

Caring Inc. Health Insurance Renewal options eff. 10/1/2023

| | AmeriHealth New Jersey EPO \$30/\$50 \$500 | AmeriHealth New Jersey EPO HSA \$2,500 deductible | AmeriHealth New Jersey Advantage EPO Economy HSA \$2,500 deductible |
|--|--|--|--|
| In-Network Benefits | | | |
| Deductible (Individual/Family) | \$0 / \$0 | \$2,500 / \$5,000 | Tier 1 & Tier 2: \$2,500 / \$5,000 |
| Coinsurance | 0% | 0% | 50% |
| Out-of-Pocket Maximum (Ind/Family) | \$3,000 / \$6,000 | \$6,650 / \$13,300 | Tier 1 & Tier 2: \$6,550 / \$13,100 |
| Physician Services | | | |
| Routine Office Visit | \$30 | \$30 after deductible | Tier 1: \$30 after deductible Tier 2: \$50 after deductible |
| Specialist Office Visit | \$50 | \$50 after deductible | Tier 1: \$60 after deductible Tier 2: \$75 after deductible |
| Diagnostic Services | | | |
| Outpatient Lab (Freestanding/Hospital-based) | \$0 | \$0 after deductible | Tier 1 & Tier 2: 50% after deductible |
| Outpatient X-Ray (Freestanding/Hospital-based) | \$0 | \$0 after deductible | Tier 1 & Tier 2: 50% after deductible |
| MRI,CT, Pet Scan (Freestanding/Hospital-based) | \$0 | \$0 after deductible (pre-approval required) | Tier 1 & Tier 2: 50% after deductible |
| Emergency Services | | | |
| Urgent Care | \$75 | \$75 after deductible | Tier 1 & Tier 2: \$75 after deductible |
| Emergency Room | \$100 | \$100 after deductible | Tier 1 & Tier 2: \$100 after deductible |
| Hospital/Surgery | | | |
| Outpatient Surgery | Facility: \$0 / Physician: \$0 | \$0 after deductible | Tier 1: 30% after deductible Tier 2: 50% after deductible |
| Inpatient Hospital Services | Facility: \$500/day - \$2,500 max/admission / Physician: \$0 (pre-approval required) | Facility: \$0 after deductible / Physician: \$0 after deductible (pre-approval required) | Tier 1: 30% after deductible Tier 2: 50% after deductible (pre-approval required) |
| Medical Devices | | | |
| Durable Medical Equipment | 50% | \$0 after deductible | Tier 1 & Tier 2: 50% after deductible |
| Out-of-Network Benefits | | | |
| Deductible (Individual/Family) | N/A / N/A | N/A / N/A | N/A / N/A |
| Coinsurance | N/A | N/A | N/A |
| Out-of-Pocket Maximum (Ind/Family) | N/A / N/A | N/A / N/A | N/A / N/A |
| Prescription Drugs | | | |
| Rx Deductible | In Network: None | In Network: Integrated | In Network: Integrated |
| Copay 1 | \$25 | \$25 after deductible | \$7 after deductible |
| Copay 2 | \$50 | \$50 after deductible | 50% after deductible - \$125 max |
| Copay 3 | \$75 | \$75 after deductible | 50% after deductible - \$125 max |
| Copay 4 | None | None | None |
| Specialty | \$75 | \$75 after deductible | 50% - \$125 max/50% - \$250 max after deductible |
| Mail Order | \$50/\$100/\$150 | \$50/\$100/\$150 after deductible | \$14/50% - \$250 max/50% - \$250 max after deductible |

Please print name below:

| Cost Per Pay | Cost Per Pay | Cost Per Pay |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Employee: \$216.97 | Employee: \$173.85 | Employee: \$75.00 |
| Employee and Spouse: \$518.56 | Employee and Spouse: \$415.51 | Employee and Spouse: \$263.22 |
| Employee and child(ren): \$426.17 | Employee and child(ren): \$341.47 | Employee and child(ren): \$216.32 |
| Family: \$768.08 | Family: \$615.44 | Family: \$389.88 |

Please check this box --->

I hereby acknowledge that I received the Summary Plan Description of Caring Inc. as part of my initial employment package and acknowledge that this document is available to me from HR upon request and accessible through the website www.caringinc.net under the employee bulletin board.

Please circle your plan selection and cost per pay and sign on the line below:

X _____