<table>
<thead>
<tr>
<th>Category</th>
<th>ECP Enhanced Care PPO</th>
<th>HMO Health Maintenance Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Contribution</td>
<td>$17 Single&lt;sup&gt;2&lt;/sup&gt; $34 Family&lt;sup&gt;2&lt;/sup&gt;</td>
<td>$17 Single&lt;sup&gt;2&lt;/sup&gt; $34 Family&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Deductible</td>
<td>$400 Single $675 Family</td>
<td>$400 Single&lt;sup&gt;3&lt;/sup&gt; $675 Family&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10%</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>$800 Single $1,475 Family</td>
<td>N/A</td>
</tr>
<tr>
<td>Primary Care Physician (PCP) Office Visit</td>
<td>$25 Copay / Visit (UNLIMITED)</td>
<td>$25 Copay</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$35 Copay / Visit (NEW &amp; UNLIMITED)</td>
<td>$35 Copay&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50 Copay</td>
<td>$50 Copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$125 Copay</td>
<td>$125 Copay&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1. Reflects in-network costs  
2. Protected population: single or family $17  
3. Does not apply to protected population  
(Refer to plan materials for actual costs)
<table>
<thead>
<tr>
<th>Coverage</th>
<th>ECP Enhanced Care PPO</th>
<th>HMO Health Maintenance Organization</th>
</tr>
</thead>
</table>
| Monthly Contribution | $17 Single\(^2\)  
$34 Family\(^2\) | $17 Single\(^2\)  
$34 Family\(^2\) |
| Deductible       | $400 Single  
$675 Family | $400 Single\(^3\)  
$675 Family\(^3\) |
| Coinsurance      | 10% | N/A |
| Out-of-Pocket Max | $800 Single  
$1,475 Family | N/A |
| Primary Care Physician (PCP) Office Visit | $25 Copay / Visit (UNLIMITED) | $25 Copay |
| Specialist Office Visit | $35 Copay / Visit (NEW & UNLIMITED) | $35 Copay\(^3\) |
| Urgent Care (Including Retail Health Clinics) | $50 Copay | $50 Copay |
| Emergency Room (Waived if admitted) | $125 Copay | $125 Copay\(^3\) |

1. Reflects in-network costs  
2. Protected population: single or family $17  
3. Does not apply to protected population (Refer to plan materials for actual costs)