

MEDICAL PLAN COMPARISON

All eligible Gardner Denver employees may participate in your choice of one of the 3 medical plan options, highlighted below. All plan options come with the ability to use Teladoc for access to seeing a doctor 24/7 by phone. The CDHP is the only plan option that comes with a Health Reimbursement Account (HRA) funded by Gardner Denver to assist you in meeting your deductible.

Wellness incentive rates for participation in the Health Risk Assessment and Condition Management Program (as required) are available to employees on all 3 plans.

CARE COORDINATORS
BY QUANTUM HEALTH

Sick? Injured? Questions? Need Advice?
Make Care Coordinators your **first call** for all health issues.

1-888-971-7077

| <i>*Denotes deductible must be satisfied first, then plan pays the listed coinsurance percentage.</i> | PPO Premium Plan | | PPO Standard Plan | | Consumer Driven Health Plan (CDHP) | |
|---|--------------------|---------------------|--------------------|---------------------|--|---------------------|
| | Network | Non-Network | Network | Non-Network | Network | Non-Network |
| Annual Deductible Individual Family | \$500 \$1,500 | \$1,000 \$3,000 | \$750 \$2,250 | \$1,500 \$4,500 | \$1,500 \$4,500 | \$3,000 \$9,000 |
| Annual Health Reimbursement Account (HRA) Company Credit | N/A | N/A | N/A | N/A | Individual: \$500 Emp. + Sp: \$1,000 Emp. + Child(ren): \$1,000 Family: \$1,500 | |
| Out-of-Pocket Maximum <i>(Includes annual deductible)</i> Individual Family | \$4,250 \$8,500 | \$8,500 \$17,000 | \$4,500 \$9,000 | \$9,000 \$18,000 | \$4,850 \$9,700 | \$9,700 \$19,400 |
| Primary Care Physician <i>(Office visit only)</i> | \$25 copay | 50%* | \$25 copay | 50%* | 80%* | 50%* |
| Teladoc <i>(Telemedicine)</i> | \$10 copay | N/A | \$10 copay | N/A | 80%* | N/A |
| Specialist Visit <i>(Office visit only)</i> | \$45 copay | 50%* | \$45 copay | 50%* | 80%* | 50%* |
| UHC Premium Tier 1 Specialist | \$35 copay | N/A | \$35 copay | N/A | 90%* | N/A |
| Other physician services <i>(Lab, X-ray, surgery)</i> | 80%* | 50%* | 80%* | 50%* | 80%* | 50%* |
| Other Physician services performed by a UHC Premium Tier 1 Provider | 90%* | N/A | 90%* | N/A | 90%* | N/A |
| Preventive Care | 100% | 50%* | 100% | 50%* | 100% | 50%* |
| Hospital In-Patient & Outpatient Services | 80%* | 50%* | 80%* | 50%* | 80%* | 50%* |
| Hospital ER - medical emergency | 80%* | 80%* | 80%* | 80%* | 80%* | 80%* |
| Chiropractic & Osteopathic Manipulation <i>(\$1,500 per year limit)</i> | 80%* | 50%* | 80%* | 50%* | 80%* | 50%* |
| Durable Medical Equipment | 80%* | 50%* | 80%* | 50%* | 80%* | 50%* |
| Physical Therapy <i>(40 visit annual max)</i> | 80%* | 50%* | 80%* | 50%* | 80%* | 50%* |
| Mental Health <i>(In/Outpatient)</i> | 80%* | 50%* | 80%* | 50%* | 80%* | 50%* |

PRESCRIPTION DRUG PLAN - APPLIES TO ALL HEALTH PLANS

| | Network | | Non-Network | |
|----------------------------------|--|-----------------------------------|---|-----------------------------------|
| | <i>Retail (up to 34 days)</i> | <i>Mail Order (Up to 90 days)</i> | <i>Retail (up to 34 days)</i> | <i>Mail Order (Up to 90 days)</i> |
| Mandatory Generic | \$10 copay | \$20 copay | You Pay: network copay PLUS any additional cost above the discounted network price. | Not Covered |
| Preferred Brand | Greater of: \$30 or 25% | Greater of: \$60 or 25% | | Not Covered |
| Non-Preferred Brand | Greater of: \$45 or 45% | Greater of: \$90 or 45% | | Not Covered |
| Specialty Rx | \$200 copay | | Not Covered | Not Covered |
| All Rx Out-of-Pocket Max. | Annual out-of-pocket limit on Rx costs is \$2,000 per person or \$4,000 per family | | | |