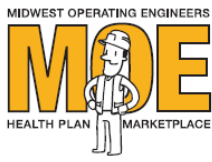




**HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2018 through March 31, 2019**

Services Offered	Operators' Health Center <sup>(1)</sup>		Plan A	Platinum	Gold	Silver	Bronze	EPO					
<b>OPERATORS' HEALTH CENTER (not subject to deductible)</b>													
Annual/School Physical Exams, Preventive Care/Wellness Visits, Immunizations, Blood Draws, Condition Management (Ages two and up)	100%		100%	100%	100%	100%	100%	100%					
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
<b>Annual Deductible (applies to all services unless noted otherwise)</b>													
Person	None	\$4,000	\$300	\$300	\$500	\$1,000	\$1,000	\$2,000	\$2,000	\$4,000	\$5,000	\$10,000	None
Family	None	\$10,000	\$700	\$700	\$1,250	\$2,500	\$2,500	\$5,000	\$5,000	\$10,000	\$10,000	\$20,000	None
<b>Medical Out of Pocket Maximum (applies to all services unless noted otherwise)</b>													
Person	\$2,500	\$8,000	\$2,500	\$2,500	\$3,500	\$7,000	\$4,000	\$8,000	\$4,000	\$8,000	\$5,000	\$10,000	\$4,000
Family	\$6,000	\$16,000	\$6,000	\$6,000	\$7,000	\$14,000	\$8,000	\$16,000	\$8,000	\$16,000	\$10,000	\$20,000	\$10,000
<b>Hospital Services</b>	100%	50%	90%	80%	90%	80%	80%	60%	70%	50%	100%		Inpatient: \$250 copay per admission Outpatient: \$20 copay per visit

<sup>(1)</sup> In-Network services are services available through the Operators' Health Clinic (OHC), CVS Minute Clinics or Advocate Health System providers. Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC, Minute Clinics or the Advocate Health System.



**HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2018 through March 31, 2019**

Services Offered	Operators' Health Center <sup>(1)</sup>		Plan A		Platinum		Gold		Silver		Bronze		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
<b>Emergency Room</b> (if life-threatening emergency; if not a true emergency, Hospital Services coinsurance and copays apply)	100%		90%		\$100 copay; balance considered at 90%		\$100 copay; balance considered at 80%		\$100 copay; balance considered at 70%		\$100 copay per visit		\$100 copay per visit
<b>Preventive Services*</b>	100%	Not covered if available at OHC, MinuteClinic or Advocate provider; otherwise covered at 50%	100%	100%**	100%	No benefit	100%	No benefit	100%	No benefit	100%	No benefit	100%
<b>Physicians Visits</b>	100%	50%	90%	80%	90%	80%	80%	60%	70%	50%	100%		Primary: \$20 copay per visit Specialist: \$40 copay per visit

\*Not subject to deductible. For details on ACA-mandated preventive care services, visit [www.healthcare.gov/coverage/preventive-care-benefits/](http://www.healthcare.gov/coverage/preventive-care-benefits/). For details on ACA-mandated preventive care prescription drugs, visit <http://moefunds.com/wp-content/uploads/2017/04/Rx-ACA-Preventive-Services-List-2017.pdf>. These lists may change annually.

\*\*For adult physical exams and well child care; no benefit for other ACA-mandated preventive services; covered services may change periodically, and any changes will be effective April 1, 2018.

<sup>(1)</sup> In-Network services are services available through the Operators' Health Clinic (OHC), CVS Minute Clinics or Advocate Health System providers. Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC, Minute Clinics or the Advocate Health System.



## HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2018 through March 31, 2019

Services Offered	Operators' Health Center <sup>(1)</sup>		Plan A		Platinum		Gold		Silver		Bronze		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
<b>Chiropractic Services</b> (Limited to maximum of \$60 per visit and 24 spinal manipulations per Plan Year)	100% Advocate does not have network chiropractors at this time, so In- and Out-of-Network benefits are covered at 100%		90%	80%	90%	80%	80%	60%	70%	50%	100%		Primary: \$20 copay per visit
<b>Acupuncture</b> (Limited to maximum of \$125 per visit and 12 treatments per Plan Year; <b>MD referral required</b> )	100% Advocate does not have network acupuncture providers at this time, so In- and Out-of-Network benefits are covered at 100%		90%	80%	90%	80%	80%	60%	70%	50%	100%		Primary: \$20 copay per visit
<b>Outpatient Restorative Speech Therapy</b>	100%	50%	90%	80%	90%	80%	80%	60%	70%	50%	100%		\$20 Copay per visit
<b>Outpatient Speech Therapy (25 visit limit)**</b>	100%	50%	90%	80%	90%	80%	80%	60%	70%	50%	100%		\$20 Copay per visit

\*\*\*Outpatient Speech therapy for developmental conditions including congenital neurological diseases for dependent children are limited to 25 visits for the 2018/2019 Plan Year. For children between the ages of 2 through age 18.

<sup>(1)</sup> In-Network services are services available through the Operators' Health Clinic (OHC), CVS Minute Clinics or Advocate Health System providers. Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC, Minute Clinics or the Advocate Health System.



**HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2018 through March 31, 2019**

Services Offered	Operators' Health Center <sup>(1)</sup>		Plan A		Platinum		Gold		Silver		Bronze		EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
<b>Outpatient Physical and Occupational Therapy for Congenital Neurological for Dependent Children****</b>	100%	50%	90%	80%	90%	80%	80%	60%	70%	50%	100%		\$20 Copay per visit
<b>Lab and X-ray</b>	100%	50%	90%	80%	90%	80%	80%	60%	70%	50%	100%		100%
<b>Family Supplemental Benefit – per family per plan year</b>	\$1,500		\$1,500		\$1,200		\$1,000		\$500		\$250		\$500
<b>Dental Benefit</b>													
<b>Deductible</b>	\$0		\$0		\$0		\$0		\$0		No benefit		\$0
<b>Calendar Year Maximum</b>	Age 19 and older \$1,500. Under 19 no maximum		Age 19 and older \$1,500. Under 19 no maximum		Age 19 and older \$1,500. Under 19 no maximum		Age 19 and older \$1,500. Under 19 no maximum		Age 19 and older \$1,500. Under 19 no maximum		No benefit		Age 19 and older \$1,500. Under 19 no maximum
<b>Preventive</b>	100%		100%		100%		100%		100%		No benefit		100%
<b>Basic &amp; Restorative</b>	70%		70%		70%		70%		70%		No benefit		70%
<b>Orthodontia</b>	50% \$2,000 lifetime maximum		50% \$2,000 lifetime maximum		50% \$2,000 lifetime maximum		50% \$2,000 lifetime maximum		50% \$2,000 lifetime maximum		No benefit		50% \$2,000 lifetime maximum

\*\*\*\*Limited to dependent children age 2 through age 18.

<sup>(1)</sup> In-Network services are services available through the Operators' Health Clinic (OHC), CVS Minute Clinics or Advocate Health System providers. Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC, Minute Clinics or the Advocate Health System.



**HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2018 through March 31, 2019**

Services Offered	Operators' Health Center <sup>(1)</sup>	Plan A	Platinum	Gold	Silver	Bronze	EPO	
<b>Death Benefit</b>								
Member	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	No benefit	\$30,000	
Dependent	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	No benefit	\$2,000	
<b>Accidental Dismemberment and Disability Benefits</b>								
Accidental Dismemberment	\$1,000 OR \$5,000 Based on loss \$10,000 limit for 1 accident					No benefit	\$1,000 OR \$5,000 Based on loss \$10,000 limit for 1 accident	
Disability Benefit	\$400 per week up to 52 weeks Eligibility is credited with 40 hours/week for up to 17 weeks					No benefit	\$400 per week up to 52 weeks Eligibility is credited with 40 hours/week for up to 17 weeks	
<b>Prescription Drug Benefit*****</b>								
Retail***** (30-day supply)	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100	Generic \$20 Preferred Brand \$40 Non-Preferred Brand \$55 Specialty \$100	Generic \$5 Preferred Brand \$10 Non-Preferred Brand \$25 Specialty \$100
Maintenance Choice (either CVS/Target retail pharmacy stores or CVS Caremark Mail Service Pharmacy ONLY; 90-day supply)	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A	Generic \$50 Preferred Brand \$100 Non-Preferred Brand \$115 Specialty N/A	Generic \$15 Preferred Brand \$30 Non-Preferred Brand \$45 Specialty N/A

\*\*\*\*\* Specialty drugs require prior authorization.

\*\*\*\*\* Maximum of up to two 30-day fills (excluding specialty drugs) before the member is required to obtain a 90-day supply.

<sup>(1)</sup> In-Network services are services available through the Operators' Health Clinic (OHC), CVS Minute Clinics or Advocate Health System providers. Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC, Minute Clinics or the Advocate Health System.



**HEALTH PLAN OPTION COMPARISON CHART—Benefits Effective April 1, 2018 through March 31, 2019**

Services Offered	Operators' Health Center <sup>(1)</sup>		Plan A		Platinum		Gold		Silver		Bronze		EPO
<b>Prescription Out of Pocket Maximum</b>													
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network ONLY
Person	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000	\$1,600	\$4,000	\$2,000
Family	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000	\$3,200	\$8,000	\$3,200
<b>Combined Out of Pocket Maximum (Includes Both Medical and Prescriptions)</b>													
Person	\$4,500	\$12,000	\$4,500	\$6,500	\$5,500	\$11,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,600	\$14,000	\$6,000
Family	\$10,000	\$24,000	\$10,000	\$14,000	\$11,000	\$22,000	\$12,000	\$24,000	\$12,000	\$24,000	\$13,200	\$28,000	\$13,200

<sup>(1)</sup> In-Network services are services available through the Operators' Health Clinic (OHC), CVS Minute Clinics or Advocate Health System providers. Most Out-of-Network services will be subject to HST's negotiated Value-Based Price (VBP) amount. Out-of-Network benefits apply when services are sought outside of the OHC, Minute Clinics or the Advocate Health System.