

Exhibit D

Current Health Plans - Plan Design and Biweekly Medical Rates

	Kaiser HMO	Anthem EPO	Anthem PPO \$250	Anthem PPO \$1,000	Anthem HDPPO \$1,500	Anthem HDPPO \$3,000
Benefits:	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE						
Per Individual	\$0	\$0	\$250	\$1,000	\$1,500	\$3,000
Per Family	\$0	\$0	\$500	\$2,000	\$3,000	\$6,000
OUT OF POCKET MAX						
Per Individual	\$1,500	\$1,000	\$3,000	\$4,000	\$3,000	\$3,000
Per Family	\$3,000	\$2,000	\$5,000	\$8,000	\$5,000	\$6,000
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	\$15	\$20	\$45	20% after ded	N/C after ded
Lab and X-Rays	No Charge	No Charge	No Charge	No Charge	20% after ded	N/C after ded
OUTPATIENT SERVICES						
Surgery	\$15	No Charge	No Charge	\$250/surgery + 20%	20% after ded	N/C after ded
HOSPITALIZATION SERVICES						
Inpatient Services	No Charge	No Charge	No Charge	\$1000/year + 20%	20% after ded	N/C after ded
EMERGENCY SERVICES	\$100	\$100	\$100	\$100 + 20%	20% after ded	N/C after ded
CHIROPRACTIC SERVICES	\$10 30 Visits	\$10 40 Visits	No charge 24 Visits	\$25 12 visits	20% after ded 24 visits	N/C after ded 24 Visits
PRESCRIPTION DRUG						
Generic	\$10	\$10	\$10	\$10	20% after ded	N/C after ded
Brand	\$20	\$20	\$20	\$20	20% after ded	N/C after ded
Non-Formulary	N/A	\$35	\$35	\$35	20% after ded	N/C after ded
2021 Biweekly Medical Rates						
Employee Only	\$410.91	\$410.91	\$548.15	\$406.95	\$368.90	\$301.42
Employee + Spouse	\$745.34	\$745.34	\$1,150.66	\$854.27	\$774.38	\$638.47
Employee + Child(ren)	\$652.75	\$652.75	\$1,042.48	\$773.95	\$701.58	\$572.41
Employee + Family	\$981.76	\$981.76	\$1,589.64	\$1,180.16	\$1,069.80	\$872.28