

MEDICAL INSURANCE—PPO \$1500 PLAN OPTIONS AND COSTS

| Aetna | \$1500 PPO Open Choice Network | | \$1500 PPO KC Care Network Plus | |
|--|--|--|--|--|
| | Employee Cost Per Month | | Employee Cost Per Month | |
| | With Incentive | Without Incentive | With Incentive | Without Incentive |
| Employee | \$254.68 | \$304.68 | \$117.72 | \$167.72 |
| Employee + Spouse | \$855.00 | \$905.00 | \$573.24 | \$623.24 |
| Employee + Child(ren) | \$732.62 | \$782.62 | \$477.16 | \$527.16 |
| Employee & Family | \$1,399.00 | \$1,449.00 | \$998.70 | \$1,048.70 |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible * Individual Family | \$1,500 \$3,000 | \$1,500 \$3,000 | \$1,500 \$3,000 | \$3,000 \$6,000 |
| Coinurance (Member Pays) | 10% | 30% | 10% | 40% |
| Out-of-Pocket Maximum Individual Family (includes deductible, coinsurance & copays) | \$4,500 \$9,000 | \$9,000 \$18,000 | \$4,500 \$9,000 | \$22,500 \$45,000 |
| Office Visit Primary Care Physician / Specialist | \$40 / \$40 copay | 30% after deductible | \$40 / \$40 copay | 40% after deductible |
| Preventive Care | Covered at 100% | 30% after deductible | Covered at 100% | 40% after deductible |
| Diagnostics Lab X-ray & Major Diagnostics (MRI, CT, PET...) | Covered at 100% 10% after deductible | 30% after deductible | Covered at 100% 10% after deductible | 40% after deductible |
| Urgent Care | \$40 copay/visit | 30% after deductible | \$40 copay/visit | 40% after deductible |
| Emergency Room Out-of-network benefits subject to the plan's allowable charge | \$150 copay/visit then 10% after deductible |
| Outpatient Surgery Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider | 10% after deductible until out-of-pocket maximums are met, then 100% | 30% after deductible until out-of-pocket maximums are met, then 100% | 10% after deductible until out-of-pocket maximums are met, then 100% | 40% after deductible until out-of-pocket maximums are met, then 100% |
| Inpatient Hospital Services Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider | 10% after deductible until out-of-pocket maximums are met, then 100% | 30% after deductible until out-of-pocket maximums are met, then 100% | 10% after deductible until out-of-pocket maximums are met, then 100% | 40% after deductible until out-of-pocket maximums are met, then 100% |
| Prescription Drug ** Retail (1 month supply) | \$10/\$30/\$50 | \$10/\$30/\$50 then 50% | \$10/\$30/\$50 | \$10/\$30/\$50 then 50% |
| Mail Order (3 month supply) | \$20/\$60/\$100 | \$20/\$60/\$100 then 50% | \$20/\$60/\$100 | \$20/\$60/\$100 then 50% |

Both plans are detailed in Aetna 2026 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

* No one person pays more than the individual deductible amount, and no family pays more than the family deductible.

** If you take a specialty drug, it MUST be purchased through the CVS Specialty Pharmacy to be covered by your insurance.

With the PPO \$1500 plan, members can utilize the CVS Minute Clinics free of charge.

MEDICAL INSURANCE—HDHP \$4000 PLAN OPTIONS AND COSTS

| Aetna | \$4000 HDHP Open Choice Network | | \$4000 HDHP KC Care Network Plus | |
|--|---------------------------------|--|----------------------------------|--|
| | Employee Cost Per Month | | Employee Cost Per Month | |
| | With Incentive | Without Incentive | With Incentive | Without Incentive |
| Employee | \$96.32 | \$146.32 | \$0.00 | \$26.30 |
| Employee + Spouse | \$602.06 | \$652.06 | \$347.38 | \$397.38 |
| Employee + Child(ren) | \$503.26 | \$553.26 | \$272.36 | \$322.36 |
| Employee & Family | \$1,039.66 | \$1,089.66 | \$677.92 | \$727.92 |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible * Individual Family | \$4,000 \$8,000 | \$4,000 \$8,000 | \$4,000 \$8,000 | \$4,000 \$8,000 |
| Coinsurance (Member Pays) | 0% | 20% | 0% | 30% |
| Out-of-Pocket Maximum Individual Family (includes deductible, coinsurance & copays) | \$4,000 \$8,000 | \$8,000 \$16,000 | \$4,000 \$8,000 | \$17,500 \$35,000 |
| Office Visit Primary Care Physician / Specialist | Subject to deductible | 20% after deductible | Subject to deductible | 30% after deductible |
| Preventive Care | Covered at 100% | 20% after deductible | Covered at 100% | 30% after deductible |
| Diagnostics Lab X-ray & Major Diagnostics (MRI, CT, PET...) | Subject to deductible | 20% after deductible | Subject to deductible | 30% after deductible |
| Urgent Care | Subject to deductible | 20% after deductible | Subject to deductible | 30% after deductible |
| Emergency Room Out-of-network benefits subject to the plan's allowable charge | Subject to deductible | Subject to In-Network deductible | Subject to deductible | Subject to In-Network deductible |
| Outpatient Surgery Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider | Subject to deductible | 20% after deductible | Subject to deductible | 30% after deductible |
| Inpatient Hospital Services Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider | Subject to deductible | 20% after deductible | Subject to deductible | 30% after deductible |
| Prescription Drug ** Retail (1 month supply) Mail Order (3 month supply) | Subject to deductible | Ded then \$10/\$30/\$50 then 30% Ded then \$10/\$30/\$50 then 30% | Subject to deductible | Ded then \$10/\$30/\$50 then 30% Ded then \$10/\$30/\$50 then 30% |

Both plans are detailed in Aetna 2026 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your certificate.

* No one person pays more than the individual deductible amount, and no family pays more than the family deductible.

** If you take a specialty drug, it MUST be purchased through the CVS Specialty Pharmacy to be covered by your insurance.

With the HDHP \$4000 plan, members can utilize the CVS Minute Clinics at a low cost.