

Exhibit D

2022 Health Plans - Plan Design and Biweekly Medical Rates

	Anthem EPO	Anthem EPO 500	Anthem EPO 1000	Anthem PPO \$250	Anthem HDPPO \$3,000	Kaiser HMO
Benefits:	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE						
Per Individual	\$0	\$0	\$0	\$250	\$3,000	\$0
Per Family	\$0	\$0	\$0	\$500	\$6,000	\$0
OUT OF POCKET MAX						
Per Individual	\$1,000	\$3,000	\$4,000	\$3,000	\$3,000	\$1,500
Per Family	\$2,000	\$6,000	\$8,000	\$5,000	\$6,000	\$3,000
PREVENTIVE SERVICES						
Adult Preventive Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Physical Exams (age 7 & older)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Well Baby Routine Physical Exams (birth to age 6)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
PHYSICIAN SERVICES						
Office Visits	\$15	\$35	\$35	\$20	N/C after ded	\$15
Lab and X-Rays	No Charge	No Charge	No Charge	No Charge	N/C after ded	No Charge
OUTPATIENT SERVICES						
Surgery	No Charge	No Charge	No Charge	No Charge	N/C after ded	\$15
HOSPITALIZATION SERVICES						
Inpatient Services	No Charge	\$500 hospital admission copay	\$1,000 hospital admission copay	No Charge	N/C after ded	No Charge
EMERGENCY SERVICES	\$100	\$250	\$300	\$100	N/C after ded	\$100
CHIROPRACTIC SERVICES	\$15 40 Visits	\$35 40 Visits	\$35 40 Visits	No charge 24 Visits	N/C after ded 24 Visits	\$10 30 Visits
PRESCRIPTON DRUG						
Generic	\$10	\$10	\$10	\$10	N/C after ded	\$10
Brand	\$20	\$20	\$20	\$20	N/C after ded	\$20
Non-Formulary	\$35	\$35	\$35	\$35	N/C after ded	N/A
2022 Biweekly Medical Premium						
Employee Only	\$434.66	\$395.66	\$373.17	\$556.53	\$309.80	\$434.66
Employee + Spouse	\$786.16	\$714.44	\$673.70	\$1,163.60	\$651.41	\$786.16
Employee + Child(ren)	\$689.97	\$627.06	\$591.39	\$1,055.29	\$585.22	\$689.97
Employee + Family	\$1,034.74	\$939.77	\$886.13	\$1,605.90	\$888.54	\$1,034.74