

Proposed Medical Plan Design

| Plan Year 01.01.2020-12.31.2020 | | NEW HMO Base Option | HMO High Option | PPO | HDHP |
|---------------------------------|--|--|---------------------------|--|--|
| Plan Highlights | | In-Network | In-Network | In-Network | In-Network |
| PCP Copay | | \$25 \$30 | \$25 | \$25 \$30 | 100% after Ded |
| Specialist Copay | | \$35 \$40 | \$35 | \$35 \$40 | 100% after Ded |
| Telehealth | | \$10 | \$10 | | \$49 |
| Emergency Room | | \$250 | \$250 | \$250 | 100% after Ded |
| Coinsurance | | 80% | 80% | 80% | 100% |
| Individual Deductible | | \$500 \$1000 | \$500 | \$750 \$1,000 | \$2,700 \$2,800 (1) |
| Family Deductible | | \$1,500 \$3000 | \$1,500 | \$2,250 \$3,000 | \$5,400 \$5,600 (1) |
| Individual Out-of-Pocket | | \$2,500 \$3000 | \$2,500 | \$2,750 \$3,000 | \$3,500 |
| Family Out-of-Pocket | | \$7,500 \$9000 | \$7,500 | \$8,250 \$9,000 | \$7,000 |
| HSA Contribution | | | | | \$750 / \$1125 / \$1500 |
| Pharmacy | | | | | |
| Retail Tiers | | \$10 \$15 / \$40 / \$60 \$70 | \$10 / \$40 / \$60 | \$10 \$15 / \$40 / \$60 \$70 | \$10 \$15 / \$40 / \$60 \$70 after Ded |
| Mail Order | | \$17.50 \$26 / \$52.50 \$105 | \$17.50 / \$52.50 / \$105 | \$17.50 \$26 / \$52.50 \$105 | \$17.50 \$26 / \$52.50 \$105 after Ded |
| Individual Out-of-Pocket | | \$3,000 | \$3,000 | \$3,000 | Included in Med OOP |
| Family Out-of-Pocket | | \$6,000 | \$6,000 | \$6,000 | Included in Med OOP |
| Enrollment by Tier | | | | | |
| Employee | | 0 | 195 | 17 | 19 |
| Employee + 1 | | 0 | 65 | 4 | 4 |
| Family | | 0 | 97 | 4 | 6 |

Marsh & McLennan Agency LLC (1) IRS mandated minimum deductible levels required for 2020 plan year

Employee Bi-weekly Cost Impact

costs shown are for with wellness, non-smoker

| Plan | Tier | 2019 Current | | Renewal | | Option (with new Base HMO) | |
|--------------|--------------|----------------|----------------|----------------|----------|----------------------------|--------|
| | | Bi-weekly Cost | Bi-weekly Cost | Bi-weekly Cost | Change | Bi-weekly Cost | Change |
| Current HMO | Employee | \$56.01 | \$67.15 | \$11.15 | \$78.48 | \$22.47 | |
| | Employee + 1 | \$141.14 | \$166.20 | \$25.06 | \$185.12 | \$43.99 | |
| | Family | \$219.55 | \$258.54 | \$38.99 | \$287.98 | \$68.43 | |
| NEW Base HMO | Employee | | \$65.00 | \$8.99 | | | |
| | Employee + 1 | | \$160.86 | \$19.73 | | | |
| | Family | | \$250.23 | \$30.68 | | | |
| PPO | Employee | \$98.21 | \$116.45 | \$18.24 | \$114.10 | \$15.88 | |
| | Employee + 1 | \$250.45 | \$293.46 | \$43.02 | \$287.54 | \$37.09 | |
| | Family | \$395.07 | \$462.94 | \$67.87 | \$453.59 | \$58.51 | |
| CDHP | Employee | \$36.46 | \$41.60 | \$5.14 | \$45.54 | \$9.08 | |
| | Employee + 1 | \$97.77 | \$155.36 | \$57.59 | \$117.72 | \$19.95 | |
| | Family | \$142.46 | \$222.42 | \$79.96 | \$173.49 | \$31.03 | |

Change from current HMO