



Patient Physician Network  
2024 Employee Benefit Book  
January 1, 2024 to December 31, 2024

## New Employee

Medical

***Voluntary Dental***

***Voluntary Vision***

Voluntary

***Accident***

At Patient Physician Network, we care for and value our employees. We understand that providing you with a comprehensive plan of benefits is an important part of your overall compensation and that your benefits are important to your well-being. We hope that you will take the time to understand your benefits and utilize the plans in ways that are cost effective and that will best meet you and your family's needs.

The elections you make during your enrollment will become effective on

**1<sup>st</sup> Day of the month following the date of Hire.**

Voluntary Life/AD&D

***Voluntary Hospital  
Indemnity***

***Voluntary Critical  
Illness***

# Glossary of Terms

**Coinsurance:** The percent of eligible charges that the plan pays after the calendar year deductible has been met.

**EPO:** A managed care plan where services are covered only if you go to doctors, specialists, or hospitals in the plan's network (except in an emergency)

**Deductible:** The amount you pay each calendar year before the plan begins to pay for certain covered health care expenses.

**Guaranteed Issue:** The amount of coverage pre-approved by the insurance carrier regardless of health status.

**Medical Emergency:** A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.

**Network Benefits:** The benefits applicable for the covered services of a network provider.

**Non-Network Benefits:** The benefits applicable for the covered services of a non network provider.

**Open Enrollment:** The period during which employees are given the opportunity to enroll or change their current coverage elections.

**Out-of-Pocket Maximum:** The total amount paid each year by the member for the deductible and coinsurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for the covered services for the remainder of the calendar year.

**Plan Year:** **January 1, 2024- December 31, 2024.**

**Preferred Provider Organization (PPO):** A network of health care providers contracted to provide medical services to covered employees and dependents at negotiated rates. You may seek care from either a network or non-network provider, but network care is covered at a higher benefit level and the employee is responsible for a greater portion of the cost when using a non-network provider.

**Usual and Customary Rates:** Non-network health plan expenses are considered for reimbursement at usual and customary (U&C) rates. U&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above U&C are not covered by the plan and are the responsibility of the participant.

# Enrollment Guide

## Who is Eligible?

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this guide. The following family members are eligible for the benefits in this summary: spouse and/or dependent children.

## When to Enroll?

**New Hires**-you will become eligible for benefits on the 1<sup>st</sup> day of the month following date of hire.

**Current Employees**-open enrollment will occur annually during the month of November. The benefits you elect during open enrollment will be effective from **January 1, 2024- December 31, 2024**

## How to Enroll?

The first step is to review your current benefit options. Make sure you understand your options, ask questions, and then make your benefit elections. Elections will be captured online using the EASE Benefit Portal (instructions on how to access EASE are included in this guide).

Once you have made your elections, **you will not be able to change them until the next open enrollment period** unless you have a qualified change in status, per the IRS rules and regulations.

## How to Make Changes?

You cannot make changes to the benefits you elect until the next open enrollment period unless you have one of the following events:

- Marriage, divorce, or legal separation
- Birth/adoption of a child or change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Commencement of termination or adoption proceedings
- Change in spouse's benefits or employment status
- Loss of eligibility for other coverage

**You must notify HR within 31 days of a qualifying event in order to make changes. Documentation will be required to verify your qualifying event.**



## Carrier Contact Information

### Medical

Provider Name: Evry Health  
Phone Number: (855) 579-3879  
Website: [www.evryhealth.com](http://www.evryhealth.com)

### Dental

Provider Name: Reliance Standard  
Group #:  
Phone Number: (800) 351-7500  
Website: [www.reliancematrix.com](http://www.reliancematrix.com)

### Vision

Provider Name: Reliance Standard  
Group #:  
Phone Number: (800) 351-7500  
Website: [www.reliancematrix.com](http://www.reliancematrix.com)

### Voluntary Life

Provider Name: Reliance Standard  
Group #:  
Phone Number: (800) 351-7500  
Website: [www.reliancematrix.com](http://www.reliancematrix.com)

### Critical Illness

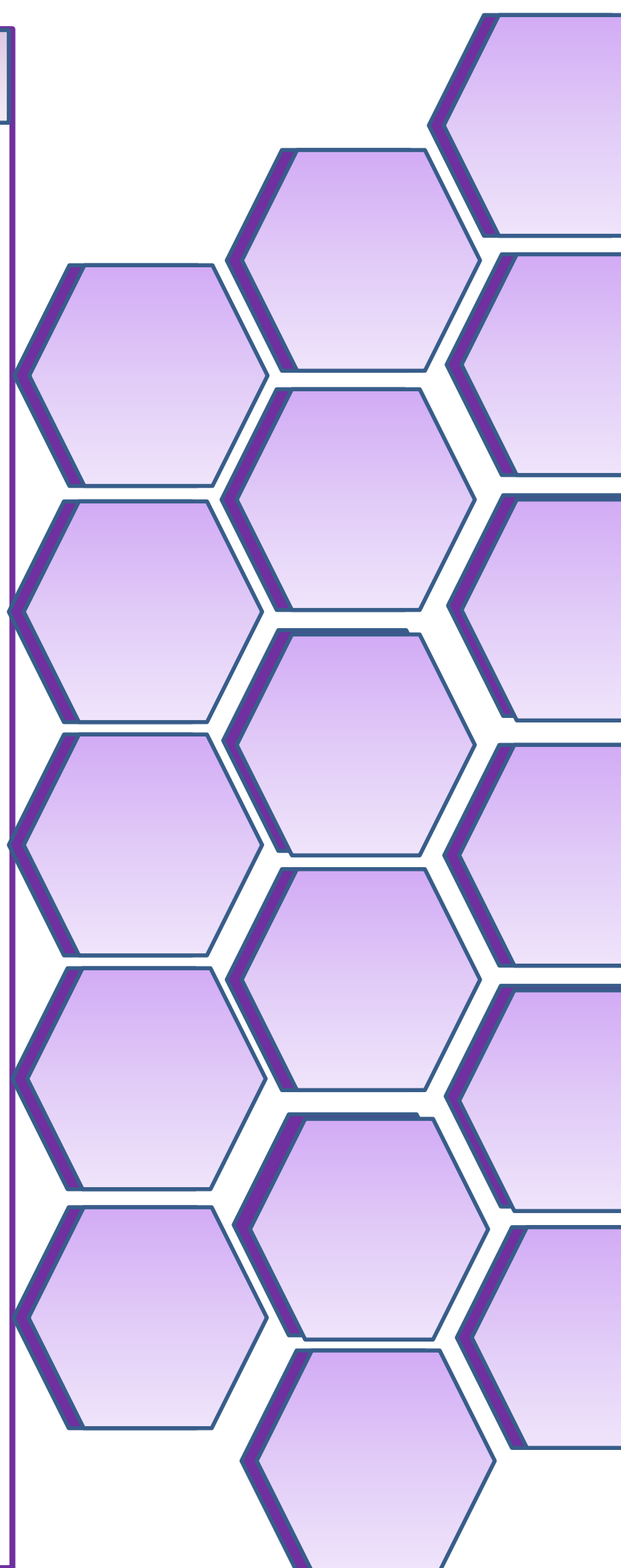
Provider Name: Reliance Standard  
Group #:  
Phone Number: (800) 351-7500  
Website: [www.reliancematrix.com](http://www.reliancematrix.com)

### Accident

Provider Name: Reliance Standard  
Group #:  
Phone Number: (800) 351-7500  
Website: [www.reliancematrix.com](http://www.reliancematrix.com)

### Hospital Indemnity

Provider Name: Reliance Standard  
Group #:  
Phone Number: (800) 351-7500  
Website: [www.reliancematrix.com](http://www.reliancematrix.com)



## Boley Featherston Contact Information

Arthur J Gallagher

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Wichita Falls, Texas 76307

(940) 723-7111

Benefit Broker/Producer

Thomas R. Wilson MHP, SGS, CHRS

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(940) 397-2717 Office

(940) 235-0605 Cell

Account Manager

Amanda Hill

[Amanda\\_Hill@AJG.com](mailto:Amanda_Hill@AJG.com)

(940) 397-2734 Office

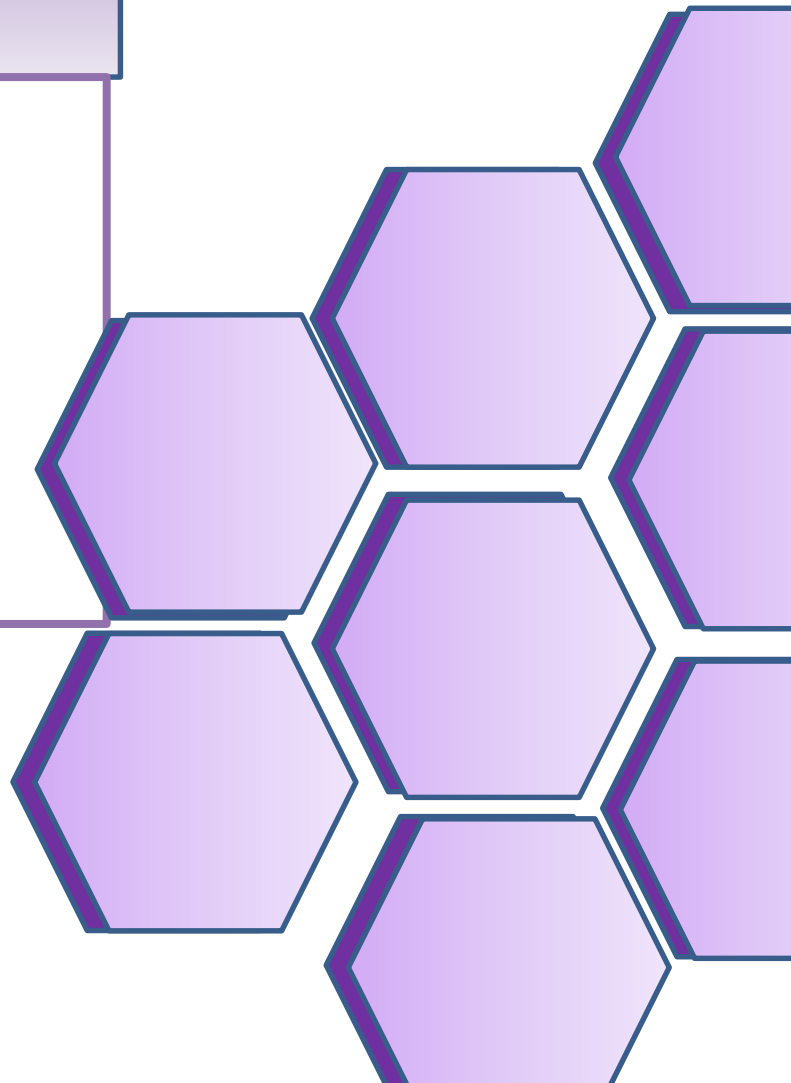
## Patient Physician Network Contact Information

Office Manager

Shannon Penney

(972) 612-7273

[spenney@Drppg.com](mailto:spenney@Drppg.com)



# Welcome to **evry**

Better Health Insurance

Patient Provider Network  
Medical Insurance Renewal  
01/01/2024





# A message from our CEO

Hello!

