

HEALTHCARE	BRONZE	SILVER	GOLD	PLATINUM
------------	--------	--------	------	----------

PRESCRIPTION DRUG PLAN

CO-INSURANCE	80%	80%	90%	100%
GENERIC SUBSTITUTION	✓	✓	✓	✓
PAY DIRECT DRUG CARD	✓	✓	✓	✓
ANNUAL MAXIMUM (PER PERSON)	\$5000	\$5000	\$5000	\$5000

PARAMEDICAL

CO-INSURANCE	—	—	90%	100%
MAX / PERSON / PRACTITIONER / YEAR	—	—	\$300	\$500
PRACTITIONER PACKAGE* (GOLD & PLATINUM ONLY)	*CHIRO, PHYSIO, ACCUPUNTURE, PSYCHOLOGIST, NATUROPATH, OSTEOPATH, PODIATRIST, SPEECH THERAPIST, MASSAGE			

OUT OF COUNTRY (60 DAYS)

CO-INSURANCE	100%	100%	100%	100%
MAXIMUM	\$5 MILLION	\$5 MILLION	\$5 MILLION	\$5 MILLION

HOSPITAL

CO-INSURANCE	50%	50%	100%	100%
ROOM TYPE	SEMI-PRIVATE	SEMI-PRIVATE	SEMI-PRIVATE	SEMI-PRIVATE
MAXIMUM DAYS	7 DAYS	7 DAYS	14 DAYS	14 DAYS

VISION

CO-INSURANCE	100%	100%	100%	100%
EYE EXAMS	\$75 / PER EXAM	\$75 / PER EXAM	\$75 / PER EXAM	\$75 / PER EXAM
LENS / FRAMES / CONTACTS	—	—	\$200	\$200
FREQUENCY	EVERY 24 MONTHS	EVERY 24 MONTHS	EVERY 24 MONTHS	EVERY 24 MONTHS

MEDICAL SUPPLIES

CO-INSURANCE	80%	80%	90%	100%
HEARING AIDS	\$500 / 5 YEARS	\$500 / 5 YEARS	\$500 / 5 YEARS	\$500 / 5 YEARS
ORTHOTICS / ORTHOPEDIC SHOES	\$300 / CALENDAR YEAR	\$300 / CALENDAR YEAR	\$300 / CALENDAR YEAR	\$300 / CALENDAR YEAR

DENTAL CARE	BRONZE	SILVER	GOLD	PLATINUM
-------------	--------	--------	------	----------


FEE GUIDE	—	CURRENT YEAR	CURRENT YEAR	CURRENT YEAR
ROUTINE SERVICES	—	✓	✓	✓
MAJOR DENTAL SERVICES	—	—	—	✓
ORTHODONTICS	—	—	—	✓
CO-INSURANCE (ROUTINE)	—	80%	90%	100%
CO-INSURANCE (MAJOR / ORTHO)	—	—	—	50%
ANNUAL MAXIMUM (PER PERSON)	—	\$1000	\$1500	BASIC/MAJOR \$1500 ORTHO \$1500 LIFETIME
RECAL EXAMS	—	EVERY 9 MONTHS	EVERY 6 MONTHS	EVERY 6 MONTHS
SCALING	—	8 UNITS	8 UNITS	8 UNITS

PRICING (HEALTH + DENTAL)

SINGLE (MONTHLY)	\$ 98.06	\$164.43	\$209.32	\$ 278.47
FAMILY (MONTHLY)	\$231.28	\$429.85	\$539.87	\$ 704.81

ONE-TIME IMPLEMENTATION FEE \$200.00

BASE PLAN PER MONTH

NUMBER OF EMPLOYEES	BASE FEE	Pricing subject to applicable sales taxes and renewed annually (effective December each year).	 PAYTRAK PROTECT health + dental benefits
01-10	\$25.00 PER MONTH		
11+	\$35.00 PER MONTH		