| Plan Type | MEC Value | MEC Choice + HI | Ease Bronze Health Plan | Ease Silver Health Plan |
|--------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------|
| Individual | \$80 | \$204 | \$555.56 | \$689 |
| Indvidual + Spouse | \$116 | \$353 | \$786.34 | \$913.00 |
| Individual + Child(ren) | \$119 | \$344 | \$737.33 | \$841 |
| Individual + Family | \$161 | \$492 | \$1,057 | \$1,237.01 |
| Deductible - Individual Family | \$0 \$0 | \$0 \$0 | \$0 \$0 | \$0 \$0 |
| Out of Pocket Maximum - Individual Family | N/A N/A | \$1,850 \$3,700 | \$8,550 \$17,100 | \$5,000 \$10,000 |
| Rightway Healthcare Benefits | MEC Value | MEC Choice + HI | Ease Bronze Health Plan | Ease Silver Health Plan |
| Access to Clinical Navigator for Healthcare Questions | Included | Included | Included | Included |
| Bill Negotiation | Included | Included | Included | Included |
| Rightway Healthcare App | Included | Included | Included | Included |
| | | | | |
| Medical Benefits | MEC Value | MEC Choice + HI | Ease Bronze Health Plan | Ease Silver Health Plan |
| Preventive & Wellness | Covered 100% | Covered 100% | Covered 100% | Covered 100% |
| Telemedicine Services - Unlimited | \$0 Copay - Unlimited | \$0 Copay - Unlimited | \$0 Copay - Unlimited | \$0 Copay - Unlimited |
| Primary Care Benefits | Preventive Only - Covered 100% | \$15 Copay - Unlimited | \$25 Copay (8 visits per plan year) | \$15 Copay (10 visits per plan yea |
| Specialist Visits | Preventive Only - Covered 100% | \$15 Copay - Unlimited | \$50 Copay (8 visits per plan year) | \$25 Copay (10 visits per plan yea |
| Laboratory Services & Radiology | Preventive Only - Covered 100% | \$0 Copay Preventive Only \$50 Copay - Unlimited | \$50 Copay (3 combined visits per year) | \$50 Copay (3 combined visits per plar |
| Urgent Care | | \$50 Copay - Unlimited | \$50 copay (2 visits per plan year) | \$35 Copay (limited to 3 visits per plar |
| Rx Copay Plan | Preventive Only - \$0 Copay | Preventive Only - \$0 Copay | See Pharmacy Benefits Below | See Pharmacy Benefits Below |
| Brand Rx | \$10 or Less for Tier 1, \$25 or less for Tier 2 | \$50 or Less for Teir 3, \$75 or Less for Tier 4 | See Pharmacy Benefits Below | See Pharmacy Benefits Below |
| Hospital Indemnity | | Check Plan Details | | |
| Behavioral Health Support | | \$50 Fee Per Session | 1 | |
| CT/MRI/MRA/PET Scan | | | \$350 Copay (1 per plan year) | \$350 Copay (2 per plan year) |
| Outpatient Hospital or Free-Standing Facility Services | | | \$350 Copay (1 per plan year) | \$350 Copay (2 per plan year) |
| In-patient Hospitalization & In-patient Surgery | | | \$350 Copay per admission - limited to | \$350 Copay per admission - limited |
| | | | 5 days | days & 3 surgeries per plan yea |
| Emergency Room Services | | | \$350 Copay (1 visit per plan year) | \$350 Copay (1 visit per plan year |
| Treatment for Chemical Abuse and Dependency | | | Outpatient: \$25 copay per day, | Outpatient: \$25 copay per day, |
| | | | Inpatient: \$250 per day | Inpatient: \$250 per day |
| | | | (both limited to 5 days per plan year) | (both limited to 7 days per plan ye |
| Home Healthcare | | | \$25 copay (10 visits per plan year) | \$25 Copay (15 visits per plan yea |
| | | | | |
| Pharmacy Benefits (subject to formulary) | MEC Value | MEC Choice + HI | Ease Bronze Health Plan | Ease Silver Health Plan |
| Generic - Up to 30 Day Supply | | | \$0 Copay | \$0 copay |
| Pregnancy Benefits | MEC Value | MEC Choice + HI | Ease Bronze Health Plan | Ease Silver Health Plan |
| Office Visits | \$0 Copay Preventive Only | \$15 Copay Per Visit | | |
| Professional Services | | | | \$350 Copay |
| Childbirth/Delivery | | | | \$350 Per Admission - Subject to R |