It is my great pleasure to introduce you to Evry Health. We can't wait to partner with you as your company's next health insurance provider. Your employees will thank you.

We're different. Really. We're on a mission to build the health insurance company we've always wanted for ourselves. And we want you and your employees to also enjoy the benefits.

At Evry, we provide personalized services and a collection of world-class wellness solutions to help your employees achieve their health goals. Each employee gets a customized care plan and a seamless experience with Evry's mobile app.

And for your business? Not only can we typically lower your premiums by up to 20%, we offer superior fully-insured coverage and are accredited for medical quality by the NCQA. And don't forget our outstanding customer service and high-tech experience.

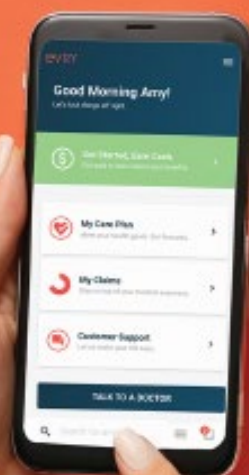
The Evry team is working long and hard every day to improve the state of our country's health care – to make it more affordable, more transparent, and more accessible.

Please do not hesitate to reach out if you have any questions or if we can be of assistance.

Sincerely,



Christopher E. Gay, Chief Executive Officer



evry



# Welcome to eVRY

**At Evry, we're a partner for your employees in sickness and in health.**  
We're committed to helping our members live healthier, happier lives by removing barriers to care. Give your employees the health insurance they need, the providers they want, and the tools to become healthy and happy.

**Comprehensive Provider Network • Feature-Rich Benefit Plans**  
**Full Suite of the Most Effective Digital Wellness Programs • Dedicated Care Teams**  
**All-in-One Approach to Improve the Health of your Employees**

## Four Comprehensive Plans to Choose From

EPO	EPO HDHP	PPO	PPO HDHP
No deductibles No copay Access to Evry's proprietary provider network	Traditional high deductible plan For use with HSAs Access to Evry's proprietary provider network	No deductibles No copay Thousands of additional in-network providers and health systems plus out-of-network benefits and Multiplan's entire PHCS network	Traditional high deductible plan For use with HSAs Thousands of additional in-network providers and health systems plus out-of-network benefits and Multiplan's entire PHCS network

**Easy to use mobile app** that makes accessing benefits easier than ever.



**Better benefits** that include integrated care and wellness plans.



**24/7 telehealth with \$0 copay:** 12 free visits per quarter for primary care, urgent care and mental health.



**Personalized care plans** for each of your employees to achieve their health goals.



**Reward cards** tied to care plan participation for your employees. Earn up to \$1,000 annually to be used at more than 62,000 retailers including Walmart, Albertsons, H.E.B., and CVS for groceries, diapers, over the counter medications, personal care, and more.

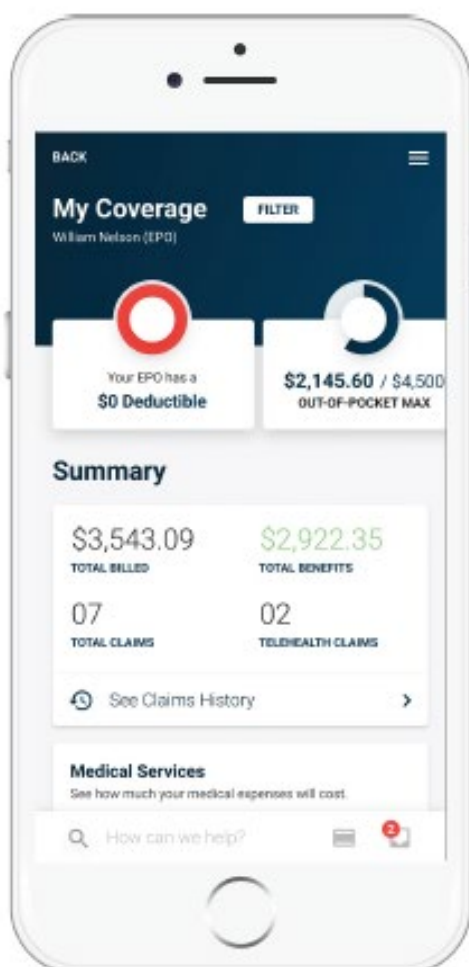


**Accredited for medical quality** by the National Committee for Quality Assurance.



## We cover more so you don't have to.

We believe people should use their benefits more, not less. Healthier employees mean lower costs for your business, happier and more productive employees, and lower costs for our health plan.



## No copays. No deductibles. Seriously.

At Evry, we make it easy and affordable to stay healthy. That means 100% coverage with no out-of-pocket costs for in-network preventative care and office visits.

## Services other plans don't offer.

- ✓ Nutritional counseling
- ✓ Personal trainers
- ✓ Prenatal coverage
- ✓ Mental health, depression & anxiety counseling
- ✓ Comprehensive smoking, alcohol & substance abuse cessation programs

# A New Kind of Health Plan

## Your Plan Options:

EPO  
EPO HDHP  
PPO  
PPO HDHP

## Plans starting at:

Doctor Visits	\$0	Imaging	20%
Specialists	\$0	Prescriptions starting at	\$0
Deductible	\$0	Labs	\$0
24/7 Telehealth (every day, urgent care & mental health)			\$0

## The Evry Premier Network

- In-network coverage only (except for emergencies)
- No referrals needed! Go to any in-network doctor anywhere anytime
- Visit the provider directory at [evryhealth.com/providerdirectory](https://evryhealth.com/providerdirectory)

## A dedicated care team and so much more.

Your employees now have a personal care guide and healthcare team whose job is to support you and your family. They'll complete their online registration to meet their team and access over a dozen of the world's leading digital wellness solutions.

## Start earning cash on day one!

Employees can earn up to \$1,000 per year by investing in themselves. This money can be spent at thousands of nationwide retailers on groceries and over-the-counter items.

## Download the Evry app and complete your registration.

The Evry app is full of convenient features that makes managing benefits and healthcare easier than ever. Employees can find their Explanation of Benefits, plan documents, formulary, and more at their fingertips. Visit [evryhealth.com/mobileapp](https://evryhealth.com/mobileapp) to get started.

We're where you  
want us to be.

# Welcome to the Evry Network

The Evry network includes thousands of world-class providers across the state of Texas to meet the healthcare needs of your employees and their families.

## Austin, Texas

**Arise.**

AUSTIN  
MEDICAL  
CENTER



Ascension Seton



HEART HOSPITAL of AUSTIN

**StDavid's HEALTHCARE**

## Dallas, Texas



Baylor Scott & White HEALTH

PPO

**CookChildren's**



Medical City Healthcare



Methodist  
HEALTH SYSTEM

**UT Southwestern**

Medical Center

PPO



Texas Health  
Resources

PPO

## Houston, Texas

**HCA**  
Healthcare

HOUSTON  
**Methodist**  
LEADING MEDICINE

St. JOSEPH  
MEDICAL CENTER



St. Luke's Health



The Woman's Hospital of Texas



Texas Children's Hospital



utmb Health

## San Antonio, Texas



BAPTIST  
HEALTH SYSTEM



Methodist HEALTHCARE



St. LUKE'S  
BAPTIST HOSPITAL

Dallas/Fort Worth

Houston

Austin

San Antonio

**CareNow**  
Urgent Care



**minute clinic** Plus thousands of other physicians and facilities!



Partners you  
can trust.

# Experience a new way to get care.

Telemedicine built around  
you and with you in mind.

Doctor on Demand® isn't your normal doctor's office. Our board-certified providers are here to serve you - when it works for you.

**\$0**

Everyday Care

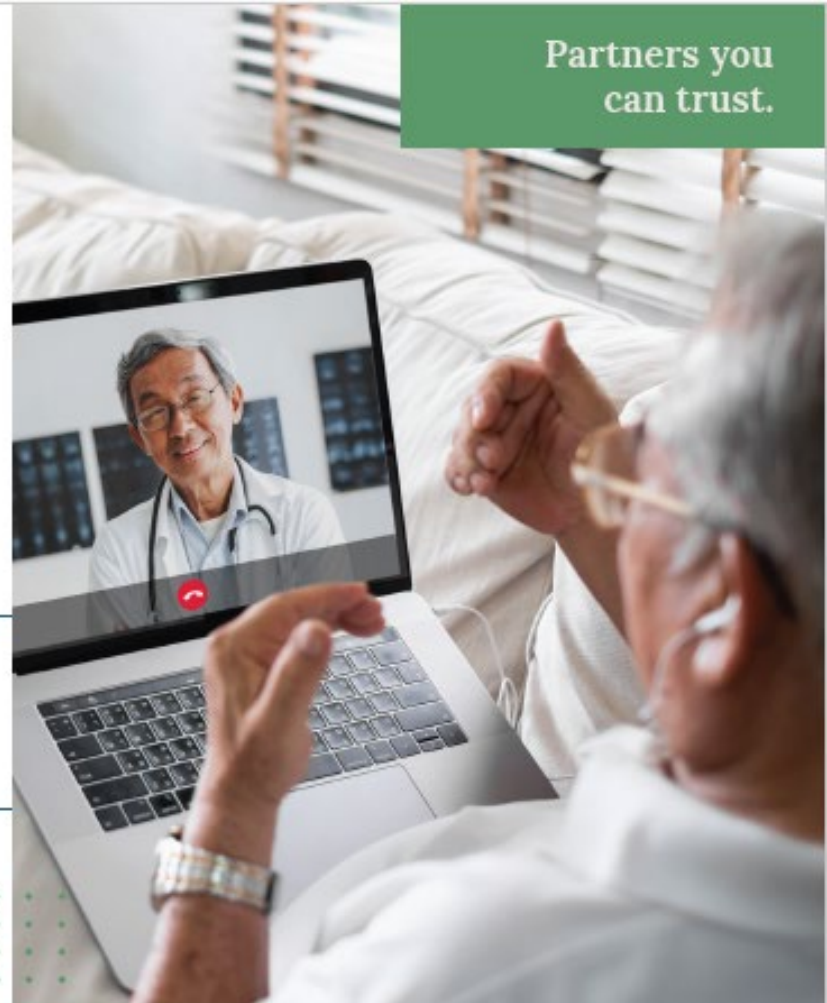
\*12 free visits per quarter

**\$0**

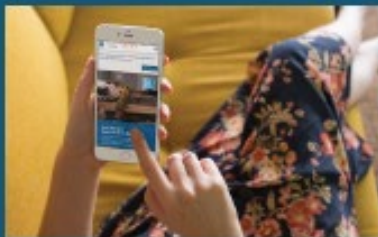
Urgent Care Visits

**\$0**

Behavioral &  
Psychiatry Visits



evry + dr. on demand



01

Activate your  
free account

Go to [doctorondemand.com/evryhealth](https://doctorondemand.com/evryhealth), answer a few questions, and you can schedule your first visit.



