

BROOKHAVEN SCIENCE ASSOCIATES, LLC MEDICAL PLAN COMPARISON (1-1-2021)

FOR EMPLOYEES

| MEDICAL PLAN DESIGN | AETNA POS PLAN 1 | AETNA POS PLAN 2 | AETNA POS PLAN 3 | AETNA PLAN 4 HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT |
|--|---|---|---|--|
| HSA CONTRIBUTION/YR FROM BSA (Individual/Family) | N/A | N/A | N/A | \$500 /\$1,000 |
| MAXIMUM EMPLOYEE HSA CONTRIBUTION (Individual/Family) | N/A | N/A | N/A | \$3,100 /\$6,200 |
| IN-NETWORK | | | | |
| COPAY (PCP/SPECIALIST) (per visit) | \$20/\$35 | \$25/\$40 | \$30/\$45 | DEDUCTIBLE + COINSURANCE |
| DEDUCTIBLE/YR (Individual/Family) | \$0 | \$150/\$300 | \$300/\$600 | \$1,400/\$2,800 |
| COINSURANCE | 0% | 10% | 20% | 20% |
| OUT-OF-POCKET MAXIMUM/YR MEDICAL (includes deductible, copays, & coinsurance) (Individual/Family) | \$5,100/\$10,200 | \$1,000/\$2,000 | \$2,000/\$4,000 | \$3,500/\$8,000 |
| OUT-OF-POCKET MAXIMUM/YR PRESCRIPTION DRUGS (includes deductible, copays, & coinsurance) (Individual/Family) | \$1,500/\$3,000 | \$1,500/\$3,000 | \$1,500/\$3,000 | MEDICAL & PRESCRIPTION DRUG COMBINED |
| EMERGENCY ROOM (per visit) | \$100 | \$150 | \$200 | DEDUCTIBLE + COINSURANCE |
| INPATIENT HOSPITAL (per admission) | \$500 | DEDUCTIBLE + COINSURANCE | DEDUCTIBLE + COINSURANCE | DEDUCTIBLE + COINSURANCE |
| OUTPATIENT SURGERY (per visit) | \$100 | DEDUCTIBLE + COINSURANCE | DEDUCTIBLE + COINSURANCE | DEDUCTIBLE + COINSURANCE |
| TELADOC (per telephonic visit) | \$20 | \$25 | \$30 | DEDUCTIBLE + COINSURANCE |
| WALK-IN CLINIC (per visit) | \$20 | \$25 | \$30 | DEDUCTIBLE + COINSURANCE |
| URGENT CARE CENTER (per visit) | \$50 | \$50 | \$50 | DEDUCTIBLE + COINSURANCE |
| X-RAY/LABORATORY | COVERED IN FULL | \$20 | \$20 | DEDUCTIBLE + COINSURANCE |
| COMPLEX IMAGING (MRI, CT SCAN, ...) | \$50 | \$50 | \$50 | DEDUCTIBLE + COINSURANCE |
| HEARING AIDS | COVERED IN FULL | DEDUCTIBLE + COINSURANCE | DEDUCTIBLE + COINSURANCE | DEDUCTIBLE + COINSURANCE |
| ROUTINE EYE EXAM | COVERED IN FULL (1 EXAM EVERY 24 MONTHS) |
| ROUTINE PHYSICAL (limits apply) | COVERED IN FULL | COVERED IN FULL | COVERED IN FULL | COVERED IN FULL |
| OUT-OF-NETWORK | | | | |
| DEDUCTIBLE | \$1,000/\$3,000 | \$1,500/\$4,500 | \$2,000/\$6,000 | \$2,600/\$5,200 |
| COINSURANCE | 30% | 30% | 30% | 40% |
| OUT-OF-POCKET MAXIMUM (includes deductible & coinsurance) (Individual/Family) | \$3,500/\$10,500 | \$5,000/\$15,000 | \$6,000/\$18,000 | \$6,000/\$12,000 |
| PRESCRIPTION DRUGS (in-network only) | | | | |
| DEDUCTIBLE/YR (Individual/Family) (Deductible is combined for retail & mail order) | \$100/\$300 | \$100/\$300 | \$100/\$300 | MEDICAL & PRESCRIPTION DRUG COMBINED |
| RETAIL: up to 30-day supply | | | | |
| TIER 1 (generic) | \$10 | \$10 | \$10 | \$10 AFTER DEDUCTIBLE |
| TIER 2 (brand name in Aetna's formulary) | \$25 | \$30 | \$35 | \$35 AFTER DEDUCTIBLE |
| TIER 3 (brand name not in Aetna's formulary) | \$40 | \$50 | \$60 | \$60 AFTER DEDUCTIBLE |
| TIER 4 (specialty drugs) | \$50 | \$60 | \$70 | \$80 AFTER DEDUCTIBLE |
| MAIL ORDER: 31-90-day supply (can also be done through CVS retail pharmacy) | | | | |
| TIER 1 (generic) | \$20 | \$20 | \$20 | \$20 AFTER DEDUCTIBLE |
| TIER 2 (brand name in Aetna's formulary) | \$50 | \$60 | \$70 | \$70 AFTER DEDUCTIBLE |
| TIER 3 (brand name not in Aetna's formulary) | \$80 | \$100 | \$120 | \$120 AFTER DEDUCTIBLE |
| TIER 4 (specialty drugs) | N/A | N/A | N/A | N/A |

This information is only intended to provide a summary of the BSA Medical Plan. If questions arise, official plan documents and insurance agreements are controlling and govern final determination of benefits consistent with applicable laws and regulations. BSA reserves the right to amend or terminate the plan at any time for any reason.

