

Plan Summaries

| Plan Benefits | 1500 Classic | 2500 Classic | 3500 Classic |
|---|---|---|---|
| Individual Deductible | \$1,500 IN / \$3,000 OUT | \$2,500 IN / \$5,000 OUT | \$3,500 IN / \$7,000 OUT |
| Family Deductible | \$3,000 IN / \$6,000 OUT | \$5,000 IN / \$10,000 OUT | \$7,000 IN / \$14,000 OUT |
| Individual Max Out of Pocket | \$7,350 IN / \$14,700 OUT | \$7,350 IN / \$14,700 OUT | \$7,350 IN / \$14,700 OUT |
| Family Max Out of Pocket | \$14,700 IN / \$29,400 OUT | \$14,700 IN / \$29,400 OUT | \$14,700 IN / \$29,400 OUT |
| Preventive Care | 100%, Deductible Waived | 100%, Deductible Waived | 100%, Deductible Waived |
| Lifetime Maximum | No Maximum | No Maximum | No Maximum |
| Chiropractic Care Copay | \$20 Copay | \$20 Copay | \$20 Copay |
| Primary Care Visit Copay | \$30 Copay | \$30 Copay | \$45 Copay |
| Specialist Care Visit Copay | \$60 Copay | \$60 Copay | \$90 Copay |
| Non Network Primary & Specialist | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible |
| Telemedicine | Coverage through Swift MD at \$0 Copay | Coverage through Swift MD at \$0 Copay | Coverage through Swift MD at \$0 Copay |
| Laboratory & Diagnostic Services | | | |
| Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Facility | | | |
| (CT/PET/MRI/MRA/SPECT) | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Emergency Room - Professional | | | |
| Fee | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Emergency Room - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Inpatient Hospital - Physician Fees | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Inpatient - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Outpatient - Physician | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Outpatient Hospital - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| Urgent Care Copay | Deductible then Plan pays 80% | Deductible then Plan pays 80% | Deductible then Plan pays 80% |
| | \$60 Copay | \$60 Copay | \$90 Copay |
| Generic | | | |
| Preferred Brand | Retail: \$15 Copay | Retail: \$15 Copay | Retail: \$15 Copay |
| Non-Preferred Brand | Retail: \$45 Copay | Retail: \$45 Copay | Retail: \$65 Copay |
| Specialty | Retail: \$85 Copay | Retail: \$85 Copay | Retail: \$100 Copay |
| | 50% Coinsurance | 50% Coinsurance | 50% Coinsurance |

This is for general comparison purposes only and is not a legal document. Please refer to the Summary of Benefit Coverage and Summary Plan Document for all legal descriptions.

All Benefits are subject to plan allowables and out of pocket maximums.

** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%*

Plan Summaries

| Plan Benefits | 5000 Classic | 7350 Value | 5000 HSA |
|---|---|---|---|
| Individual Deductible | \$5,000 IN / \$10,000 OUT | \$7,350 IN / \$14,700 OUT | \$5,000 IN / \$10,000 OUT |
| Family Deductible | \$10,000 IN / \$20,000 OUT | \$14,700 IN / \$29,400 OUT | \$10,000 IN / \$20,000 OUT |
| Individual Max Out of Pocket | \$7,350 IN / \$14,700 OUT | \$7,350 IN / \$14,700 OUT | \$6,550 IN / \$13,100 OUT |
| Family Max Out of Pocket | \$14,700 IN / \$29,400 OUT | \$14,700 IN / \$29,400 OUT | \$13,100 IN / \$26,200 OUT |
| Preventive Care | 100%, Deductible Waived | 100%, Deductible Waived | 100%, Deductible Waived |
| Lifetime Maximum | No Maximum | No Maximum | No Maximum |
| Chiropractic Care Copay | \$20 Copay | \$20 Copay | Plan pays 80% * (After Deductible) |
| Primary Care Visit Copay | \$45 Copay | \$50 Copay | Plan pays 80% * (After Deductible) |
| Specialist Care Visit Copay | \$90 Copay | \$100 Copay | Plan pays 80% * (After Deductible) |
| Non Network Primary & Specialist | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible |
| Telemedicine | Coverage through Swift MD at \$0 Copay | Coverage through Swift MD at \$0 Copay | Coverage through Swift MD at \$0 Copay |
| Laboratory & Diagnostic Services | | | |
| Facility | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80% * (After Deductible) |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80% * (After Deductible) |
| Radiology Services | | | |
| Facility | | | |
| (CT/PET/MRI/MRA/SPECT) | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80% * (After Deductible) |
| Professional Fees | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80% * (After Deductible) |
| Emergency Room - Professional | | | |
| Fee | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Emergency Room - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Inpatient Hospital - Physician | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Fees | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Inpatient - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Outpatient - Physician | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Outpatient Hospital - Facility | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| Urgent Care Copay | Deductible then Plan pays 80% | Deductible then Plan pays 100% | Plan pays 80%* (After Deductible) |
| | \$90 Copay | \$100 Copay | Plan pays 80% * (After Deductible) |
| Generic | | | |
| Preferred Brand | Retail: \$15 Copay | Retail: \$15 Copay | Ded/Coin then \$15 Copay |
| Non-Preferred Brand | Retail: \$65 Copay | Retail: \$65 Copay | Ded/Coin then \$65 Copay |
| Specialty | Retail: \$100 Copay | Retail: \$100 Copay | Ded/Coin then \$100 Copay |
| | 50% Coinsurance | 50% Coinsurance | 50% Coinsurance after Deductible |

