

## HealthFlex Plan Comparison: C2000 (2027) and C3000 (2026) with a Health Reimbursement Arrangement (HRA)



The HealthFlex C3000 plan will no longer be available in 2027. Individuals currently enrolled in the C3000 plan who do not make an election for 2027 will default to the C2000 plan. This handout is intended for individuals currently enrolled in the C3000 plan to help inform their decision during Annual Election for 2027.

This comparison highlights key differences and similarities between the HealthFlex C2000 (2027) with HRA plan and the C3000 (2026) with HRA plan. Please refer to the HealthFlex Plan Comparison document for more details.

### For both plans:

- The same network of providers (physicians, hospitals and other health care providers) and the same prescription drug (Rx) formulary apply.
- All wellness and preventive services are covered at 100%, with no deductible required.
- The out-of-pocket maximum includes the deductible, co-payments and co-insurance from medical, behavioral health and pharmacy services.
- Inpatient services and outpatient services/procedures require the deductible to be paid first; then the plan pays the associated co-insurance.

### Medical Plan Benefit Comparison

 Plan Feature	IN-NETWORK Participating Provider Benefit	
	C3000 with HRA (2026)	C2000 with HRA (2027)
<b>Annual Deductible<sup>1</sup> (Participant pays)</b> Deductible includes medical and behavioral health.	\$3,000 per person \$6,000 per family	\$2,000 per person \$4,000 per family
<b>HRA Single/Family</b> 	\$250 individual coverage \$500 family coverage	\$500 individual coverage \$1,000 family coverage
<b>Annual Out-of-Pocket Maximum (Participant pays)</b> Includes annual deductible and co-insurance.	\$5,000 per person \$10,000 per family	\$5,000 per person \$10,000 per family
<b>Co-Insurance (Plan pays)</b>	50% after deductible	80% after deductible
<b>Primary Care Physician (PCP) Office Visits</b> Primary care physicians include internists, general and family practitioners, obstetricians, gynecologists and pediatricians.	50% after deductible	80% after deductible
<b>Behavioral Health Office Visits<sup>2</sup></b> Psychiatrist, psychologist and other mental health professionals. The benefit is the same In-Network and Out-of-Network.	50% (no deductible)	80% (no deductible)
<b>Outpatient Therapies</b> Physical therapy, occupational therapy, speech therapy, dietitian visit and chiropractor visit.	50% after deductible	80% after deductible
<b>Specialist Office Visits</b>	50% after deductible	80% after deductible


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<sup>1</sup> **Standard deductible:** Assumes participant and covered spouse met the Health Check incentive requirement.

<sup>2</sup> **In-network deductible:** Applies to out-of-network behavioral health office visits.

**Please note:** If you and your covered spouse did not take the Health Check, your deductible will be increased by \$250 for individual coverage or \$500 for family coverage.

## Medical Plan Benefit Comparison (continued)

 <b>Plan Feature</b>	<b>IN-NETWORK Participating Provider Benefit</b>	
	<b>C3000 with HRA (2026)</b>	<b>C2000 with HRA (2027)</b>
<b>Preventive Care</b> Well child benefits (under age 16) Well adult benefits (16 and over)	100% 100%	100% 100%
<b>Outpatient Services</b> Includes outpatient surgery, outpatient care and outpatient diagnostic services in a hospital, independent lab and X-ray facility. Includes intensive outpatient and residential behavioral health services.	50% after deductible	80% after deductible
<b>Emergency Care</b> <i>Notification required within 48 hours if admitted.</i> Includes behavioral health emergencies. <ul style="list-style-type: none"> <li>Physician office</li> <li>Hospital emergency room</li> <li>Outpatient facility or other urgent care facility</li> <li>Ambulance (must be a true emergency as defined in the plan)</li> </ul>	50% after deductible	80% after deductible
<b>Alternative Therapies</b> <i>Coverage for chiropractor, naprapathy, acupuncture and massage therapy is limited to 35 combined visits per calendar year.</i> <ul style="list-style-type: none"> <li>Physician office</li> <li>Massage therapy, acupuncture and naprapathy</li> </ul>	50% after deductible 50% (no deductible)	80% after deductible 50% (no deductible)

## Pharmacy Plan Benefits Comparison—Your Share to Pay

<b>Medical Plan</b>	<b>C3000 with HRA (2026)</b>		<b>C2000 with HRA (2027)</b>	
<b>Deductible</b>	None		None	
<b>Annual Out-of-Pocket Maximum— Combined Medical and Pharmacy Costs</b>	<b>In-Network:</b> \$5,000 individual \$10,000 family		<b>In-Network:</b> \$5,000 individual \$10,000 family	
<b>Co-Payments</b>	<i>30-day supply</i>	<i>90-day supply*</i>	<i>30-day supply</i>	<i>90-day supply*</i>
<b>Generic</b>	\$10	\$25	\$10	\$25
<b>Preferred Brand Name</b>	30%	30%	30%	30%
<ul style="list-style-type: none"> <li>Minimum</li> <li>Maximum</li> </ul>	\$30 \$65	\$75 \$165	\$30 \$65	\$75 \$165
<b>Non-Preferred Brand Name</b>	40%	40%	40%	40%
<ul style="list-style-type: none"> <li>Minimum</li> <li>Maximum</li> </ul>	\$50 \$120	\$125 \$300	\$50 \$120	\$125 \$300

\* OptumRx Mail-Order Pharmacy or a Walgreens Retail Pharmacy