<table>
<thead>
<tr>
<th></th>
<th>2021 PPO Plan</th>
<th>2021 High Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>$815.00</td>
<td>$771.00</td>
</tr>
<tr>
<td>Self &amp; Spouse</td>
<td>$1,638.00</td>
<td>$1,549.00</td>
</tr>
<tr>
<td>Self &amp; Child</td>
<td>$1,361.00</td>
<td>$1,287.00</td>
</tr>
<tr>
<td>Family</td>
<td>$2,184.00</td>
<td>$2,065.00</td>
</tr>
<tr>
<td>Total</td>
<td>$5,812.00</td>
<td>$5,501.00</td>
</tr>
</tbody>
</table>

### Dental and Vision Benefits (Monthly)

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Self &amp; Spouse</th>
<th>Self &amp; Child</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental (50/50)</td>
<td>$16.00</td>
<td>$34.00</td>
<td>$34.00</td>
<td>$53.00</td>
</tr>
<tr>
<td>Vision</td>
<td>$10.50</td>
<td>$23.73</td>
<td>$20.05</td>
<td>$39.17</td>
</tr>
</tbody>
</table>

### HSA Contributions

- **HSA Funds may be used to pay for medical, dental, and vision and other health expenses. See SPD for details.**
- **Employees may also contribute the differences between HSA maximum and the employer contribution to the HSA.**

**Notes:**
- **Out-of-Network costs please refer to the Healthcare page at www.concordiaplans.org.**
- **Office visit co-pays do not apply to the deductible.**
- **See copay structure below.**
- **For Out-of-Network costs please refer to the Healthcare page at www.concordiaplans.org.**
- **FSA Funds may be used to pay for medical, dental, and vision and other health expenses. See SPD for details.**
- **Employees may also contribute the differences between HSA maximum and the employer contribution to the HSA.**

### Optional Employee Pre-Tax

- **Health Savings Account**
  - Not available
- **FSA**
  - $2,750
- **Dependent Care FSA**
  - $5,000

**Notes:**
- **For Out-of-Network costs please refer to the Healthcare page at www.concordiaplans.org.**
- **Office visit co-pays do not apply to the deductible.**

### Preventive Care

- **Primary Care Physician**
  - $35
- **Office Visit**
  - $60
- **Office Visit Co-pay**
  - 0%

### Prescription (EMPRIRX-WI)

- **Retail**
  - $10
- **Mail Order (90 day supply)**
  - $25

### Mental Health Benefits

- **Primary Care Physician**
  - $35
- **Office Visit**
  - $60
- **Office Visit Co-pay**
  - 0%

### Optional Employee Pre-Tax

- **Health Savings Account**
  - $3,600 Employee Only; $7,200 Families
- **FSA**
  - $2,750 (Dental & Vision only)
- **Dependent Care FSA**
  - $5,000