

Saince Inc. [MTMGR]
Health Insurance Comparison
In-Network Benefits Plan Comparison

<i>Benefit Description</i>	2021-2022 Humana GA EHDHP 16 NPOS OPT 22 IN-NETWORK	2021-2022 Humana GA Simplicity NPOS 16 OPT 14 IN-NETWORK	2021-2022 Humana GA NPOS 16 Copay OPT 28 IN-NETWORK	2021-2022 Humana GA NPOS 16 Copay OPT 21 IN-NETWORK
<i>Annual Deductible (single/family)</i>	\$5,000/\$10,000	\$0/\$0	\$4,000/\$8,000	\$2,000/\$4,000
<i>Coinsurance</i>	Plan pays 80%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<i>Out-of-Pocket Maximum (single/family)</i> <i>(includes deductible)</i>	\$6,750/\$13,500	\$6,500/\$13,000	\$6,500/\$13,000	\$5,000/\$10,000
<i>Maximum Benefit</i>	Unlimited	Unlimited	Unlimited	Unlimited
<i>Office Visits: Preventive Care</i>				
Primary Care Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Specialist Physician Office Visit	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Well Child Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<i>Office Visits: Illness or Injury</i>				
Primary Care Physician (PCP) office visit	Plan pays 80% after deductible	\$40 Copay	\$40 Copay	\$40 Copay
Specialty Care Physician office visit	Plan pays 80% after deductible	\$100 Copay	\$55 Copay	\$55 Copay
<i>Emergency Room Services</i>				
Life-threatening illness, serious accidental injury	Plan pays 80% after deductible	\$600 Copay; waived if admitted	\$350 Copay; waived if admitted	\$350 Copay; waived if admitted
Urgent Care	Plan pays 80% after deductible	\$125 Copay	\$100 Copay	\$100 Copay
<i>Hospital Services - Inpatient</i>				
Facility/ Hospital Charges	Plan pays 80% after deductible	\$2,000 Copay (3 days max)	Plan pays 100% after deductible	Plan pays 100% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100% after deductible
<i>Outpatient Services</i>				
Surgery facility/ hospital charges	Plan pays 80% after deductible	\$2,000 Copay (per occ)	Plan pays 100% after deductible	Plan pays 100% after deductible
Diagnostic Lab services	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Diagnostic X-Ray	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 100%
Major Diagnostics (CT, PET, MRI, MRA, and nuclear medicine)	Plan pays 80% after deductible	\$600 Copay	Plan pays 100% after deductible	Plan pays 100% after deductible
Physician Fees for Surgical and Medical Services	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible	Plan pays 100% after deductible
<i>Prescription Drugs</i>				
Tier 1	Plan pays 80% after deductible	\$10 Copay	\$10 Copay	\$10 Copay
Tier 2	Plan pays 80% after deductible	\$45 Copay	\$45 Copay	\$45 Copay
Tier 3	Plan pays 80% after deductible	\$90 Copay	\$90 Copay	\$90 Copay
Tier 4	Plan pays 80% after deductible	Member pays 25%	Member pays 25%	Member pays 25%
Employee Tier	Per Pay Period Rates	Per Pay Period Rates	Per Pay Period Rates	Per Pay Period Rates
Employee Only	\$140.47	\$250.88	\$276.27	\$339.73
Employee + Spouse	\$421.41	\$642.22	\$693.01	\$819.93
Employee + Child(ren)	\$379.27	\$583.52	\$630.50	\$747.90
Family	\$660.21	\$974.87	\$1,047.24	\$1,228.10