

VEBA Level Funded Medical Benefits Summary

Medical Plan Name	Value Plan	MVP	4000 HBP	\$5000 Plan	CR 2000	\$3000 Plan	\$2000 Plan	EPO 2500	POS 3	POS N.A.	EPO 25	\$1500 Plan	CR 1000	\$1000 Plan	\$500 Plan	50 Plan	POS 1	EPO 20	EPO EXEC	
Plan Type	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II	POS HSA OA POS II
Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network
Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network
Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network	Network
Prescription Card	100% after ded	100% after ded	100% after ded	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200	\$1545/\$100/\$200
Individual/Family	\$4350/\$12700	\$4,850/\$13,700	\$4,000/\$8000	\$5000/\$10000	\$2000/\$4000	\$3000/\$6000	\$2000/\$4000	\$2500/\$5000	\$1500/\$3000	\$1000/\$2000	\$1000/\$2000	\$1500/\$3000	\$1000/\$2000	\$1000/\$2000	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$500/\$1000
Individual/Family/COB	\$4350/\$12700	\$4,850/\$13,700	\$4350/\$12700	\$4350/\$12700	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000	\$4000/\$12000
Contra-insurance	100%	100%	20%	30%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Emergency Room	100% after ded	100% after ded	100% after ded	\$400	\$400	\$300	\$300	\$300	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200
Urgent Care	100% after ded	100% after ded	100% after ded	\$75	\$75	\$40	\$40	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Inpatient Hospital	100% after ded	100% after ded	100% after ded	\$500 Copay + 70% After Deductible	100% after ded	\$500 Copay + 80% after ded	\$500 Copay + 80% after ded	100% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded
Mental Health Inpatient	100% after ded	100% after ded	100% after ded	\$300 Copay + 70% After Deductible	100% after ded	\$500 Copay + 80% after ded	\$500 Copay + 80% after ded	100% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded	70% after ded
Primary Care	100% after ded	\$50 copay for the 1st 3 visits, then 20%	100% after ded	\$50	\$50	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Specialist	100% after ded	\$50 copay for the 1st 3 visits, then 20%	100% after ded	\$75	\$75	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Outpatient Facility Lab/A-Ray	100% after ded	100% after ded	100% after ded	70% after ded	70% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded	80% after ded
Mental Health Outpatient	100% after ded	\$30 copay for the 1st 3 visits, then 20%	100% after ded	\$50	\$50	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Deductible/Inf/Plan	\$12700/\$25400	N/A	N/A	\$10000/\$20000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000	\$5000/\$10000
Co-insurance	50%	50%	50%	50%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Out-of-Pocket	\$25400/\$50800	N/A	N/A	\$20000/\$40000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000
Reimbursement - UCR	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare	140% Medicare
ES - Spouse	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40	\$598.40
ES - Husband/Wife	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79	\$598.79
EC - Parent/Child	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88	\$553.88
FAM - Family	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28	\$553.28

To file a claim with the network please visit [www.veba.com/claims](http://www.veba.com/claims)

For a complete description of benefits and exclusions, please see the Schedule of Benefits; its terms prevail. These are Self-Insured Programs administered by MetLife.

All rates include Medical Health Daily and Health Care Reform credits. Out-of-network benefits may be subject to balance billing. These rates are not guaranteed and must be approved by underwriting; they are subject to personal health questionnaires (PHQ) and may be subject to medical underwriting. Rates include all self-insured administrative costs, underwriting and commission expenses. They do not include a \$20 per month group processing and One Time \$125 VEBA Setup Fee.

Final rates are based on actual enrollment medical underwriting. Rates include all self-insured administrative costs, underwriting and commission expenses.

