Medical

Following is a high-level overview of the coverage available through Blue Cross Blue Shield of Nebraska. For complete coverage details, please refer to the Summary Plan Description (SPD).

| Key Medical Benefits | \$3,000 PPO | | \$7,050 HSA | | |
|-------------------------------------------|-----------------------------------------------|-----------------------------|-----------------------------------------------|-----------------------------|--|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ | |
| Deductible (per calendar year) | | | | | |
| Individual / Family | \$3,000 / \$6,000 | \$3,500 / \$7,000 | \$7,050 / \$14,100 | \$12,000 / \$24,000 | |
| Out-of-Pocket Maximum (per calendar year) | | | | | |
| Individual / Family | \$7,050 / \$14,100 | \$14,100 / \$28,200 | \$7,050 / \$14,100 | \$14,100 / \$28,200 | |
| Covered Services | | | | | |
| Office Visits (physician/specialist) | 30%* | 50%* | 0%* | 30%* | |
| Routine Preventive Care | No charge | 50%* | No charge | 30%* | |
| Outpatient Diagnostic (lab/X-ray) | 30%* | 50%* | 0%* | 30%* | |
| Complex Imaging | 30%* | 50%* | 0%* | 30%* | |
| Chiropractic | 30%* | 50%* | 0%* | 30%* | |
| Ambulance | 30%* | | 0%* | | |
| Emergency Room | 30%* | | 0%* | | |
| Urgent Care Facility | 30%* | 50%* | 0%* | 30%* | |
| Inpatient Hospital Stay | 30%* | 50%* | 0%* | 30%* | |
| Outpatient Surgery | 30%* | 50%* | 0%* | 30%* | |
| Prescription Drugs | (Generic / Brand / Non-Formulary / Specialty) | | (Generic / Brand / Non-Formulary / Specialty) | | |
| Retail Pharmacy (30-day supply) | \$15 / \$45 / \$80 | 50%* | \$15* / \$45* / \$80* 2 | 50%* | |
| Mail Order (90-day supply) | \$45 / \$135 / \$240 | Not covered | \$45* / \$135* / \$240* | Not covered | |

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Benefits with an asterisk () require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
- 2. Specialty Rx Same as Retail.

MEDICAL RATES

| Coverage Tier | Employee Contribution (Weekly) | | |
|-----------------------|--------------------------------|-------------|--|
| | \$3,000 PPO | \$7,050 HSA | |
| Employee Only | \$61.68 | \$27.05 | |
| Employee + Spouse/DP | \$170.34 | \$116.51 | |
| Employee + Child(ren) | \$141.09 | \$92.43 | |
| Family | \$238.60 | \$172.71 | |

Domestic Partner (DP) Contributions: Your contributions to cover a DP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your DP's or DP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for DP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover a DP must be taken on an after-tax basis.