02

Choose your  
online doctor

The physician will assess your symptoms and get you on the path to feeling better.



03

Get care anytime,  
anywhere

You can also schedule an appointment to see a therapist or psychiatrist.

## How We Can Help

- ✓ Urinary Tract Infections
- ✓ Sinus Infections
- ✓ Cold, Flu & COVID-19
- ✓ Prescriptions & Refills
- ✓ Skin Conditions & Rashes
- ✓ Ear Infections
- ✓ Headaches & Migraines
- ✓ Nausea & Vomiting

# Advanced digital wellness solutions.

The following programs are available to Evry members who meet the relevant clinical acceptance criteria. These services are paid for entirely by Evry Health as part of a broader effort to improve the health and wellness of our membership.



Omada provides a personalized program for managing diabetes, hypertension, weight loss, as well as joint and muscle pain. Members receive dedicated coaches, smart devices, interactive lessons, and more to help create long-term results through behavior change.

**79%**

**of Prevention Program participants** felt increased satisfaction towards their employer

**99%**

**of MSK Program participants** are satisfied with the care of the program

**76%**

**of Diabetes & Hypertension Program participants** meet A1C reduction goals in the program



Meru combines therapist and psychiatrist support, chat-based coaching, virtual workshops, evidence-based digital content, biofeedback wearables, anonymous peer support, meditation practices, and more into a clinically proven 12-week treatment program that will transform your employees' mental health.

**75%**

**of participants** reach depression or anxiety remission after program

**85%**

**of participants** show clinically significant improvement

**89%**

**completion rate** with significant symptom reduction



Experience the healing power of food. Season Health enables you to feed yourself well with a dedicated dietitian, personalized meal recommendations, and food delivery all at your fingertips. This program pairs you with a dietitian to discuss your health concerns, set goals, and build a personalized nutrition plan. You'll then explore thousands of recipes or pre-made meals, choose what looks good, and have meals or ingredients delivered to your door.

**90%**

**of Medicaid members** completed the program

**81%**

**of members** attended 2+ RD visits during the program

**91%**

**of Medicaid members** used their grocery credit funds



Propeller and their parent company, ResMed, are leaders in digital health and therapeutics for asthma and COPD, supporting patients in managing their condition with FDA cleared medical devices, consumer apps and access to clinical data for provider monitoring throughout the care journey.

**79%**

**of patients** reported being very satisfied by program

**57%**

**reduction** in hospitalizations over 12 months

**78%**

**reduction** in daily rescue inhaler usage



# Advanced digital wellness solutions.

Partners you  
can trust.



24/7 free access to board-certified pediatricians within minutes. Built from the ground up to be the most convenient way to get high quality pediatric care, you can have a diagnosis, prescription, and doctor's note within minutes – even in the middle of the night. Blueberry even provides at-home medical kits to help handle a wider range of issues just like your doctor's office.

**\$281**

average savings per year  
for families

**up to 80%**

savings on medication

**24/7**

availability, even on holidays,  
for newborns to 21



As part of the Women's Health care plan, Maven provides support for fertility, pregnancy, postpartum and parenthood. This is a family benefits solution with comprehensive, patient-first support on a modern platform.

**20%**

lower c-section rates

**32%**

lower NICU admission rates

**90%**

of visits are with specialists  
rather than OB/GYNs



Digital clinic that delivers comprehensive medication-assisted treatment programs for addiction, tobacco, alcohol, and opioids. Pelago combines cognitive behavioral therapy and medications to drive holistic and sustained behavior changes.

**88%**

member activation rate

**52%**

tobacco quit rate

**73%**

of participants reach  
alcohol abstinence or  
drinking below safe limit



Meomind is the world's first on-demand alternative to psychotherapy. Meomind gives members unlimited access to 600+ recorded therapy sessions, so they can listen to leading therapists helping clients just like themselves. Additionally, certified mental health coaches provide guidance and support via chat and video.

**42%**

increased productivity

**48%**

reduced burnout

**27%**

reduced turnover



OSARA  
HEAL+H

Osara Health offers one-on-one support from health coaches to help individuals with cancer as well as caregivers for those fighting cancer.

**87%**

improvement in achieving  
health goals

**73%**

more likely to return to work

**16.5%**

reduced time to return  
to work



# Earn up to \$1,000 per year on your Evry Reward Card

No more confusing point systems. Have fun and get healthy earning spendable rewards at select retailers nationwide.

Your employees will receive their reward cards shortly after enrollment with more information on benefits and participating retailers.

Offering incentives  
to improve outcomes.



## Earn \$20 Become an Evry Member

\$20 has already been loaded onto your card. Welcome!

## Earn \$100 Complete your Health Survey

Take the 15 minute survey that will help your dedicated Evry Care Team provide personalized resources for you. They will help you become healthier, manage ongoing conditions and save money on healthcare and prescriptions.

## Earn \$25 Meet your Evry Care Guide

Schedule your first meeting with your Care Guide who will walk you through the free services available to you as part of your Evry Care Plan.

## Earn up to \$250 Sign up for a Wellness Program

Get \$50 to begin a wellness program and \$75 if you complete one. There will also be rewards during your journey. You can earn up to \$250 during the first two programs you participate in every year.

## Earn up to \$100 Start an Exercise Program

Evry will pay for you to try a new fitness activity. Try kickboxing, yoga, a spin class or a training session (just to name a few!) and send us a copy of your receipt to earn.

If you're already participating in a qualifying activity, send us the receipt or attendance record. Receive as much as \$100 a year at \$50 per activity for the first two activities you sign up for.

## Earn \$25 Sign up for Free Telehealth

Register on the Dr. on Demand platform and have your first virtual visit. There is no cost to you. We'll even pay you for getting started with virtual care!

## Earn \$200 Achieve a Goal

Send us a picture of your registration form, a picture of you wearing your participant number and your event results to secure your reward. Our list is long: marathons, rowing meets, Cross-fit qualifiers, swimming or rock-climbing races, and Masters-level competitions. Talk to your Care Guide for the full list of qualifying events and to learn more.

**Unlock even more rewards based on your participation and achievements!**

# One Card. Thousands of Approved Products.

## Baby Care

Baby foods  
Baby wipes  
Bottles  
Diapers  
Nursing items

## Diabetes Care

Glucose testing items  
Insulin  
Pumps and syringes

## Eye Care

Contact lens care  
Eye drops  
Reading & sunglasses

## Family Planning

Condoms  
Contraceptives  
Pregnancy tests

## Groceries

Breads & grains  
Eggs  
Fruits & vegetables  
Lunch meat & cheese  
Meats & seafood  
Milk

## Over-the-Counter

Acetaminophen  
Adult & children's medicines  
Allergy, sinus & combination  
liquids & tablets  
Antacids  
Aspirin  
Cough, cold & flu liquids & tablets  
Cough drops  
Ibuprofen  
Laxatives

## Personal Care

Deodorants  
First aid kits  
Oral care  
Shampoo/Conditioners

## Wellness Items

Nutrition bars  
Sports drinks  
Vitamins

\*Use your card at all the  
retailers you love, online  
and in-store.

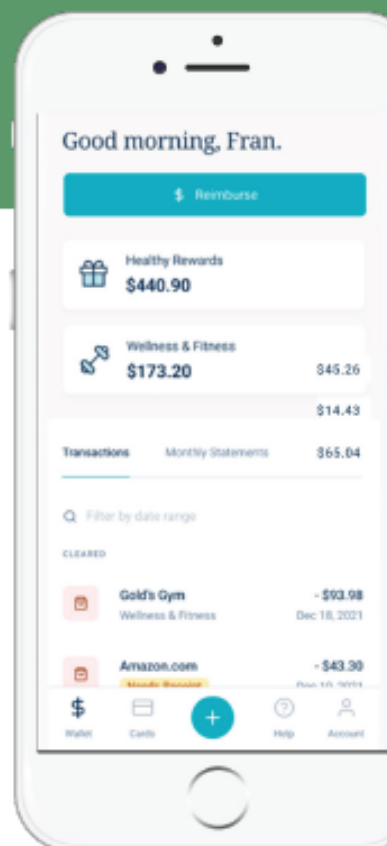
Track your balance and find eligible  
items and discounts, all from your  
smartphone. Bring rewards to your  
fingertips 24/7 with the Evry Mobile App.

## Use your card at participating retailers, including:

A full list of retailers can be found on your Evry app.



Over 62,000 retailers nationwide, including local pharmacies and grocers.



