td> <td style="background-color: #800000; color: white;">20% up to \$750 20% up to \$750</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Generic</td> <td style="background-color: #800000; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Preferred Brand</td> <td style="background-color: #800000; color: white;">\$70 Copay \$70 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Non-Preferred Brand</td> <td style="background-color: #800000; color: white;">\$100 Copay \$100 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Specialty</td> <td style="background-color: #800000; color: white;">Not Covered Not Covered</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)</td> <td style="background-color: #800000; color: white;">\$2,500/ \$5,000</td> <td style="background-color: #800000; color: white;">\$3,500/ \$7,000</td> </tr> </tbody> </table> | MetroHealth Pharmacy                 | CVS CareMark            | Out-of-Network  | Retail Generic   | \$10 Copay \$10 Copay | Not Covered  | Retail Preferred Brand | \$35 Copay \$35 Copay | Not Covered            | Retail Non-Preferred Brand | \$50 Copay \$50 Copay      | Not Covered            | Retail Specialty | 20% up to \$750 20% up to \$750 | Not Covered        | Mail Order Generic    | \$10 Copay \$10 Copay      | Not Covered           | Mail Order Preferred Brand     | \$70 Copay \$70 Copay  | Not Covered          | Mail Order Non-Preferred Brand | \$100 Copay \$100 Copay  | Not Covered           | Mail Order Specialty  
   | Not Covered Not Covered              | Not Covered                               | Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family) | \$2,500/ \$5,000               | \$3,500/ \$7,000      |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   | | | | | | | | | | | | | | | | | | | |
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                  
        |                       |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| MetroHealth Pharmacy  | CVS CareMark   | Out-of-Network   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Generic  | \$10 Copay \$10 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Preferred Brand  | \$35 Copay \$35 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Non-Preferred Brand  | \$50 Copay \$50 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Specialty  | 20% to \$750 20% to \$750  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Generic  | \$10 Copay \$10 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Preferred Brand  | \$70 Copay \$70 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Non-Preferred Brand  | \$100 Copay \$100 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Specialty  | Not Covered Not Covered  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)  | \$6,600/ \$13,200  | N/A  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Tier 1<br>MetroHealth Select Network  | Tier 2<br>Medical Mutual SuperMed Network  | Tier 3<br>Out-of-Network   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Deductible (Individual/Family)  | \$750/ \$1,500   | \$1,500/ \$3,000   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance   | 0% After Deductible 10% After Deductible   | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Coinsurance Limit – Medical Only (Individual/Family) – Excludes Deductible  | \$1,750/ \$3,500   | \$2,000/ \$4,000   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Inpatient Facility Services   | 0%, No Deductible 10% After Deductible   | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
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| Outpatient Facility & X-Ray/Lab Services  | 0%, No Deductible 10% After Deductible   | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Preventive Care Office Visit  | \$0 Copay, No Deductible \$0 Copay, No Deductible  | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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| Office Visit – Primary Care Physician   | \$25 Copay \$25 Copay  | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Office Visit – Specialist   | \$50 Copay \$50 Copay  | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
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                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Urgent Care Visit   | \$75 Copay \$75 Copay  | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Emergency Room Visit – Emergency *(Not subject to deductible, Copay waived if admitted)   | \$150 Copay*   | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Emergency Room Visit – Non-Emergency  | \$200 Copay  | 30% After Deductible   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
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   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Prescription Drug Benefits<br>Retail - Up to 30 days supply (3 Fill Limit) Mail Order - Up to 90 day supply<br>All Specialty- Up to 30 day supply | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #800000; color: white;">MetroHealth Pharmacy</th> <th style="background-color: #800000; color: white;">CVS CareMark</th> <th style="background-color: #800000; color: white;">Out-of-Network</th> </tr> </thead> <tbody> <tr> <td style="background-color: #800000; color: white;">Retail Generic</td> <td style="background-color: #800000; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Preferred Brand</td> <td style="background-color: #800000; color: white;">\$35 Copay \$35 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Non-Preferred Brand</td> <td style="background-color: #800000; color: white;">\$50 Copay \$50 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Retail Specialty</td> <td style="background-color: #800000; color: white;">20% up to \$750 20% up to \$750</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Generic</td> <td style="background-color: #800000; color: white;">\$10 Copay \$10 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Preferred Brand</td> <td style="background-color: #800000; color: white;">\$70 Copay \$70 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Non-Preferred Brand</td> <td style="background-color: #800000; color: white;">\$100 Copay \$100 Copay</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Mail Order Specialty</td> <td style="background-color: #800000; color: white;">Not Covered Not Covered</td> <td style="background-color: #800000; color: white;">Not Covered</td> </tr> <tr> <td style="background-color: #800000; color: white;">Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)</td> <td style="background-color: #800000; color: white;">\$2,500/ \$5,000</td> <td style="background-color: #800000; color: white;">\$3,500/ \$7,000</td> </tr> </tbody> </table>  | MetroHealth Pharmacy   | CVS CareMark  | Out-of-Network  | Retail Generic                   | \$10 Copay \$10 Copay  | Not Covered                      | Retail Preferred Brand   | \$35 Copay \$35 Copay            | Not Covered                 | Retail Non-Preferred Brand       | \$50 Copay \$50 Copay                    | Not Covered                      | Retail Specialty             | 20% up to \$750 20% up to \$750  | Not Covered                           | Mail Order Generic               | \$10 Copay \$10 Copay     | Not Covered                      | Mail Order Preferred Brand   | \$70 Copay \$70 Copay            | Not Covered   | Mail Order Non-Preferred Brand | \$100 Copay \$100 Copay              | Not Covered                      | Mail Order Specialty  | Not Covered Not Covered   | Not Covered   | Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family) | \$2,500/ \$5,000  | \$3,500/ \$7,000                 |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| MetroHealth Pharmacy  | CVS CareMark   | Out-of-Network   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Generic  | \$10 Copay \$10 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Preferred Brand  | \$35 Copay \$35 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Non-Preferred Brand  | \$50 Copay \$50 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Retail Specialty  | 20% up to \$750 20% up to \$750  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Generic  | \$10 Copay \$10 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Preferred Brand  | \$70 Copay \$70 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Non-Preferred Brand  | \$100 Copay \$100 Copay  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Mail Order Specialty  | Not Covered Not Covered  | Not Covered  |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |
| Maximum Out-of-Pocket – Includes Medical and Prescription (Individual/ Family)  | \$2,500/ \$5,000   | \$3,500/ \$7,000   |   |   |                                  |                        |                                  |  |                                  |                             |                                  |  |                                  |                              |                                  |                                       |                                  |                           |                                  |  |                                  |   |                                |                                      |                                  |   |   |   |  |                   |                                  |   
  |                                      |   |                                  |                                |                                  |                    |                                  |  |                                  |  |                                  |                      |                             |  |                        |   |  |                      |                                |  
  |                      |                                       |  |                      |                             |                         |  |                               |                              |                                      |   |                        |                           |                                      |                   |                        |   |   |                                      |                         |   |  |                       |              |                        |                       |                        |                            |                            |                        |                  |                                 |                    |                       |                            |                       |                                |                        |                      |                                |  |                       |   
   |                                      |   |  |                                |                       |             |             |   |             |  |                                 |             |                             |                                  |             |  |  |             |                              |   |             |                                       |                       |             |                           |                       |             |                   |                       |             |   |              |             |                                      |             |             |   |   
   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                           |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                   |     |  |                                      |   |                          |                                |                |                  |             |  |                      |  |                  |                  |                             |  |                      |  |  |                      |                              |   |                      |                                       |                       |                      |                           |  
                    |                      |                   |                       |                      |   |              |             |                                      |             |                      |   |   |                      |              |                |                |                       |             |                        |                       |             |                            |                       |             |                  |                                 |             |                    |                       |             |                            |                       |             |                                |                         |             |                      |                         |             |  |                  |                  |



**Medical Mutual SuperMed EPO Plan and Medical Mutual SuperMed PPO Plan:** Tier 1 and Tier 2 Coinsurance limits work towards each other.

**For all plans, excluding the MetroHealth Select High Deductible:** When a generic is available, but the pharmacy dispenses the brand name medication for any reason other than the prescriber indicates "dispense as written," you will pay the difference between the brand name medication and the generic plus the brand copayment.