

We use the carrier's brochure language whenever possible.

We display both In and Out of Network benefits.

We have both a full benefits view and a summary view.

Full view: Displays the benefit in as close to the brochure language as possible.

Summary view: Shows top category fee amounts as a snapshot.

Coinsurance amounts are displayed by employee responsibility. If the plan will pay "80%" we display "20%."

If applicable, we display any plan maximums by category, whether by number of visits or by dollar amounts.

Deductibles

Broken down by Individual/Family designation, where applicable

If Deductibles are Embedded or Aggregate, we display that in parentheses after the fee

When Deductible is not included with the fee, we add the language "(Deductible not Included)"

Prescription Drugs

Whether designated by name (Generic/Brand Formulary/Brand Non-Formulary) Tiers or Levels, we display by those designations.

Office Visits

Both the Primary and Specialist office visit fees are displayed.

Riders

If these are offered we display the category with the designation "Optional Rider Available"

Quote Page Footnote

Coinsurance amounts represented with a % are payable after the plan deductibles are reached; Co-pay amounts represented with a \$ are not subject to plan deductibles (except where noted). Refer to contract for a detailed explanation of plan benefits, features, exclusions and limitations.

Benefits subject to change without notice. Out of pocket maximum shown includes the plan deductible unless otherwise noted. **Co-pays,**

Deductibles, and Coinsurance amounts listed above are your share of the costs for covered benefits.