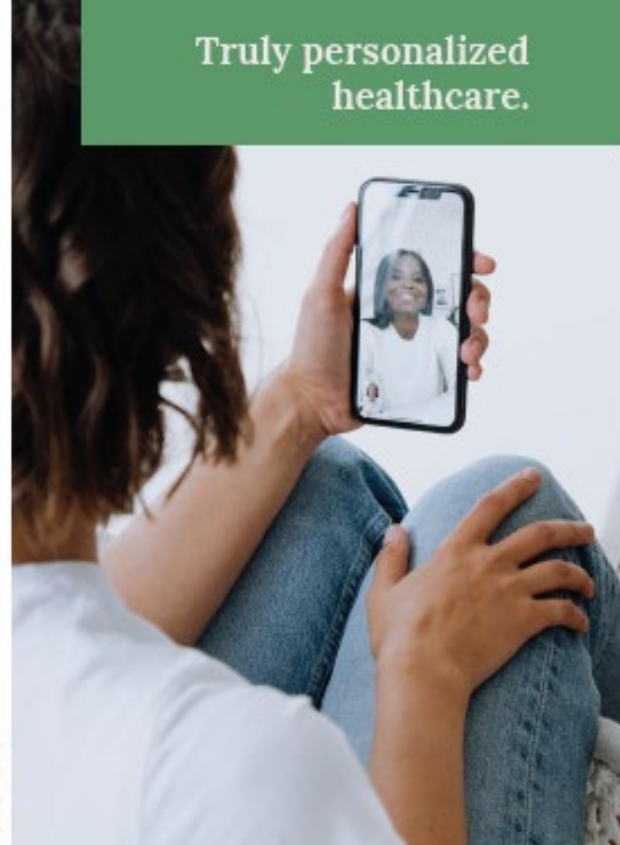


## Evry Members are assigned their own personal Care Guide

These guides are typically nurses or other medical professionals. You'll be speaking to the same medical team each time you call or reach out through the Member Portal, not an offshore call center.

In addition to being able to talk to your free Care Guide, you can see a board certified and Evry vetted doctor online 24/7 through your Member Portal or Evry Mobile App.

These visits are covered entirely by Evry.



## What Can Care Guides Do?



### Physicians & Procedures

- Match a member with the right doctor or specialist for their condition
- Find an in-network doctor
- Schedule a doctor's appointment
- Find ways to save time and money
- Help a member prepare for procedures
- Help with admissions, discharges, and follow-up care



### Benefits & Education

- Explain your Care Plan and personalized benefits
- Help a member explore the Member Portal and its features
- Provide educational information
- Answer questions about your benefits and health plan coverage

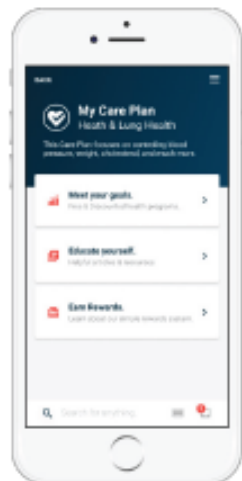
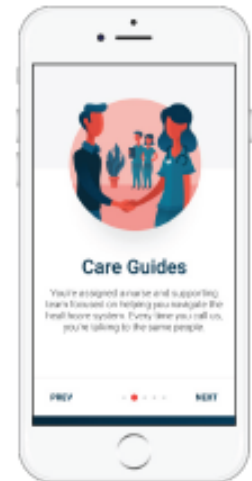
Give them the  
care they deserve.

# Personalized services for your employees.

## One-on-one attention.

At Evry, we do more than just pay bills when an employee gets sick. Each of your employees will have a personal Care Plan and a Care Guide assigned to them.

During the enrollment process when they activate their online account, we ask a handful of questions to get to know each of our new members. This helps us to place them into a Care Plan that fits their needs.



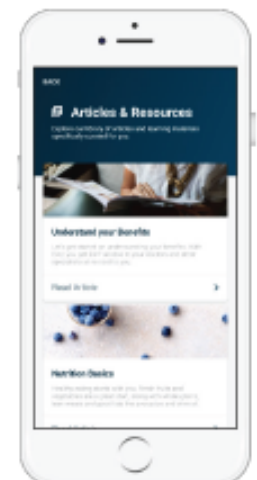
## Above and beyond.

These Care Plans provide a wide range of resources, tools, and rewards that are different from normal health plan benefits.

Your employees will always have their standard benefits, but these Care Plans are customized to match their specific health needs and may change over time.

## No cost to you.

The majority of these resources are paid for entirely by Evry on your behalf! We'll occasionally offer other special resources and promotions that are only partially subsidized by Evry but are completely optional.



## Accredited for medical quality.

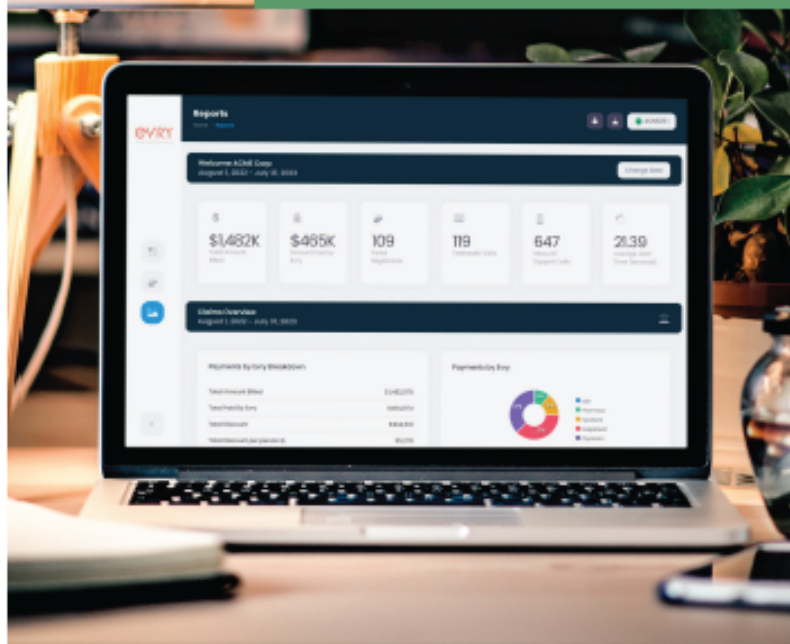
Evry Health is accredited by the National Committee for Quality Assurance (NCQA) for our health plan's medical quality. The NCQA is an independent, nationally recognized organization, and its rigorous accreditation program is the gold standard for a health plan's quality. Evry Health's accreditation demonstrates our commitment to medical excellence, population health, and the member experience.

## What you can expect.

Our broker partners will work with you to get a quote from Evry Health, sign up, determine eligibility, and begin enrollment. This shouldn't differ much from the processes you've been through.

But this is where the similarities end. Evry is better health care for members and a better experience for employers.

A clear and seamless process for you.



## State-of-the-Art Reporting

After Evry has been selected as your new health plan partner, our account team will provide access and training to our beautiful client reporting portal for convenient and useful monthly, quarterly, and annual reports.

These reports will vary but will provide your HR and executive teams useful and actionable insights:

- ✓ Claims and costs for your employees
- ✓ Employee engagement
- ✓ Employee participation with benefits and care plans
- ✓ Our customer service performance

## Our Commitment to You.

### Accountability

When you pick Evry, the buck stops with us.

### Service

We want to exceed the expectations of our employer and provider partners with the highest quality customer service in the industry.

### Transparency

We're not here to deny valid authorization requests, play games with physicians, or send people to endless phone trees.

### Integrity

We endeavor to do right by you and your employees.

### Reliability

We will own any issues and do our best to address them quickly.



A simple onboarding  
experience for members.

# What your employees can expect.

We want to make sure your employees know what is unique about Evry's Health Plan. We want them to get the most out of their health insurance, understand the value of what you have chosen for them, and make them feel valued.

Our promise is to provide a straightforward and painless onboarding process for your employees.



## During Enrollment

- Register on the Evry Member Portal or through the Evry Mobile App
- Select new Care Plan, with system assistance
- Quick platform walk through

## After Registration

Receive a call from their Care Guide or customer service agent

- Learn about their new benefit plan
- Understand the selected coverage
- Review available wellness vendors
- Get to know the Evry Reward Card
- Have all their questions answered

## Ongoing Support

- Dedicated Care Guide
- \$0 virtual visits
- Cash rewards to use at select retailers nationwide and online
- Personalized educational resources
- At-a-glance member tools
- Easy-to-understand policies, coverage and benefits

# Evry Health Insurance **benefits**

Group Name: **Patient Provider Network - PPN**

Proposed Coverage Start Date: **01-01-2024**

Number of Subscribers **820**

Number of Dependents **510**

Total Proposed Enrollment (members) **1,330**

Proposed EPO Tiers	Medical + Rx
EE	\$ 706.42
EE + Spouse	\$ 1,480.20
EE + Children	\$ 1,342.18
EE + Family	\$ 2,189.87
\$0 Deductible	\$5,250 OOP

Proposed EPO HDHP Tiers	Medical + Rx
EE	\$ 506.38
EE + Spouse	\$ 1,195.25
EE + Children	\$ 898.77
EE + Family	\$ 1,542.03
\$ 3,000 Deductible	\$ 7,000 OOP

Proposed PPO Tiers	Medical + Rx
EE	\$ 883.02
EE + Spouse	\$ 1,850.25
EE + Children	\$ 1,677.73
EE + Family	\$ 2,737.35
\$0 Deductible	\$5,250 OOP

Proposed PPO HDHP Tiers	Medical + Rx
EE	\$ 632.94
EE + Spouse	\$ 1,494.05
EE + Children	\$ 1,123.46
EE + Family	\$ 1,927.54
\$ 3,000 Deductible	7,000 OOP

Renewal Year: 2024 ☒ Yes ☐ No

\*† High level summary. Please see the plan documents for more detailed benefit descriptions. †† Obtaining insurance coverage is not contingent on paying producer service fees or commissions. Service fees are assumed to be agreed to between you (client) and your producer/service provider. ††† Rates are subject to estimated enrollment. If enrollment varies by 25% or more from estimates, underwriting is required. †††† Commissions are included, unless otherwise specified above.

