



SUMMARY

Summit Choice Healthcare Program - Plan Option 1: Apex HDHP/Basic MEC (with HSA) + Sedera Medical Cost Sharing

- The Apex HDHP/Basic MEC plans are paired with Sedera Level 1 pricing.
- Choose one of the Apex HDHP/Basic MEC (with HSA) plans on page 2
 - Choose one of the Sedera Medical Cost Sharing plans on page 3
- **To calculate your total monthly cost, add the Apex plan cost from page 2 to the Sedera plan cost on page 3.**


Apex HDHP / Basic MEC Plan: Provides 100% coverage for preventive care services and a framework for a Health Savings Account (HSA).

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| <p><u>Preventative Care:</u> 21 Preventive Care services for Adults 28 Preventive Care services for Women 31 Preventive Care Services for Children Click here to view a complete list of covered preventative care services, as required by PPACA.</p> <p>Provides Framework for HSA Deductible: \$3,000 Member/ \$6,000 Member + Family 80/20 Coinsurance Max Out-of-Pocket: \$6,750 Member / \$13,300 Member + Family HSA Eligible Covered Medical Services under HDHP + Primary Care Office Visits + Urgent Care Visits + Laboratory Services</p> | <p><u>Tax Advantaged Medical Savings Account:</u> Contributions are 100% deductible Employee and employer can contribute pre-tax Withdrawals for qualified medical expenses never taxed Interest earned grows tax-deferred Unused funds roll over at year-end</p> <p><u>Qualified Medical Expenses:</u> Dental Vision Prescription Doctor Visits</p> <p><u>Annual Contributions Levels for 2018:</u> \$3,450 Individual \$6,900 Families Individuals 55+ can contribute an additional \$1,000</p> |
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Sedera Health Medical Cost Sharing: is not insurance and is specific to the Sedera Health membership community. Medical cost sharing is a group of people who come together to share each other's medical costs when they become unaffordable. Originally ministry based, this successful model has been around for over thirty years with a proven track record.

Members are responsible for their Initial Unshareable Amount (IUA) for up to 3 needs per individual per year or 5 needs per individual & dependent(s) per year. There are no IUAs for subsequent needs.

Schedule of Benefits

| | |
|---------------------------------|--|
| | HDHP / Basic MEC Plan |
| PPO Network: PHCS |  |
| Annual Deductible | \$3,000 Ind / \$6,000 Family |
| Coinsurance | 80% of Negotiated Rate |
| Annual Out-of-Pocket maximum | \$6,650 Ind / \$13,300 Family |
| HSA Compatible | Yes |
| Covered Medical Services (HDHP) | Physician Office Visit (Primary Care), Laboratory Services, Urgent Care Only |

Preventive Benefits – Covers all mandated Preventive benefits required by PPACA
 For a complete list of covered preventive care services, please visit: www.Healthcare.gov/center/regulations/prevention.html

| | |
|-------------------------------------|---|
| 21 Preventive Services for Adults | 100% Coverage, no Copay for Mandated Preventive Care Services |
| 28 Preventive Services for Women | |
| 31 Preventive Services for Children | |

Monthly Contributions

| | |
|---------------------|----------|
| Member Only | \$71.43 |
| Member + Spouse | \$102.04 |
| Member + Child(ren) | \$102.04 |
| Member + Family | \$102.04 |



SEDERA ACCESS Level 1 Pricing (Per Month)

Non-Tobacco Use (Tobacco use add \$75 Surcharge)

\$500 Initial Unshareable Amount (IUA)

| | 18-29 | 30-39 | 40-49 | 50-59 | 60-64 |
|----------------|--------|--------|--------|--------|----------|
| Member Only | 186.73 | 214.28 | 240.81 | 294.90 | 537.75 |
| M + Spouse | 359.18 | 413.26 | 467.34 | 575.51 | 1,061.22 |
| M + Child(ren) | 346.94 | 397.96 | 448.98 | 552.04 | 1,013.26 |
| M + Family | 523.47 | 602.04 | 680.61 | 836.73 | 1,541.82 |

\$1,000 IUA

| | 18-29 | 30-39 | 40-49 | 50-59 | 60-64 |
|----|--------|--------|--------|--------|----------|
| MO | 178.57 | 205.10 | 214.28 | 259.18 | 475.51 |
| MS | 340.81 | 394.89 | 413.26 | 503.06 | 934.69 |
| MC | 329.59 | 380.61 | 295.92 | 483.67 | 893.87 |
| MF | 497.96 | 575.51 | 602.04 | 732.65 | 1,359.17 |

\$1,500 IUA

| | 18-29 | 30-39 | 40-49 | 50-59 | 60-64 |
|----|--------|--------|--------|--------|----------|
| MO | 160.20 | 186.73 | 195.92 | 240.81 | 447.96 |
| MS | 305.10 | 359.18 | 377.55 | 467.34 | 881.63 |
| MC | 294.90 | 346.94 | 363.26 | 448.98 | 842.85 |
| MF | 444.89 | 523.47 | 550.00 | 680.61 | 1,280.60 |

\$2,500 IUA

| | 18-29 | 30-39 | 40-49 | 50-59 | 60-64 |
|----|--------|--------|--------|--------|----------|
| MO | 141.84 | 155.10 | 172.45 | 217.35 | 407.14 |
| MS | 269.39 | 293.88 | 330.61 | 420.40 | 797.95 |
| MC | 261.22 | 284.69 | 319.39 | 405.10 | 764.28 |
| MF | 392.85 | 429.59 | 481.63 | 612.24 | 1,160.19 |

\$5,000 IUA

| | 18-29 | 30-39 | 40-49 | 50-59 | 60-64 |
|----|--------|--------|--------|--------|--------|
| MO | 106.12 | 133.67 | 148.98 | 172.45 | 329.59 |
| MS | 196.94 | 251.02 | 283.67 | 330.61 | 643.87 |
| MC | 192.86 | 243.88 | 274.49 | 319.39 | 616.32 |
| MF | 288.77 | 367.34 | 414.28 | 481.63 | 935.71 |

**Members will pay IUAs for up to 3 needs/individual/year or 5 needs/individual plus dependent(s)/year.
There are no IUAs for subsequent needs.**