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All Benefits are subject to plan allowables and out of pocket maximums.

** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%*

Plan Summaries

| Plan Benefits | 1000 Classic | 3500 HSA |
|-------------------------------------|---|---|
| Individual Deductible | \$1,000 IN / \$2,000 OUT | \$3,500 IN / \$7,000 OUT |
| Family Deductible | \$2,000 IN / \$4,000 OUT | \$7,000 IN / \$14,000 OUT |
| Individual Max Out of Pocket | \$5,000 IN / \$10,000 OUT | \$6,550 IN / \$13,100 OUT |
| Family Max Out of Pocket | \$10,000 IN / \$20,000 OUT | \$13,100 IN / \$26,200 OUT |
| Preventive Care | 100%, Deductible Waived | 100%, Deductible Waived |
| Lifetime Maximum | No Maximum | No Maximum |
| Chiropractic Care Copay | \$20 Copay | Plan pays 80% * (After Deductible) |
| Primary Care Visit Copay | \$20 Copay | Plan pays 80% * (After Deductible) |
| Specialist Care Visit Copay | \$40 Copay | Plan pays 80% * (After Deductible) |
| Non Network Primary & Specialist | Plan pays 60% after out of network deductible | Plan pays 60% after out of network deductible |
| Telemedicine | Coverage through Swift MD at \$0 Copay | Coverage through Swift MD at \$0 Copay |
| Laboratory & Diagnostic Services | | |
| Facility | Deductible then Plan pays 80% | Plan pays 80% * (After Deductible) |
| Professional Fees | Deductible then Plan pays 80% | Plan pays 80% * (After Deductible) |
| Facility | | |
| (CT/PET/MRI/MRA/SPECT) | Deductible then Plan pays 80% | Plan pays 80% * (After Deductible) |
| Professional Fees | Deductible then Plan pays 80% | Plan pays 80% * (After Deductible) |
| Emergency Room - Professional | | |
| Fee | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| Emergency Room - Facility | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| Inpatient Hospital - Physician Fees | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| Inpatient - Facility | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| Outpatient - Physician | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| Outpatient Hospital - Facility | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| Urgent Care Copay | Deductible then Plan pays 80% | Plan pays 80% *(After Deductible) |
| | \$40 Copay | Plan pays 80% * (After Deductible) |
| Generic | | |
| Preferred Brand | Retail: \$15 Copay | Ded/Coin then \$15 Copay |
| Non-Preferred Brand | Retail: \$45 Copay | Ded/Coin then \$65 Copay |
| Specialty | Retail: \$85 Copay | Ded/Coin then \$100 Copay |
| | 50% Coinsurance | 50% Coinsurance after Deductible |

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** Once the client pays the Calendar Year Out of Pocket Maximum, the plan will pay 100%*



Benefits Trust Program through MetLife



- Fully Insured Plans
- Employers of any size are eligible to enroll
- Instant, paperless online quotes
- Automated enrollment
- Available in all 50 states
- Superior benefit plan options
- Multiple year rate guarantees
- Guaranteed issue coverages
- No waiting periods
- Groups of 1 and 1099 contractors are eligible
- Minimal participation requirements
- Simplified administration and premium billing



Group Dental



Group & Voluntary Short- and Long-Term Disability



Hospital Indemnity



Group Vision



Accident



Identity & Theft Protection



Group & Voluntary Life and AD&D



Critical Illness



Legal Insurance



Set plan designs and rates



Life & Disability rates based on SIC
SIC 1 (white collar), SIC 2 (grey collar), SIC 3 (blue collar)



Dental rates based on zip code
Vision rates based on situs state



Accident, Critical Illness, Hospital Indemnity,
Legal and Aura are set rates

Rate Guarantees:

Through 12/31/2025 – Dental & Vision

Through 12/31/2026 – All Others