**\* This is example of employer contribution of 50% of EE only**

## EPO

**Semi- Monthly  
24 pay-periods**

	Total Monthly Cost	Employer Contribution *	Employee Monthly Cost	Employee Bi-Weekly
Employee Only	\$706.42	\$353.21	\$353.21	\$176.61
Employee + Spouse	\$1,480.20	\$353.21	\$1,126.99	\$563.50
Employee + Child(ren)	\$1,342.18	\$353.21	\$988.97	\$494.49
Employee + Family	\$2,189.87	\$353.21	\$1,836.66	\$918.33

**Bi-Weekly- 26 pay periods**

Employee Only	\$706.42	\$353.21	\$353.21	\$163.02
Employee + Spouse	\$1,480.20	\$353.21	\$1,126.99	\$520.15
Employee + Child(ren)	\$1,342.18	\$353.21	\$988.97	\$456.48
Employee + Family	\$2,189.87	\$353.21	\$1,836.66	\$847.69

## EPO HDHP

**Semi- Monthly  
24 pay-periods**

	Total Monthly Cost	Employer Contribution *	Employee Monthly Cost	Employee Bi-Weekly
Employee Only	\$506.36	\$253.18	\$253.18	\$126.59
Employee + Spouse	\$1,195.25	\$253.18	\$942.07	\$471.04
Employee + Child(ren)	\$898.77	\$253.18	\$645.59	\$322.80
Employee + Family	\$1,542.03	\$253.18	\$1,288.85	\$644.43

**Bi-Weekly- 26 pay periods**

Employee Only	\$506.36	\$253.18	\$253.18	\$116.85
Employee + Spouse	\$1,195.25	\$253.18	\$942.07	\$434.80
Employee + Child(ren)	\$898.77	\$253.18	\$645.59	\$297.96
Employee + Family	\$1,542.03	\$253.18	\$1,288.85	\$594.85

**\* This is example of employer contribution of 50% of EE only**

## PPO

Semi- Monthly  
24 pay-periods

	Total Monthly Cost	Employer Contribution *	Employee Monthly Cost	Employee Bi-Weekly
Employee Only	\$883.02	\$441.51	\$441.51	\$220.76
Employee + Spouse	\$1,850.25	\$441.51	\$1,408.74	\$704.37
Employee + Child(ren)	\$1,677.73	\$441.51	\$1,236.22	\$618.11
Employee + Family	\$2,737.35	\$441.51	\$2,295.84	\$1,147.92

**Bi-Weekly- 26 pay periods**

Employee Only	\$883.02	\$441.51	\$441.51	\$203.77
Employee + Spouse	\$1,850.25	\$441.51	\$1,408.74	\$650.19
Employee + Child(ren)	\$1,677.73	\$441.51	\$1,236.22	\$570.56
Employee + Family	\$2,737.35	\$441.51	\$2,295.84	\$1,059.62

## PPO HDHP

Semi- Monthly  
24 pay-periods

	Total Monthly Cost	Employer Contribution *	Employee Monthly Cost	Employee Bi-Weekly
Employee Only	\$632.94	\$316.47	\$316.47	\$146.06
Employee + Spouse	\$1,494.05	\$316.47	\$1,177.58	\$543.50
Employee + Child(ren)	\$1,123.46	\$316.47	\$806.99	\$372.46
Employee + Family	\$1,927.54	\$316.47	\$1,611.07	\$743.57

**Bi-Weekly- 26 pay periods**

Employee Only	\$632.94	\$316.47	\$316.47	\$158.24
Employee + Spouse	\$1,494.05	\$316.47	\$1,177.58	\$588.79
Employee + Child(ren)	\$1,123.46	\$316.47	\$806.99	\$403.50
Employee + Family	\$1,927.54	\$316.47	\$1,611.07	\$805.54



# We offer so much **more than insurance.**

Included benefits are available in all of the Evry plans unless otherwise noted.

## What's included in the plan

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### **24/7 telehealth**

You'll have 12 free visits per calendar quarter for medical or mental health services.

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### **National partner network**

These plans protect you in case of emergencies no matter where you are in the United States.

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### **No primary care physician (PCP) required**

You can get the care you need, when you need it, without the games.

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### **Referrals not required**

You'll never need to get a referral from your PCP before seeking care.

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### **Expanded preventive care**

Preventative care with Evry means 100% coverage for physical therapy, nutritional counseling, and mental health services.

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### **Pharmacy benefits**

These plans provide coverage to help pay for prescription drugs and medications with a broad nationwide pharmacy network.

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## Additional free included benefits

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### **Free personal care guides**

Experienced medical experts are here to help you get the most from your benefits and get the care you need.

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### **Free personalized care plans**

You'll receive specialized plans consisting of free resources, rewarded action items, educational content, and more to aid you in achieving your health goals.

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### **Beautiful mobile-first healthcare experience**

Our custom all-in-one portal and mobile app are here to making access care, improving your health, and managing your membership easier than ever before.

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### **Evry Reward Card**

By working towards your health goals, you can earn up to \$1,000/year that can be spent on healthy groceries, beverages, vitamins & dietary supplements, weight management items, and OTC products at thousands of retailers nationwide.

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\*High level summary. Please see the plan documents for more detailed benefit descriptions. If enrollment varies by 25% or more from the estimate, the quote may be adjusted.

# Evry Plan comparison.

Coverage for Eligible Expenses	EPO	EPO HDHP
	In-Network Only No Out of Network Coverage	In-Network Only No Out of Network Coverage
Deductible	None	\$ 3,000 / \$ 6,000
Coinsurance and co-payments	Various, see below	Various, see below
Annual Out of Pocket Maximum	\$5,250 / \$10,500 \$1,500 / \$3,000 (pharmacy)	\$ 7,000 / \$ 14,000 \$1,500 / \$3,000 (pharmacy)
Preventive Care (see schedule)	Covered at 100%	Covered at 100% (deductible does not apply)
Office Visits		
Telemedicine Interactions	Covered at 100%	Covered at 100%
Primary Care & Specialist-based Primary Care	Covered at 100%	Deductible, then covered at 100%
Home Visits by PCP / SCP	Covered at 100%	Deductible, then covered at 100%
Nutritionist	Covered at 100%	Deductible, then covered at 100%
Physical Therapy	Covered at 100%	Deductible, then covered at 100%
Behavioral Health	Covered at 100%	Deductible, then covered at 100%
Emergency Room	\$300 copayment & 20% coinsurance	\$300 copayment & 40% coinsurance after deductible
Urgent Care	20% coinsurance	40% coinsurance after deductible
Hospital Admission (includes medical & behavioral health)	20% coinsurance	40% coinsurance after deductible
Other Physician Fees	20% coinsurance	30% coinsurance after deductible
Outpatient Diagnostic Labs / X-Rays	20% coinsurance	40% coinsurance after deductible
High Tech Imaging	20% coinsurance	40% coinsurance after deductible
Outpatient Surgery	20% coinsurance	25% coinsurance after deductible
Maternity		
Routine Prenatal Care	Covered at 100%	Covered at 100% (deductible does not apply)
Inpatient Hospital	20% coinsurance	40% coinsurance after deductible
Prescription Drugs		
Retail (up to 30-day supply)	No member cost for generic; 20% coinsurance for brand	After the Deductible, no member cost for generic; 35% coinsurance for brand
Mail Order (up to 90-day supply)	No member cost for generic; 20% coinsurance for brand	After the Deductible, no member cost for generic; 35% coinsurance for brand
Specialty & Injectables	20% coinsurance	35% coinsurance after deductible
Durable Medical Equipment (DME) / Orthotics & Prosthetics	20% coinsurance for prosthetics that are surgically implanted; All others 50% coinsurance	After the Deductible - 20% coinsurance for prosthetics that are surgically implanted; All others after the deductible - 50% coinsurance



# Evry Plan comparison.

Coverage for Eligible Expenses	PPO		PPO HDHP	
	In-Network	Out of Network	In-Network	Out of Network
Deductible	None		\$ 3,000 / \$ 6,000	
Coinsurance and co-payments	Various, see below		Various, see below	
Annual Out of Pocket Maximum	\$5,250 / \$10,500 \$1,500 / \$3,000 (pharmacy)		\$ 7,000 / \$ 14,000 \$1,500 / \$3,000 (pharmacy)	
Preventive Care (see schedule)	Covered at 100%	40% coinsurance	Covered at 100% (deductible does not apply)	Deductible, then 50% coinsurance
Office Visits				
Telemedicine Interactions	Covered at 100%	40% coinsurance	Covered at 100%	Deductible, then 50% coinsurance
Primary Care & Specialist-based Primary Care	Covered at 100%	40% coinsurance	Deductible, then covered at 100%	Deductible, then 50% coinsurance
Home Visits by PCP / SCP	Covered at 100%	40% coinsurance	Deductible, then covered at 100%	Deductible, then 50% coinsurance
Nutritionist	Covered at 100%	40% coinsurance	Deductible, then covered at 100%	Deductible, then 50% coinsurance
Physical Therapy	Covered at 100%	40% coinsurance	Deductible, then covered at 100%	Deductible, then 50% coinsurance
Behavioral Health	Covered at 100%	40% coinsurance	Deductible, then covered at 100%	Deductible, then 50% coinsurance
Emergency Room	\$300 copayment & 20% coinsurance	\$300 copayment & 20% coinsurance	\$300 copayment & 40% coinsurance after deductible	\$300 copayment & 40% coinsurance after deductible
Urgent Care	20% coinsurance	20% coinsurance	40% coinsurance after deductible	40% coinsurance after deductible
Hospital Admission (includes medical and behavioral health)	20% coinsurance	40% coinsurance	40% coinsurance after deductible	50% coinsurance after deductible
Other Physician Fees	20% coinsurance	40% coinsurance	25% coinsurance after deductible	50% coinsurance after deductible
Outpatient Diagnostic Labs/X-Rays	20% coinsurance	40% coinsurance	40% coinsurance after deductible	50% coinsurance after deductible
High Tech Imaging	20% coinsurance	40% coinsurance	40% coinsurance after deductible	50% coinsurance after deductible
Outpatient Surgery	20% coinsurance	40% coinsurance	25% coinsurance after deductible	50% coinsurance after deductible
Maternity				
Routine Prenatal Care	Covered at 100%	40% coinsurance	Covered at 100% (deductible does not apply)	50% coinsurance after deductible
Inpatient Hospital	20% coinsurance	40% coinsurance	40% coinsurance after deductible	50% coinsurance after deductible
Prescription Drugs				
Retail (up to 30-day supply)	No member cost for generic; 20% coinsurance for brand		Deductible, then no member cost for generic; 35% coinsurance for brand	
Mail Order (up to 90-day supply)	No member cost for generic; 20% coinsurance for brand		Deductible, then no member cost for generic; 35% coinsurance for brand	
Specialty & Injectables	20% coinsurance		35% coinsurance after deductible	
Durable Medical Equipment (DME)/ Orthotics & Prosthetics	20% coinsurance for prosthetics that are surgically implanted; all others 50% coinsurance	40% coinsurance for prosthetics that are surgically implanted; all others 50% coinsurance	After the deductible - 20% coinsurance for prosthetics that are surgically implanted; all others 50% coinsurance after deductible	50% coinsurance after deductible