MEDICAL PLAN CONTRIBUTIONS (1-1-2021)

| COVERAGE | AETNA POS PLAN 1 | | | | | | | |
|-----------|----------------------|-------------------|---------------------|-------------|--------------------------------------|-------------------|---------------------|-------------|
| | MONTHLY CONTRIBUTION | | | | WEEKLY CONTRIBUTION (53 PAY PERIODS) | | | |
| | ANNUAL BASE SALARY | | | | ANNUAL BASE SALARY | | | |
| | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + |
| 1 PERSON | \$ 171.58 | \$ 229.46 | \$ 279.08 | \$ 328.69 | \$ 39.60 | \$ 52.95 | \$ 64.40 | \$ 75.85 |
| 2 PEOPLE | \$ 358.42 | \$ 476.46 | \$ 579.48 | \$ 682.50 | \$ 82.71 | \$ 109.95 | \$ 133.73 | \$ 157.50 |
| 3 OR MORE | \$ 470.80 | \$ 633.45 | \$ 770.41 | \$ 907.37 | \$ 108.65 | \$ 146.18 | \$ 177.79 | \$ 209.39 |

| COVERAGE | AETNA POS PLAN 2 | | | | | | | |
|-----------|----------------------|-------------------|---------------------|-------------|--------------------------------------|-------------------|---------------------|-------------|
| | MONTHLY CONTRIBUTION | | | | WEEKLY CONTRIBUTION (53 PAY PERIODS) | | | |
| | ANNUAL BASE SALARY | | | | ANNUAL BASE SALARY | | | |
| | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + |
| 1 PERSON | \$ 144.87 | \$ 188.53 | \$ 238.14 | \$ 287.76 | \$ 33.43 | \$ 43.51 | \$ 54.96 | \$ 66.41 |
| 2 PEOPLE | \$ 300.81 | \$ 391.46 | \$ 494.47 | \$ 597.49 | \$ 69.42 | \$ 90.34 | \$ 114.11 | \$ 137.88 |
| 3 OR MORE | \$ 399.91 | \$ 520.43 | \$ 657.39 | \$ 794.35 | \$ 92.29 | \$ 120.10 | \$ 151.71 | \$ 183.31 |

| COVERAGE | AETNA POS PLAN 3 | | | | | | | |
|-----------|----------------------|-------------------|---------------------|-------------|--------------------------------------|-------------------|---------------------|-------------|
| | MONTHLY CONTRIBUTION | | | | WEEKLY CONTRIBUTION (23 PAY PERIODS) | | | |
| | ANNUAL BASE SALARY | | | | ANNUAL BASE SALARY | | | |
| | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + |
| 1 PERSON | \$ 96.83 | \$ 136.32 | \$ 186.15 | \$ 235.98 | \$ 22.35 | \$ 31.46 | \$ 42.96 | \$ 54.46 |
| 2 PEOPLE | \$ 201.07 | \$ 283.05 | \$ 386.52 | \$ 489.98 | \$ 46.40 | \$ 65.32 | \$ 89.20 | \$ 113.07 |
| 3 OR MORE | \$ 267.31 | \$ 376.31 | \$ 513.86 | \$ 651.41 | \$ 61.69 | \$ 86.84 | \$ 118.58 | \$ 150.33 |

| COVERAGE | AETNA PLAN 4 HDHP WITH HSA | | | | | | | |
|-----------|----------------------------|-------------------|---------------------|-------------|--------------------------------------|-------------------|---------------------|-------------|
| | MONTHLY CONTRIBUTION | | | | WEEKLY CONTRIBUTION (23 PAY PERIODS) | | | |
| | ANNUAL BASE SALARY | | | | ANNUAL BASE SALARY | | | |
| | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + | \$0-\$69,999 | \$70,000-\$99,999 | \$100,000-\$174,999 | \$175,000 + |
| 1 PERSON | \$ 66.35 | \$ 109.08 | \$ 158.16 | \$ 208.15 | \$ 15.31 | \$ 25.17 | \$ 36.50 | \$ 48.04 |
| 2 PEOPLE | \$ 109.72 | \$ 198.98 | \$ 301.26 | \$ 403.53 | \$ 25.32 | \$ 45.92 | \$ 69.52 | \$ 93.12 |
| 3 OR MORE | \$ 145.88 | \$ 264.57 | \$ 400.56 | \$ 536.55 | \$ 33.67 | \$ 61.05 | \$ 92.44 | \$ 123.82 |