For covered prescription drugs, the Maximum Out-of-Pocket limit is $50 per calendar quarter.

†† Emergency: no preauthorization; Non-emergency: requires preauthorization.

The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan.

Dental benefits are administered by DentaQuest. Vision benefits are administered by Davis Vision.

Benefits are subject to medical necessity review.

Maximum household income amounts are subject to federal guidance.

Eligible immigrants definition also includes most Permanently Residing Under Color Of Law (PRUCOL), but not Deferred Action for Childhood Arrivals (DACA). It depends on your 1) immigration status & 2) household income.

Qualified Individuals
(U.S. citizen, permanent resident, or legal resident):

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Essential Plan 1</th>
<th>Essential Plan 2</th>
<th>Essential Plan 3</th>
<th>Essential Plan 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$25,760</td>
<td>$19,320</td>
<td>$200*</td>
<td>$0</td>
</tr>
<tr>
<td>2</td>
<td>$34,840</td>
<td>$26,130</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3</td>
<td>$43,920</td>
<td>$32,940</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>4</td>
<td>$53,000</td>
<td>$39,750</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Eligible Immigrants
(such as students with valid visas):

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Essential Plan 1</th>
<th>Essential Plan 2</th>
<th>Essential Plan 3</th>
<th>Essential Plan 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$17,774</td>
<td>$12,880</td>
<td>$17,820</td>
<td>$12,000</td>
</tr>
<tr>
<td>2</td>
<td>$24,040</td>
<td>$17,420</td>
<td>$17,420</td>
<td>$17,420</td>
</tr>
<tr>
<td>3</td>
<td>$30,305</td>
<td>$21,960</td>
<td>$21,960</td>
<td>$21,960</td>
</tr>
<tr>
<td>4</td>
<td>$36,570</td>
<td>$26,500</td>
<td>$26,500</td>
<td>$26,500</td>
</tr>
</tbody>
</table>

*For covered prescription drugs, the Maximum Out-of-Pocket limit is $50 per calendar quarter.

† No deductible or copay applies to recommended preventive care visits as defined by the Affordable Care Act and its implementing regulations.

‡ Emergency: no preauthorization; Non-emergency: requires preauthorization.

The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan.

§ It depends on your 1) immigration status & 2) household income.

90-Day Mail-Order Supply for Generic Drugs (Tier 1)

Rx DRUGS

Generic Drugs (Tier 1)

Brand Name Preferred Drugs (Tier 2)

Brand Name Non-Preferred Drugs (Tier 3)

Preventive/Routine Dental Coverage

Major Dental Care

Vision Exams

For covered prescription drugs, the Maximum Out-of-Pocket limit is $50 per calendar quarter.

†† Emergency: no preauthorization; Non-emergency: requires preauthorization.

The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan.

Dental benefits are administered by Dentalquest. Vision benefits are administered by Davis Vision. Benefits are subject to medical necessity review.

Maximum household income amounts are subject to federal guidance.

Eligible immigrants definition also includes most Permanently Residing Under Color Of Law (PRUCOL), but not Deferred Action for Childhood Arrivals (DACA).