Brown & Brown

| Medical - All | BCBSM Div 0009 CB PPO \$500 | BCBSM Div 0011 CB PPO \$250 | BCBSM Div 0022 SB HSA PPO \$2,000, 0% OOPM \$4,000/\$8,000 | BCBSM Div 0022 SB HSA PPO \$2,000, 10% OOPM \$4,000/\$8,000 |
|---------------------------------------|---|---|--|---|
| Benefit Comparison | | In-Network | In-Network | In-Network |
| Annual Individual / Family Deductible | \$500 / \$1,000 | \$250 / \$500 | \$2,000 / \$4,000 | \$2,000 / \$4,000 |
| Coinsurance | 20% | 0% | 0% | 10% |
| Annual Out-of-Pocket Maximum | \$2,000 / \$4,000 | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$4,000 / \$8,000 |
| Preventive Benefit | 0% (no deductible or copay/coinsurance) | 0% (no deductible or copay/coinsurance) | 0% (no deductible or copay/coinsurance) | 0% (no deductible or copay/coinsurance) |
| Office Visits | \$25 | \$20 | 0% after ded. | 10% after ded. |
| Specialist Visits | 20% after ded. | 0% after ded. | 0% after ded. | 10% after ded. |
| Hospital Services In-Patient | 20% after ded. | 0% after ded. | 0% after ded. | 10% after ded. |
| Diagnostic X-Ray & Lab Services | 20% after ded. | 0% after ded. | 0% after ded. | I 0% after ded. |
| Emergency Room Facility Charge | \$150 copay (copay waived if admitted or an accidental injury | \$100 copay (copay waived if admitted or an accidental injury | 0% after ded | 10% after ded. |
| Urgent Care Visit | \$25 | \$20 | 0% after ded | 10% after ded. |
| RX - Tier I / Tier 2 / Tier 3 | \$15 / \$50 / \$70 or 50% max \$100 | \$15 / \$50 / \$70 or 50% max \$100 | \$15 /\$50 / \$70 or 50% max \$100 after ded. | \$15 /\$50 / \$70 or 50% max \$100 after ded. |
| RX - Specialty | \$15 / \$50 / \$70 or 50% max \$100 | 20% max \$200 / 25% max \$300 | 20% \$200 max. / 25% \$300 max. after ded. | 20% \$200 max. / 25% \$300 max. after ded. |
| RX Mail Order - 90 Day Supply | 3x copay - \$10 excludes specialty | 3x copay - \$10 excludes specialty | 2x copay | 2х сорау |
| | Total Cost University Contribution Monthly Employee Cost | Total Cost University Contribution Monthly Employee Cost | Total Cost University Contribution Cost Cost | Total Cost University Contribution Monthly Employee Cost |

\$859.00

\$1,613.00

\$1,827.00

\$108.48

\$708.96

\$1,075.44

\$732.82

\$1,758.78

\$2,198.48

\$732.82

\$1,613.00

\$1,827.00

\$0.00

\$145.78

\$371.48

\$666.87

\$1,600.49

\$2,000.62

\$666.87

\$1,600.49

\$1,827.00

\$0.00

\$0.00

\$173.62

\$967.48

\$2,321.96

\$2,902.44

\$907.02

\$2,176.87

\$2,721.08

\$859.00

\$1,613.00

\$1,827.00

\$48.02

\$563.87

\$894.08