		Low Plan 2	High Plan 2
<b>Plan Benefit</b>	<b>Type 1</b>	100%	100%
	<b>Type 2</b>	80%	80%
	<b>Type 3</b>	50%	50%
<b>Deductible</b>		\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>		\$2,000/Calendar Year	\$3,000/Calendar Year
<b>PPO</b>		A New Choice® Plus	Passive PPO
<b>Allowance</b>	<b>Type 1</b>	Discounted Fee	90th U&C
	<b>Type 2</b>	Discounted Fee	90th U&C
	<b>Type 3</b>	Discounted Fee	90th U&C
<b>Maximum Rewards</b>		NA	Included
<b>Waiting Period</b>		None	None
<b>Annual Open Enrollment</b>		Included	Included

## Orthodontia Summary

**Allowance All Plan Designs:** In Network, discounted fee. Out of Network, U&C.

<b>Plan Benefit</b>	50%	50%
<b>Coverage for Adults</b>	No	Yes
<b>Lifetime Maximum (per person)</b>	\$1,500	\$1,500
<b>Waiting Period</b>	None	None

## Monthly Rates

<b>Employee (EE)</b>	\$29.24	\$48.80
<b>EE + Spouse</b>	\$57.28	\$94.16
<b>EE + Children</b>	\$80.28	\$116.68
<b>EE + Spouse &amp; Children</b>	\$108.32	\$163.68

## Semi Monthly Rates

Employee Only:	\$14.62
EE + Spouse:	\$29.64
EE + Children:	\$40.14
EE+ Family:	\$54.16

\$24.40  
\$47.08  
\$58.34  
\$81.84

		Low Plan 2	High Plan 2
<b>Plan Benefit</b>	<b>Type 1</b>	100%	100%
	<b>Type 2</b>	80%	80%
	<b>Type 3</b>	50%	50%
<b>Deductible</b>		\$50/Calendar Year Waived Type 1 3 Family Maximum	\$50/Calendar Year Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>		\$2,000/Calendar Year	\$3,000/Calendar Year
<b>PPO</b>		A New Choice® Plus	Passive PPO
<b>Allowance</b>	<b>Type 1</b>	Discounted Fee	90th U&C
	<b>Type 2</b>	Discounted Fee	90th U&C
	<b>Type 3</b>	Discounted Fee	90th U&C
<b>Maximum Rewards</b>		NA	Included
<b>Waiting Period</b>		None	None
<b>Annual Open Enrollment</b>		Included	Included

## Orthodontia Summary

**Allowance All Plan Designs:** In Network, discounted fee. Out of Network, U&C.

<b>Plan Benefit</b>	50%	50%
<b>Coverage for Adults</b>	No	Yes
<b>Lifetime Maximum (per person)</b>	\$1,500	\$1,500
<b>Waiting Period</b>	None	None

## Monthly Rates

<b>Employee (EE)</b>	\$29.24	\$48.80
<b>EE + Spouse</b>	\$57.28	\$94.16
<b>EE + Children</b>	\$80.28	\$116.68
<b>EE + Spouse &amp; Children</b>	\$108.32	\$163.68

## Bi Weekly Rates

<b>Employee Only:</b>	\$13.50
<b>EE + Spouse:</b>	\$26.44
<b>EE + Children:</b>	\$37.05
<b>EE+ Family:</b>	\$49.99

\$22.52  
\$43.46  
\$53.85  
\$75.55

# Covered Dental Summary

	Low Plan 2	High Plan 2
<b>Plan Design Summary</b>	100/80/50 \$50/Calendar Year Waived Type 1 3 Family Maximum \$2,000	100/80/50 \$50/Calendar Year Waived Type 1 3 Family Maximum \$3,000
<b>Type 1 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Routine Exam (1 in 6 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (1 in 6 months)</li> <li>• Fluoride for Children 13 and under (1 in 12 months)</li> <li>• Sealants (age 13 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Routine Exam (1 in 6 months)</li> <li>• Bitewing X-rays (1 in 12 months)</li> <li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (1 in 6 months)</li> <li>• Fluoride for Children 13 and under (1 in 12 months)</li> <li>• Sealants (age 13 and under)</li> <li>• Space Maintainers</li> </ul>
<b>Type 2 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>
<b>Type 3 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 10 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 10 years per tooth)</li> <li>• Crown Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> </ul>

# Plan Design Summary

# Vision

## Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 11/1/2023

	Plan 1: Sharper Vision	
	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Frame Allowance	\$130**	Up to \$70
Frequencies		
Exam/Lens/Frames	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

## Deductible, Maximum

Deductibles	\$10 Exam \$10 Eye Glass Lenses or Frames*	\$10 Exam \$10 Eye Glass Lenses or Frames
Maximum per benefit period	None	None

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

## Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit
Contacts		
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210

## Monthly Rates

Employee Only (EE)	\$6.92
EE + Spouse	\$13.56
EE + Children	\$12.20
EE + Spouse & Children	\$18.80



## Semi- Monthly

## Bi-Weekly

EE	\$3.46	\$3.19
EE+ Spouse	\$6.78	\$6.26
EE+ Children	\$6.10	\$5.63
EE+ Family	\$9.40	\$8.68

# Class 1- All employees except physicians

## Plan Highlights

### Group Supplemental & Dependent Life / AD&D Insurance



Patient Physician Network Holding Co., LLP

#### ELIGIBILITY

All Active Full-Time Employees, excluding Physicians, working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you;
- ▶ Your legally-recognized domestic or civil union partner;
- ▶ Your unmarried financially dependent children birth to 26 years;
- ▶ A person may not have coverage as both an Employee and Dependent;
- ▶ Only one insured spouse may cover dependent children;

#### BENEFIT AMOUNT

**Employee:** Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

**Spouse:** Choose from a minimum of \$5,000, a maximum of \$100,000 in \$5,000 increments, not to exceed 100% of employee amount.

**Child(ren):** Birth to age 26 years: \$1,000 to \$10,000 in increments of \$1,000.

**GUARANTEED ISSUE** Amounts over this will require Evidence of insurability.

Employee: \$175,000

Spouse: \$50,000

Child(ren): \$10,000



#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

#### AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%

#### BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
65	65%
70	40%
75	20%

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Accelerated Death Benefit
- ▶ Air Bag Benefit
- ▶ COMA Benefit
- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ FMLA/MSLA Extension
- ▶ Portability
- ▶ Total Loss of Use Benefit
- ▶ Seat Belt Benefit



## Class 2- Physicians

### Plan Highlights

### Group Supplemental & Dependent Life / AD&D Insurance



Patient Physician Network Holding Co., LLP

#### ELIGIBILITY

All Active Full-Time Physicians working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you;
- ▶ Your legally-recognized domestic or civil union partner;
- ▶ Your unmarried financially dependent children birth to 26 years;
- ▶ A person may not have coverage as both an Employee and Dependent;
- ▶ Only one insured spouse may cover dependent children;

#### BENEFIT AMOUNT

**Employee:** Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments.

**Spouse:** Choose from a minimum of \$5,000, a maximum of \$100,000 in \$5,000 increments, not to exceed 100% of employee amount.

**Child(ren):** Birth to age 26 years: \$1,000 to \$10,000 in increments of \$1,000.

Amounts over this will require Evidence of insurability.

#### GUARANTEED ISSUE

**Employee:** \$200,000

**Spouse:** \$50,000

**Child(ren):** \$10,000



#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

#### AD&D SCHEDULE

For Accidental Loss of	Amount Payable
Life	100%
Both Hands	100%
Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing	100%
One Hand	50%
One Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing	50%

#### BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
65	65%
70	40%
75	20%

#### RATES

See attached Rate Sheet

#### FEATURES

- ▶ Accelerated Death Benefit
- ▶ Air Bag Benefit
- ▶ COMA Benefit
- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ FMLA/MSLA Extension
- ▶ Portability
- ▶ Total Loss of Use Benefit
- ▶ Seat Belt Benefit

