

| Group/Class | MAPE Courts | | |
|----------------------------|--------------|-----------------------|-----------------|
| | 669 | 683 | 668 |
| Med.Suffix (01658-) | | | |
| Medical | PPO-1 | PPO-6 | PPO-4 |
| <i>Coinsurance</i> | 100% | 90/10% | 80/20% |
| <i>Deductible</i> | \$0 | \$250/\$500 | \$500/\$1,000 |
| <i>Coinsurance Maximum</i> | \$0 | \$1,000/\$2,000 | \$1,500/\$3,000 |
| <i>OV Copay</i> | \$15 | \$10 | \$10 |
| <i>ER Copay</i> | \$50 | \$50 | \$100 |
| <i>Chiropractor</i> | \$15 | \$10 | \$10 |
| Rx | | | |
| <i>Copay Structure</i> | \$10 / \$20 | \$10 / \$20 | \$2/\$25/\$50 |
| <i>Mail Order Copay</i> | 1x | 1x | 2x |
| Dental | | | |
| <i>Class I</i> | | 100% | |
| <i>Class II</i> | | 50% | |
| <i>Class III</i> | | 50% | |
| <i>Class IV</i> | | Not Covered | |
| <i>Annual Max</i> | | \$800 | |
| Vision | | | |
| <i>Exam Frequency</i> | | 12 consecutive months | |
| <i>Materials Frequency</i> | | 12 consecutive months | |
| <i>Exam Copay</i> | | \$5.00 | |
| <i>Materials Copay</i> | | \$10.00 | |