

MEDICAL INSURANCE

- Safepoint MGA offers three medical plan options through UnitedHealthcare. All three plans use the UnitedHealthcare provider network, which includes doctors, clinics, and hospitals. You can check whether your current providers participate in the network by visiting www.myuhc.com.
- All three plans include both in-network and out-of-network coverage, giving you the flexibility to see the providers you choose.
- The HDHP Bronze plan is a high-deductible health plan that uses a deductible and coinsurance structure and meets IRS requirements for Health Savings Account (HSA) eligibility. If you enroll in the HDHP option, Safepoint MGA will contribute to your HSA. Employees are responsible for establishing and managing their own HSA accounts.

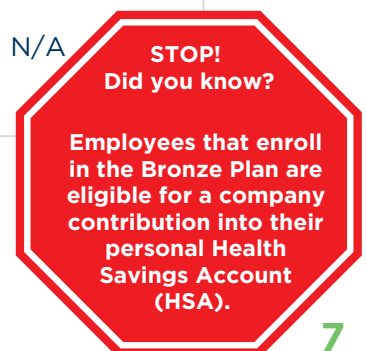


Policy #0944909

Coverage Network	Bronze Plan HDHP	
Plan Year Deductible (PYD) Individual Family	In Network \$3,500 \$7,000	Out of Network \$ 7,000 \$14,000
Out Of Pocket Maximum Individual Family	\$ 7,050 \$14,100	\$14,100 \$28,200
Coinsurance (COINS) % Member pays after deductible	20%	50%
Office Visits Preventative Health Care Primary Care Physician (PCP) Specialist Physician Visit Virtual Care Services (Designated Providers Only)	No Charge 20% after DED 20% after DED No Charge	50% after DED
Hospital Services Inpatient Hospital Services Outpatient Surgery Emergency Room Urgent Care	20% after DED 20% after DED 20% after DED 20% after DED	50% after DED 50% after DED 20% after DED 50% after DED
Diagnostic Testing Lab & X-Ray Advanced Imaging (MRI, CAT, PET, etc.)	20% after DED 50% after DED	50% after DED 50% after DED
Prescription Drugs (Rx) 31-Day Sup Tier 1 \$ Tier 2 \$\$ Tier 3 \$\$\$	Retail Pharmacy \$10* \$35* \$70*	Retail Pharmacy \$10* \$35* \$70*
Prescription Drugs (Rx) 90-Day Sup Tier 1 \$ Tier 2 \$\$ Tier 3 \$\$\$	Mail Order Pharmacy \$25* \$87.50* \$175*	N/A

***After the Annual Pharmacy Deductible has been met.**

This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage. If the illustration of benefits conflicts in any way with the Carrier's Plan Documents, the Plan Documents shall prevail. It is recommended that you review your exact description of services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. Rates subject to change based upon enrollment and Carrier Guidelines.



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- The Silver and Gold plan options include some services that are subject to the deductible and coinsurance. However, many commonly used in-network services are covered with a fixed copay, and the deductible does not apply.
- These plans are not eligible for a Health Savings Account (HSA). Instead, enrolled members will have access to the company's Flexible Spending Account (FSA). Safepoint MGA will contribute to eligible FSA accounts based on the level of medical coverage elected. See page 14 for additional details.

Coverage Network	Silver Plan		Gold Plan	
Plan Year Deductible (PYD) Individual Family	In Network \$2,500 \$5,000	Out of Network \$ 5,000 \$10,000	In Network \$ 500 \$1,000	Out of Network \$1,000 \$2,000
Out Of Pocket Maximum Individual Family	\$4,500 \$9,000	\$ 8,000 \$16,000	\$1,000 \$2,000	\$3,000 \$6,000
Coinsurance (COINS) % after DED	10% after DED	30% after DED	10% after DED	30% after DED
Office Visits Preventative Health Care Primary Care Physician (PCP) Specialist Physician Visit Virtual Care Services (Designated)	No copay \$25 copay \$50 copay No copay	30% after DED	No copay \$15 copay \$15 copay No copay	30% after DED
Hospital Services Inpatient Hospital Services Outpatient Surgery Emergency Room Urgent Care	10% after DED 10% after DED \$250 copay \$75 copay	30% after DED 30% after DED \$250 copay 30% after DED	10% after DED 10% after DED \$250 copay \$35 copay	30% after DED 30% after DED \$250 copay 30% after DED
Diagnostic Testing Lab & X-Ray Advanced Imaging (MRI, CAT, etc.)	10% after DED 10% after DED	30% after DED	10% after DED 10% after DED	30% after DED
Prescription (Rx) 31-Day Sup Tier 1 \$ Tier 2 \$\$ Tier 3 \$\$\$	Retail Pharmacy \$10 \$35 \$70	Retail Pharmacy \$10 \$35 \$70	Retail Pharmacy \$10 \$35 \$70	Retail Pharmacy \$10 \$35 \$70
Prescription (Rx) 90-Day Sup Tier 1 \$ Tier 2 \$\$ Tier 3 \$\$\$	Mail Order Pharmacy \$25 \$87.50 \$175	N/A	Mail Order Pharmacy \$25 \$87.50 \$175	N/A

Coverage Level	Bronze (HDHP)	Silver	Gold
Employee Only	\$44.00	\$59.00	\$111.00
Employee + Spouse	\$130.00	\$175.00	\$271.00
Employee + Child(ren)	\$86.00	\$116.00	\$206.00
Employee + Family	\$181.00	\$242.00	\$379.00

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