### Employee Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
\$10,000	\$0.57	\$0.57	\$0.57	\$0.67	\$0.97	\$1.37	\$2.17	\$3.17	\$4.17	\$6.57	\$14.67	\$36.77	\$83.77
\$20,000	\$1.14	\$1.14	\$1.14	\$1.34	\$1.94	\$2.74	\$4.34	\$6.34	\$8.34	\$13.14	\$29.34	\$73.54	\$167.54
\$30,000	\$1.71	\$1.71	\$1.71	\$2.01	\$2.91	\$4.11	\$6.51	\$9.51	\$12.51	\$19.71	\$44.01	\$110.31	\$251.31
\$40,000	\$2.28	\$2.28	\$2.28	\$2.68	\$3.88	\$5.48	\$8.68	\$12.68	\$16.68	\$26.28	\$58.68	\$147.08	\$335.08
\$50,000	\$2.85	\$2.85	\$2.85	\$3.35	\$4.85	\$6.85	\$10.85	\$15.85	\$20.85	\$32.85	\$73.35	\$183.85	\$418.85
\$60,000	\$3.42	\$3.42	\$3.42	\$4.02	\$5.82	\$8.22	\$13.02	\$19.02	\$25.02	\$39.42	\$88.02	\$220.62	\$502.62
\$70,000	\$3.99	\$3.99	\$3.99	\$4.69	\$6.79	\$9.59	\$15.19	\$22.19	\$29.19	\$45.99	\$102.69	\$257.39	\$586.39
\$80,000	\$4.56	\$4.56	\$4.56	\$5.36	\$7.76	\$10.96	\$17.36	\$25.36	\$33.36	\$52.56	\$117.36	\$294.16	\$670.16
\$90,000	\$5.13	\$5.13	\$5.13	\$6.03	\$8.73	\$12.33	\$19.53	\$28.53	\$37.53	\$59.13	\$132.03	\$330.93	\$753.93
\$100,000	\$5.70	\$5.70	\$5.70	\$6.70	\$9.70	\$13.70	\$21.70	\$31.70	\$41.70	\$65.70	\$146.70	\$367.70	\$837.70
\$110,000	\$6.27	\$6.27	\$6.27	\$7.37	\$10.67	\$15.07	\$23.87	\$34.87	\$45.87	\$72.27	\$161.37	\$404.47	\$921.47
\$120,000	\$6.84	\$6.84	\$6.84	\$8.04	\$11.64	\$16.44	\$26.04	\$38.04	\$50.04	\$78.84	\$176.04	\$441.24	\$1,005.24
\$130,000	\$7.41	\$7.41	\$7.41	\$8.71	\$12.61	\$17.81	\$28.21	\$41.21	\$54.21	\$85.41	\$190.71	\$478.01	\$1,089.01
\$140,000	\$7.98	\$7.98	\$7.98	\$9.38	\$13.58	\$19.18	\$30.38	\$44.38	\$58.38	\$91.98	\$205.38	\$514.78	\$1,172.78
\$150,000	\$8.55	\$8.55	\$8.55	\$10.05	\$14.55	\$20.55	\$32.55	\$47.55	\$62.55	\$98.55	\$220.05	\$551.55	\$1,256.55
\$160,000	\$9.12	\$9.12	\$9.12	\$10.72	\$15.52	\$21.92	\$34.72	\$50.72	\$66.72	\$105.12	\$234.72	\$588.32	\$1,340.32
\$170,000	\$9.69	\$9.69	\$9.69	\$11.39	\$16.49	\$23.29	\$36.89	\$53.89	\$70.89	\$111.69	\$249.39	\$625.09	\$1,424.09
\$180,000	\$10.26	\$10.26	\$10.26	\$12.06	\$17.46	\$24.66	\$39.06	\$57.06	\$75.06	\$118.26	\$264.06	\$661.86	\$1,507.86
\$190,000	\$10.83	\$10.83	\$10.83	\$12.73	\$18.43	\$26.03	\$41.23	\$60.23	\$79.23	\$124.83	\$278.73	\$698.63	\$1,591.63
\$200,000	\$11.40	\$11.40	\$11.40	\$13.40	\$19.40	\$27.40	\$43.40	\$63.40	\$83.40	\$131.40	\$293.40	\$735.40	\$1,675.40
\$210,000	\$11.97	\$11.97	\$11.97	\$14.07	\$20.37	\$28.77	\$45.57	\$66.57	\$87.57	\$137.97	\$308.07	\$772.17	\$1,759.17
\$220,000	\$12.54	\$12.54	\$12.54	\$14.74	\$21.34	\$30.14	\$47.74	\$69.74	\$91.74	\$144.54	\$322.74	\$808.94	\$1,842.94
\$230,000	\$13.11	\$13.11	\$13.11	\$15.41	\$22.31	\$31.51	\$49.91	\$72.91	\$95.91	\$151.11	\$337.41	\$845.71	\$1,926.71
\$240,000	\$13.68	\$13.68	\$13.68	\$16.08	\$23.28	\$32.88	\$52.08	\$76.08	\$100.08	\$157.68	\$352.08	\$882.48	\$2,010.48
\$250,000	\$14.25	\$14.25	\$14.25	\$16.75	\$24.25	\$34.25	\$54.25	\$79.25	\$104.25	\$164.25	\$366.75	\$919.25	\$2,094.25
\$260,000	\$14.82	\$14.82	\$14.82	\$17.42	\$25.22	\$35.62	\$56.42	\$82.42	\$108.42	\$170.82	\$381.42	\$956.02	\$2,178.02
\$270,000	\$15.39	\$15.39	\$15.39	\$18.09	\$26.19	\$36.99	\$58.59	\$85.59	\$112.59	\$177.39	\$396.09	\$992.79	\$2,261.79
\$280,000	\$15.96	\$15.96	\$15.96	\$18.76	\$27.16	\$38.36	\$60.76	\$88.76	\$116.76	\$183.96	\$410.76	\$1,029.56	\$2,345.56
\$290,000	\$16.53	\$16.53	\$16.53	\$19.43	\$28.13	\$39.73	\$62.93	\$91.93	\$120.93	\$190.53	\$425.43	\$1,066.33	\$2,429.33
\$300,000	\$17.10	\$17.10	\$17.10	\$20.10	\$29.10	\$41.10	\$65.10	\$95.10	\$125.10	\$197.10	\$440.10	\$1,103.10	\$2,513.10
\$310,000	\$17.67	\$17.67	\$17.67	\$20.77	\$30.07	\$42.47	\$67.27	\$98.27	\$129.27	\$203.67	\$454.77	\$1,139.87	\$2,596.87
\$320,000	\$18.24	\$18.24	\$18.24	\$21.44	\$31.04	\$43.84	\$69.44	\$101.44	\$133.44	\$210.24	\$469.44	\$1,176.64	\$2,680.64
\$330,000	\$18.81	\$18.81	\$18.81	\$22.11	\$32.01	\$45.21	\$71.61	\$104.61	\$137.61	\$216.81	\$484.11	\$1,213.41	\$2,764.41
\$340,000	\$19.38	\$19.38	\$19.38	\$22.78	\$32.98	\$46.58	\$73.78	\$107.78	\$141.78	\$223.38	\$498.78	\$1,250.18	\$2,848.18
\$350,000	\$19.95	\$19.95	\$19.95	\$23.45	\$33.95	\$47.95	\$75.95	\$110.95	\$145.95	\$229.95	\$513.45	\$1,286.95	\$2,931.95
\$360,000	\$20.52	\$20.52	\$20.52	\$24.12	\$34.92	\$49.32	\$78.12	\$114.12	\$150.12	\$236.52	\$528.12	\$1,323.72	\$3,015.72
\$370,000	\$21.09	\$21.09	\$21.09	\$24.79	\$35.89	\$50.69	\$80.29	\$117.29	\$154.29	\$243.09	\$542.79	\$1,360.49	\$3,099.49
\$380,000	\$21.66	\$21.66	\$21.66	\$25.46	\$36.86	\$52.06	\$82.46	\$120.46	\$158.46	\$249.66	\$557.46	\$1,397.26	\$3,183.26
\$390,000	\$22.23	\$22.23	\$22.23	\$26.13	\$37.83	\$53.43	\$84.63	\$123.63	\$162.63	\$256.23	\$572.13	\$1,434.03	\$3,267.03
\$400,000	\$22.80	\$22.80	\$22.80	\$26.80	\$38.80	\$54.80	\$86.80	\$126.80	\$166.80	\$262.80	\$586.80	\$1,470.80	\$3,350.80
\$410,000	\$23.37	\$23.37	\$23.37	\$27.47	\$39.77	\$56.17	\$88.97	\$129.97	\$170.97	\$269.37	\$601.47	\$1,507.57	\$3,434.57
\$420,000	\$23.94	\$23.94	\$23.94	\$28.14	\$40.74	\$57.54	\$91.14	\$133.14	\$175.14	\$275.94	\$616.14	\$1,544.34	\$3,518.34
\$430,000	\$24.51	\$24.51	\$24.51	\$28.81	\$41.71	\$58.91	\$93.31	\$136.31	\$179.31	\$282.51	\$630.81	\$1,581.11	\$3,602.11
\$440,000	\$25.08	\$25.08	\$25.08	\$29.48	\$42.68	\$60.28	\$95.48	\$139.48	\$183.48	\$289.08	\$645.48	\$1,617.88	\$3,685.88
\$450,000	\$25.65	\$25.65	\$25.65	\$30.15	\$43.65	\$61.65	\$97.65	\$142.65	\$187.65	\$295.65	\$660.15	\$1,654.65	\$3,769.65
\$460,000	\$26.22	\$26.22	\$26.22	\$30.82	\$44.62	\$63.02	\$99.82	\$145.82	\$191.82	\$302.22	\$674.82	\$1,691.42	\$3,853.42
\$470,000	\$26.79	\$26.79	\$26.79	\$31.49	\$45.59	\$64.39	\$101.99	\$148.99	\$195.99	\$308.79	\$689.49	\$1,728.19	\$3,937.19
\$480,000	\$27.36	\$27.36	\$27.36	\$32.16	\$46.56	\$65.76	\$104.16	\$152.16	\$200.16	\$315.36	\$704.16	\$1,764.96	\$4,020.96
\$490,000	\$27.93	\$27.93	\$27.93	\$32.83	\$47.53	\$67.13	\$106.33	\$155.33	\$204.33	\$321.93	\$718.83	\$1,801.73	\$4,104.73
\$500,000	\$28.50	\$28.50	\$28.50	\$33.50	\$48.50	\$68.50	\$108.50	\$158.50	\$208.50	\$328.50	\$733.50	\$1,838.50	\$4,188.50

**Employee rates are based on your age at your last birthday**

**For employees age 65 and older:** Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure



### Spouse Monthly Premiums

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80+
\$5,000	\$0.29	\$0.29	\$0.29	\$0.34	\$0.49	\$0.69	\$1.09	\$1.59	\$2.09	\$3.29	\$7.34	\$18.39	\$41.89
\$10,000	\$0.57	\$0.57	\$0.57	\$0.67	\$0.97	\$1.37	\$2.17	\$3.17	\$4.17	\$6.57	\$14.67	\$36.77	\$83.77
\$15,000	\$0.86	\$0.86	\$0.86	\$1.01	\$1.46	\$2.06	\$3.26	\$4.76	\$6.26	\$9.86	\$22.01	\$55.16	\$125.66
\$20,000	\$1.14	\$1.14	\$1.14	\$1.34	\$1.94	\$2.74	\$4.34	\$6.34	\$8.34	\$13.14	\$29.34	\$73.54	\$167.54
\$25,000	\$1.43	\$1.43	\$1.43	\$1.68	\$2.43	\$3.43	\$5.43	\$7.93	\$10.43	\$16.43	\$36.68	\$91.93	\$209.43
\$30,000	\$1.71	\$1.71	\$1.71	\$2.01	\$2.91	\$4.11	\$6.51	\$9.51	\$12.51	\$19.71	\$44.01	\$110.31	\$251.31
\$35,000	\$2.00	\$2.00	\$2.00	\$2.35	\$3.40	\$4.80	\$7.60	\$11.10	\$14.60	\$23.00	\$51.35	\$128.70	\$293.20
\$40,000	\$2.28	\$2.28	\$2.28	\$2.68	\$3.88	\$5.48	\$8.68	\$12.68	\$16.68	\$26.28	\$58.68	\$147.08	\$335.08
\$45,000	\$2.57	\$2.57	\$2.57	\$3.02	\$4.37	\$6.17	\$9.77	\$14.27	\$18.77	\$29.57	\$66.02	\$165.47	\$376.97
\$50,000	\$2.85	\$2.85	\$2.85	\$3.35	\$4.85	\$6.85	\$10.85	\$15.85	\$20.85	\$32.85	\$73.35	\$183.85	\$418.85
\$55,000	\$3.14	\$3.14	\$3.14	\$3.69	\$5.34	\$7.54	\$11.94	\$17.44	\$22.94	\$36.14	\$80.69	\$202.24	\$460.74
\$60,000	\$3.42	\$3.42	\$3.42	\$4.02	\$5.82	\$8.22	\$13.02	\$19.02	\$25.02	\$39.42	\$88.02	\$220.62	\$502.62
\$65,000	\$3.71	\$3.71	\$3.71	\$4.36	\$6.31	\$8.91	\$14.11	\$20.61	\$27.11	\$42.71	\$95.36	\$239.01	\$544.51
\$70,000	\$3.99	\$3.99	\$3.99	\$4.69	\$6.79	\$9.59	\$15.19	\$22.19	\$29.19	\$45.99	\$102.69	\$257.39	\$586.39
\$75,000	\$4.28	\$4.28	\$4.28	\$5.03	\$7.28	\$10.28	\$16.28	\$23.78	\$31.28	\$49.28	\$110.03	\$275.78	\$628.28
\$80,000	\$4.56	\$4.56	\$4.56	\$5.36	\$7.76	\$10.96	\$17.36	\$25.36	\$33.36	\$52.56	\$117.36	\$294.16	\$670.16
\$85,000	\$4.85	\$4.85	\$4.85	\$5.70	\$8.25	\$11.65	\$18.45	\$26.95	\$35.45	\$55.85	\$124.70	\$312.55	\$712.05
\$90,000	\$5.13	\$5.13	\$5.13	\$6.03	\$8.73	\$12.33	\$19.53	\$28.53	\$37.53	\$59.13	\$132.03	\$330.93	\$753.93
\$95,000	\$5.42	\$5.42	\$5.42	\$6.37	\$9.22	\$13.02	\$20.62	\$30.12	\$39.62	\$62.42	\$139.37	\$349.32	\$795.82
\$100,000	\$5.70	\$5.70	\$5.70	\$6.70	\$9.70	\$13.70	\$21.70	\$31.70	\$41.70	\$65.70	\$146.70	\$367.70	\$837.70

