

Health Plan Benefits At-A-Glance 2022

| Plan Provision | | IN-NETWORK | | OUT-OF-NETWORK | |
|---------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------|------------------------------------------------|
| | | Select PPO | Choice PPO | Select PPO | Choice PPO |
| Calendar Year Deductible | | Per person: \$300 Max per family: \$900 | Per person: \$450 Max per family: \$1,350 | Per person: \$550 Max per family: \$1,650 | Per person: \$850 Max per family: \$2,550 |
| Calendar Year Out-of-Pocket Maximum | Medical | Per person: \$2,000 Max per family: \$4,000 | Per person: \$3,000 Max per family: \$5,000 | Per person: \$3,000 Max per family: \$5,000 | Per person: \$4,000 Max per family: \$6,000 |
| | Prescription Drug | Per person: \$2,000 Max per family: \$4,000 | Per person: \$3,000 Max per family: \$5,000 | No coverage | |
| Physician Office Visit | | \$15 co-pay | \$15 co-pay | 30% after deductible | 40% after deductible |
| Preventive Care Onsite* Clinic | | No co-pay No co-pay | No co-pay No co-pay | 30% after deductible 30% after deductible | 40% after deductible 40% after deductible |
| Specialist Office Visit Onsite* Clinic Visit | | \$25 co-pay \$10 co-pay | \$25 co-pay \$10 co-pay | 30% after deductible 30% after deductible | 40% after deductible 40% after deductible |
| Coinsurance (most services) | | 10% after deductible | 20% after deductible | 30% after deductible | 40% after deductible |
| Urgent Care Center | | \$35 co-pay | \$35 co-pay | 30% after deductible | 40% after deductible |
| Emergency Room Visit | | \$100 co-pay | | | |
| Prescription Drugs 31 day supply | | \$5 generic drugs \$30 for drugs on the Preferred Drug List (formulary) \$60 for drugs not on the Preferred Drug List (formulary) \$75 for specialty drugs | | No coverage | |
| Prescription Drugs 90 day supply | | \$10 generic drugs \$60 for drugs on the Preferred Drug List (formulary) \$120 for drugs not on the Preferred Drug List (formulary) \$150 for specialty drugs | | No coverage | |
| Over the Counter Tobacco Cessation products: 0-31 day supply | | No co-pay (fully paid by St. Jude) | | No coverage | |
| PhysicianNow telehealth Onsite* Clinic | | \$15 co-pay \$10 co-pay | \$15 co-pay \$10 co-pay | No coverage | |

The out-of-pocket max limits continue to be separate for medical and prescription drug expenses in 2022.

| 2022 Health Benefits | Your Monthly Premium | | Monthly COBRA Rates ¹ |
|---------------------------------------|----------------------|-----------|----------------------------------|
| | Full-time | Part-time | |
| Medical—Select PPO² | | | |
| Employee only | \$76 | \$152 | \$851 |
| Employee + Child(ren) | \$153 | \$306 | \$1,622 |
| Employee + Spouse | \$204 | \$408 | \$2,040 |
| Employee + Spouse + Child(ren) | \$244 | \$488 | \$2,714 |
| Medical—Choice PPO² | | | |
| Employee only | \$38 | \$76 | \$483 |
| Employee + Child(ren) | \$77 | \$154 | \$919 |
| Employee + Spouse | \$102 | \$204 | \$1,162 |
| Employee + Spouse + Child(ren) | \$128 | \$256 | \$1,547 |
| Dental | | | |
| Employee only | \$9 | \$18 | \$34 |
| Family | \$18 | \$36 | \$92 |
| Vision | | | |
| Employee only | \$8.30 | \$8.30 | \$8.30 |
| Family | \$16.58 | \$16.58 | \$16.58 |

¹This is the full cost of coverage if you or one of your dependents loses coverage under the plan and becomes eligible for COBRA.

²Tobacco users pay a \$50/month surcharge for medical premiums for each coverage level.

Your premiums may be adjusted depending upon your effective date. In these situations, the Payroll team will contact you directly with more details.

*St. Jude Living Well Health & Wellness Center