

Exhibit E

PPO Health Plan Options - Plan Design and Biweekly Medical Rates

Effective December 19, 2016

	PPO \$1000	HDPPO \$1500
Benefits:	In-Network	In-Network
DEDUCTIBLE		
Per Individual	\$1,000	\$1,500
Per Family	\$2,000	\$3,000
OUT OF POCKET MAX		
Per Individual	\$4,000	\$3,000
Per Family	\$8,000	\$5,000
PREVENTATIVE SERVICES		
Adult Preventive Visits	No Charge	No Charge
Routine Physical Exams (age 7 & older)	No Charge	No Charge
Well Baby Routine Physical Exams (birth to age 6)	No Charge	No Charge
PHYSICIAN SERVICES		
Office Visits	\$45	20% after ded
Lab and X-Rays	No Charge	20% after ded
OUTPATIENT SERVICES		
Surgery	\$250/surgery + 20%	20% after ded
HOSPITALIZATION SERVICES		
Inpatient Services	\$1000/year + 20%	20% after ded
EMERGENCY SERVICES	\$100 + 20%	20% after ded
CHIROPRACTIC SERVICES	\$25 12 visits	20% after ded 24 visits
PRESCRIPTION DRUG		
Generic	\$10	20% after ded
Brand	\$20	20% after ded
Non-Formulary	\$35	20% after ded
2017 Biweekly Medical Rates		
Employee Only	\$343.18	\$311.09
Employee + Spouse	\$720.40	\$653.04
Employee + Child(ren)	\$652.67	\$591.64
Employee + Family	\$995.22	\$902.17