### Dependent Child(ren) Monthly Premiums:

Benefit Amount	Premium
\$1,000	\$0.17
\$2,000	\$0.33
\$3,000	\$0.50
\$4,000	\$0.67
\$5,000	\$0.84
\$6,000	\$1.00
\$7,000	\$1.17
\$8,000	\$1.34
\$9,000	\$1.50
\$10,000	\$1.67

Spouse rates are based on the spouse age at last birthday

*(One rate and benefit amount for all eligible children in family, regardless of number)*

**In order to obtain the Semi Monthly Rate:**

**Take the amount listed from the benefit amount & your age range x 12 & divide by 24**

**To obtain the Bi- Weekly Rate:**

**Take the amount listed from the benefit amount & your age range x 12 & Divide by 26**

## Plan Highlights

### Voluntary Group Hospital Indemnity Insurance



#### Patient Physician Network Holding Co., LLP

#### COVERAGE

Voluntary group hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

#### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

#### FEATURES

- ▶ No pre-existing conditions exclusions
- ▶ No deductibles
- ▶ Eligible for continuation of coverage
- ▶ Coverage Offered on a Voluntary Basis
- ▶ Portability
- ▶ FMLA / MSLA Continuation

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### BENEFITS

##### Hospital Room & Board Benefits

Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)	\$200
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##### Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$400
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##### Hospital Admission Benefit

One Daily Benefit per Coverage Year	\$1,000
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##### Hospital Critical Care Admission Benefit

One Daily Benefit per Coverage Year	\$2,000
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##### Non-Insurance Services

On-Call Travel Assistance	Included
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#### MONTHLY PREMIUM

Coverage	Premium
Employee	\$ 22.50
Employee & Spouse	\$ 48.73
Employee & Child(ren)	\$ 34.79
Employee & Family	\$ 63.60

**In order to obtain the Semi Monthly Rate:**

**Take the amount listed from the benefit amount & your age range x 12 & divide by 24**

**To obtain the Bi- Weekly Rate:**

**Take the amount listed from the benefit amount & your age range x 12 & Divide by 26**

## Plan Highlights

### Voluntary Group Accident Insurance



#### Patient Physician Network Holding Co., LLP

#### COVERAGE

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

#### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

#### BENEFIT AMOUNT

See Full Schedule of Benefits on next page

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### MONTHLY PREMIUM

Coverage	Premium
Employee	\$ 13.23
Employee and Spouse	\$ 20.99
Employee & Children	\$ 25.40
Employee & Family	\$ 32.67

#### FEATURES

- ▶ Portability
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services
- ▶ 24-Hour Coverage

**In order to obtain the Semi Monthly Rate:**

Take the amount listed from the benefit amount & your age range x 12 & divide by 24

**To obtain the Bi- Weekly Rate:**

Take the amount listed from the benefit amount & your age range x 12 & Divide by 26



Benefits	Amount
Ambulance	\$150 Ground, \$750 Air
Blood, Plasma and Platelets	\$300
Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per Visit)	\$50 per session, 6 sessions maximum
Coma	\$7,500
Concussion	\$150
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Exams	\$200 per CT/MRI scan
Dislocation	To \$5,200 for Non-surgical; To \$10,400 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	\$225
Epidural Anesthesia Injection (per Injection)	\$200, 2 maximum
Eye Injury	\$150 for removal of foreign object, \$300 for surgical repair
Fractures	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$1,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$2,000
Hospital Confinement (per Day)	\$200, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum
Lacerations	To \$800
Lodging (per Day)	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
Organized Youth Sports Benefit	25% of the benefit amount
Paralysis	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia
Physical Therapy (per Session)	\$35, 12 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up
Prosthesis	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement (per Day)	\$100, 30 days maximum
Surgery	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff
Transportation	\$450, if more than 100 miles from residence
X-Rays	\$50
<b>Wellness (Health Screening) Benefit</b>	<b>Amount</b>
Wellness (Health Screening)	\$50

## Plan Highlights

# Voluntary Group Critical Illness Insurance



### Patient Physician Network Holding Co., LLP

#### COVERAGE

Voluntary group critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

#### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or your domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

#### BENEFIT AMOUNT

**Employee:** Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$5,000 increments.

**Spouse:** Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$5,000 increments, not to exceed 100% of approved employee amount.

**Child(ren):** 50% of approved employee amount up to a maximum of \$15,000.

#### GUARANTEED ISSUE

Employee: \$30,000

Spouse: \$30,000

Child(ren): \$15,000

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

#### RATES

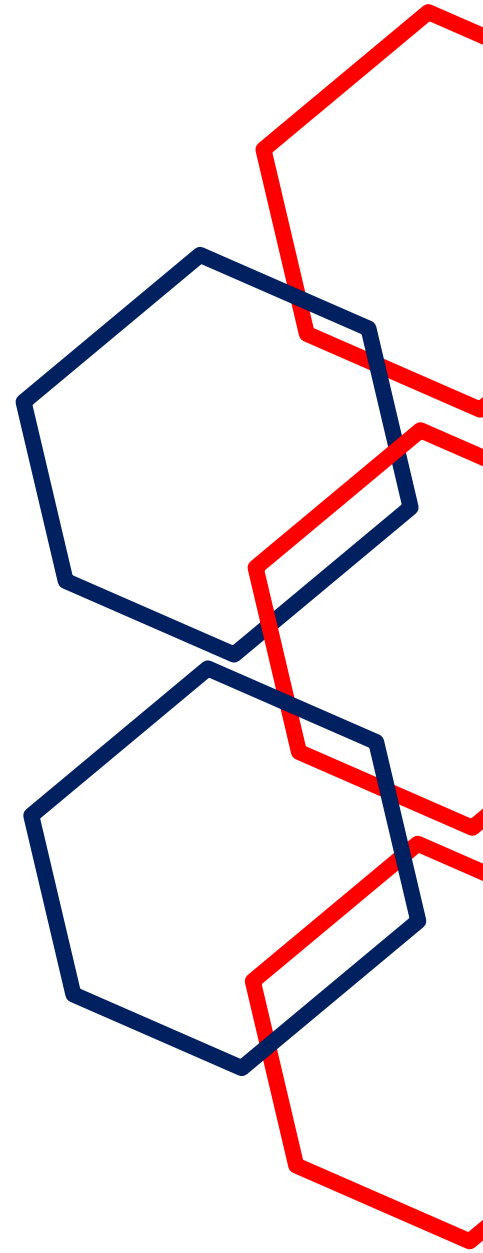
See attached Rate Sheet

#### FEATURES

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Portability
- ▶ Wellness (Health Screening) Benefit – \$50

## FEATURES

DIAGNOSIS ADULT	BENEFIT
Acute Respiratory Distress Syndrome	25%
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	50%
Multiple Sclerosis	100%
Paralysis	100%
Parkinson's Disease	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Downs' Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%



**Employee/Spouse Premiums:**

To find you and your spouse's premium -

- Determine your age band:
  - Your age = your age at your last birthday.
  - Spouse age = your age at your last birthday.
- Select a benefit from:
  - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

**Employee and Spouse Monthly Premiums**

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$1.85	\$2.95	\$3.70	\$5.20	\$7.95	\$11.20	\$15.80	\$23.05	\$34.50	\$56.35	\$94.75	\$130.90	\$217.75
\$10,000	\$3.70	\$5.90	\$7.40	\$10.40	\$15.90	\$22.40	\$31.20	\$46.10	\$69.00	\$112.70	\$189.50	\$261.80	\$435.50
\$15,000	\$5.55	\$8.85	\$11.10	\$15.60	\$23.85	\$33.60	\$46.80	\$69.15	\$103.50	\$169.05	\$284.25	\$392.70	\$653.25
\$20,000	\$7.40	\$11.80	\$14.80	\$20.80	\$31.80	\$44.80	\$62.40	\$92.20	\$138.00	\$225.40	\$379.00	\$523.80	\$871.00
\$25,000	\$9.25	\$14.75	\$18.50	\$26.00	\$39.75	\$56.00	\$78.00	\$115.25	\$172.50	\$281.75	\$473.75	\$654.50	\$1,088.75
\$30,000	\$11.10	\$17.70	\$22.20	\$31.20	\$47.70	\$67.20	\$93.60	\$138.30	\$207.00	\$338.10	\$568.50	\$785.40	\$1,308.50

**Dependent Child(ren):**

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election, limited to a maximum of \$15,000

**In order to obtain the Semi Monthly Rate:**

Take the amount listed from the benefit amount & your age range x 12 & divide by 24

**To obtain the Bi- Weekly Rate:**

Take the amount listed from the benefit amount & your age range x 12 & Divide by 26

## How to enroll in benefits:

Scan QR Code or follow link

### Open Enrollment QR Code



<https://calendly.com/patient-physican-network/ppn-individual-benefit-enrollment-session?month=2023-11>

**Open enrollment window is  
November 13,2023-November 29,2023**