

Exhibit A

Key Benefit Information

	Base Plan			Buy-up Plan		
	Preferred	In-Network	Out-of-Network	Preferred	In-Network	Out-of-Network
Annual Employee Funded Health Reimbursement Account (HRA)	Specific information about HRA contributions can be found on page 12 of the Summary Plan Document					
Annual Deductible	\$2,500 Ind \$5,000 Fam	\$3,000 Ind \$6,000 Fam	\$4,000 Ind \$8,000 Fam	\$1,500 Ind \$3,000 Fam	\$2,000 Ind \$4,000 Fam	\$3,000 Ind \$6,000 Fam
Annual Out of Pocket Maximum	\$4,000 Ind \$8,000 Fam	\$4,500 Ind \$9,000 Fam	\$5,500 Ind \$11,000 Fam	\$3,000 Ind \$6,000 Fam	\$3,500 Ind \$7,000 Fam	\$4,500 Ind \$9,000 Fam
Preventive Care Services	100% Paid		50% after deductible	100% Paid		50% after deductible
Office Visit: Primary Care Provider (PCP)	\$25 copay	30% after deductible	50% after deductible	\$25 copay	30% after deductible	50% after deductible
Office Visit: OB/GYN	\$25 copay	30% after deductible	50% after deductible	\$25 copay	30% after deductible	50% after deductible
Outpatient Mental Health services: Provided by a licensed behavioral health professional (includes Individual and Group Therapy)	\$25 copay	30% after deductible	50% after deductible	\$25 copay	30% after deductible	50% after deductible
Urgent Care Services	20% after deductible			20% after deductible		
Emergency Care Services	30% after deductible			30% after deductible		
Other Services: - Specialist Office Visit - Inpatient & Outpatient Services (i.e. inpatient hospital services; laboratory; x-ray; MRI; PET, and CAT scans, maternity services, and durable medical equipment)	20% after deductible	30% after deductible	50% after deductible	20% after deductible	30% after deductible	50% after deductible
Prescription Benefits						
1 to 30 day supply	\$0/\$10/\$30/\$50	\$0/\$20/\$40/\$60	Not covered	\$0/\$10/\$30/\$50	\$0/\$20/\$40/\$60	Not covered
Maintenance drugs (Miller Drug -- 90 day supply)	\$0/\$20/\$60/\$100	Not covered	Not covered	\$0/\$20/\$60/\$100	Not covered	Not covered
Mail Order (Miller Drug -- 90 day supply)	\$0/\$20/\$60/\$100	Not covered	Not covered	\$0/\$20/\$60/\$100	Not covered	Not covered