

COST COMPARISON FOR FAMILY COVERAGE (ASSUMES FAMILY OF THREE OR MORE WITH BILL EQUALLY DIVIDED AMONG ALL THREE)

TOTAL ANNUAL CLAIMS AFTER DISCOUNT ¹	PLAN A COST TO PARTICIPANT ²	PLAN B COST TO PARTICIPANT ³	PLAN C COST TO PARTICIPANT ⁴	ADDED COST IN B OVER A ⁵	Premium Offset (\$7 wk) SAVINGS B OVER A ⁶	ADDED COST IN C OVER B ⁷	Premium Offset (\$5 wk) SAVINGS C OVER B ⁸	ADDED COST IN C OVER A ⁹	Premium Offset (\$12 wk) SAVINGS C OVER A ¹⁰
\$100	\$100	\$100	\$100	0	+\$364	0	+\$260	0	+\$624
\$500	\$500	\$500	\$500	0	+\$364	0	+\$260	0	+\$624
\$750	\$750	\$750	\$750	0	+\$364	0	+\$260	0	+\$624
\$800	\$755	\$800	\$800	\$45	+\$319	0	+\$260	\$45	+\$579
\$900	\$765	\$900	\$900	\$135	+\$229	0	+\$260	\$135	+\$489
\$1,000	\$775	\$920	\$1,000	\$145	+\$219	\$80	+\$180	\$225	+\$399
\$1,200	\$795	\$960	\$1,200	\$165	+\$199	\$240	+\$20	\$405	+\$219
\$1,500	\$825	\$1,020	\$1,290	\$195	+\$169	\$270	-\$10	\$465	+\$159
\$2,000	\$875	\$1,120	\$1,440	\$245	+\$119	\$320	-\$60	\$565	+\$59
\$2,300	\$905	\$1,180	\$1,530	\$275	+\$89	\$350	-\$90	\$625	-\$1
\$2,400	\$915	\$1,200	\$1,560	\$285	+\$79	\$360	-\$100	\$645	-\$21
\$2,500	\$925	\$1,220	\$1,590	\$295	+\$69	\$370	-\$110	\$665	-\$41
\$3,000	\$975	\$1,320	\$1,740	\$345	+\$9	\$420	-\$160	\$765	-\$141
\$4,000	\$1,075	\$1,520	\$2,040	\$445	-\$81	\$520	-\$260	\$965	-\$341
\$5,000	\$1,175	\$1,720	\$2,340	\$545	-\$181	\$620	-\$360	\$1,165	-\$541
\$6,000	\$1,275	\$1,920	\$2,640	\$645	-\$281	\$720	-\$460	\$1,365	-\$741
\$7,000	\$1,375	\$2,120	\$2,940	\$745	-\$381	\$820	-\$560	\$1,565	-\$941
\$8,000	\$1,475	\$2,320	\$3,240	\$845	-\$481	\$920	-\$660	\$1,765	-\$1,141
\$9,000	\$1,575	\$2,520	\$3,540	\$945	-\$581	\$1,020	-\$760	\$1,965	-\$1,341
\$10,000	\$1,675	\$2,720	\$3,840	\$1,045	-\$681	\$1,120	-\$860	\$2,165	-\$1,541
\$11,000	\$1,775	\$2,920	\$4,140	\$1,145	-\$781	\$1,220	-\$960	\$2,365	-\$1,741
\$12,000	\$1,875	\$3,120	\$4,440	\$1,245	-\$881	\$1,320	-\$1,060	\$2,565	-\$1,941
\$13,000	\$1,975	\$3,320	\$4,740	\$1,345	-\$981	\$1,420	-\$1,160	\$2,765	-\$2,141
\$13,867	\$2,062	\$3,493	\$5,000	\$1,431	-\$1,067	\$1,507	-\$1,247	\$2,938	-\$2,314
\$15,000	\$2,175	\$3,720	\$5,000	\$1,545	-\$1,181	\$1,280	-\$1,020	\$2,825	-\$2,201
\$15,150	\$2,190	\$3,750	\$5,000	\$1,560	-\$1,196	\$1,250	-\$990	\$2,810	-\$2,186
\$20,000	\$2,675	\$3,750	\$5,000	\$1,075	-\$711	\$1,250	-\$990	\$2,325	-\$1,701
\$30,000	\$3,675	\$3,750	\$5,000	\$75	+\$289	\$1,250	-\$990	\$1,325	-\$701
\$30,750	\$3,750	\$3,750	\$5,000	\$0	+\$364	\$1,250	-\$990	\$1,250	-\$626

Deductible

Out of pocket maximum

1. Indicates total annual participant (plus dependents) medical claims cost after Coventry discounts.
2. Indicates total annual participant (plus dependents) out of pocket cost for medical claims in Plan A (90/10 coverage with \$250). Does not include prescription claims.
3. Indicates total annual participant (plus dependents) out of pocket cost for medical claims in Plan B (80/20 coverage with \$300). Does not include prescription claims.
4. Indicates total annual participant (plus dependents) out of pocket cost for medical claims in Plan C (70/30 coverage with \$400). Does not include prescription claims.
5. Indicates total annual participant (plus dependents) additional out of pocket cost for medical claims in Plan B than Plan A. Does not include prescription claims.
6. Indicates total annual participant (plus dependents) additional out of pocket savings/cost for medical claims in Plan B than Plan A after factoring the difference in weekly premium cost sharing. Does not include prescription claims.
7. Indicates total annual participant (plus dependents) additional out of pocket cost for medical claims in Plan C than Plan B. Does not include prescription claims.
8. Indicates total annual participant (plus dependents) additional out of pocket savings/cost for medical claims in Plan C than Plan B after factoring the difference in weekly premium cost sharing. Does not include prescription claims.
9. Indicates total annual participant (plus dependents) additional out of pocket cost for medical claims in Plan C than Plan A. Does not include prescription claims.
10. Indicates total annual participant (plus dependents) additional out of pocket savings/cost for medical claims in Plan C than Plan A after factoring the difference in weekly premium cost sharing. Does not include prescription claims.

These cost comparison examples are for illustration purposes only. You may find them helpful to get a sense of the estimated total annual out-of-pocket costs generally paid by a participant under various claim scenarios for each of the three plan options. You may not rely on these examples for any other purpose, including as support for any actual expense or claim submitted to the Plan for reimbursement by you or anyone on your behalf.