

2021 Medical Plan Comparison for Luxottica (Active Employees)

Plan Features	PPO1 with HSA		PPO2 with HSA		PPO3	
Medical	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	\$2,500 / \$5,000 ¹	\$5,000 / \$10,000 ¹	\$1,500 / \$3,000 ¹	\$3,000 / \$6,000 ¹	\$750 / \$1,250 ¹	\$2,250 / \$4,250 ¹
Annual Out-of-Pocket Maximum (Single/Family)	\$5,000 / \$10,000 ³	\$10,000 / \$20,000 ³	\$4,000 / \$8,000 ³	\$8,000 / \$16,000 ³	\$3,500 / \$7,000 ²	\$7,000 / \$14,000 ²
Preventive Care	\$0 copay	Not Covered	\$0 copay	Not Covered	\$0 copay	Not Covered
Employer Contribution	up to \$300/year ⁵		up to \$300/year ⁵		n/a	
Primary Care Office Visit	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$25 copay	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$50 copay	50% after deductible
LiveHealth Online (telehealth)	\$10 copay after deductible	N/A	\$10 copay after deductible	N/A	\$10 copay	N/A
Retail Health Clinic	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$15 copay	50% after deductible
Inpatient Hospitalization	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Urgent Care Center	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$50 copay	50% after deductible
Prescription Drugs						
Rx Annual Deductible and Out-of-Pocket Maximum (OOP)	Rx copays and coinsurance apply after the Medical Deductible and count toward the Medical OOP		Rx copays and coinsurance apply after the Medical Deductible and count toward the Medical OOP		Rx copays and coinsurance apply after the Medical Deductible and count toward the Medical OOP	
Retail	30 day supply		30 day supply		30 day supply	
	Level 1 Pharmacy ⁴	Level 2 Pharmacy ⁴	Level 1 Pharmacy ⁴	Level 2 Pharmacy ⁴	Level 1 Pharmacy ⁴	Level 2 Pharmacy ⁴
Generic	\$10 copay per Rx	\$20 copay per Rx	\$10 copay per Rx	\$20 copay per Rx	\$10 copay per Rx	\$20 copay per Rx
Brand Formulary	20% coinsurance, up to \$200 max	30% coinsurance, up to \$210	20% coinsurance, up to \$200 max	30% coinsurance, up to \$210	20% coinsurance, up to \$200 max	30% coinsurance, up to \$210
Brand Non-Formulary	30% coinsurance, up to \$400 max	40% coinsurance, up to \$410	30% coinsurance, up to \$400 max	40% coinsurance, up to \$410	30% coinsurance, up to \$400 max	40% coinsurance, up to \$410
Specialty	30% coinsurance, up to \$400 max	40% coinsurance, up to \$410	30% coinsurance, up to \$400 max	40% coinsurance, up to \$410	30% coinsurance, up to \$400 max	40% coinsurance, up to \$410
Mail (Home Delivery)	90 day supply		90 day supply		90 day supply	
Generic	\$25 copay per Rx		\$25 copay per Rx		\$25 copay per Rx	
Brand Formulary	20% coinsurance, up to \$200 max		20% coinsurance, up to \$200 max		20% coinsurance, up to \$200 max	
Brand Non-Formulary	30% coinsurance, up to \$400 max		30% coinsurance, up to \$400 max		30% coinsurance, up to \$400 max	
Specialty	30% coinsurance, up to \$400 max, Per 30 day supply		30% coinsurance, up to \$400 max, Per 30 day supply		30% coinsurance, up to \$400 max, Per 30 day supply	

This chart contains a summary of your benefits. For a detailed description of your benefits, refer to your Summary Plan Description and Plan Documents. If there should be any differences between descriptions of benefits in this summary and the Plan Document, the Plan Document will govern.

How Family Deductibles and Out-of-Pocket Maximums Work/Additional Notes

The family deductible and out-of-pocket maximum applies to the You + Spouse, You + Child(ren) and Family coverage levels. The individual deductible and out-of-pocket maximum applies only to those electing You Only coverage. Here's a description of how the family deductible and out-of-pocket maximums work. Refer to the table on the first page for the deductible and out-of-pocket maximum amounts that apply to each plan.

- ¹ Eligible expenses for all enrolled family members count toward the deductible. Once the family deductible is reached (with expenses from one person or any combination of enrolled family members), coinsurance will apply for all of you. In-network and out-of-network deductibles accumulate separately.
- ² Once your out-of-pocket expenses (for one family member or any combination of covered family members) reach the family out-of-pocket maximum amount, the plan will cover 100% of eligible expenses for the rest of the year for all of your enrolled family members. Note that the deductible amount is also counted toward your out-of-pocket maximum.
- ³ Once a covered family member reaches the individual out-of-pocket maximum, the plan will cover 100% of his/her eligible expenses for the rest of the year. Other family members continue paying coinsurance. When the total out-of-pocket expenses for your family reaches the family maximum, the plan will pay eligible expenses for all covered family members for the rest of the year at 100%. Note that the deductible amount is also counted toward your out-of-pocket maximum.
- ⁴ Examples of Level 1 pharmacies include: CVS, Costco, Kroger, Safeway, Target and Walmart. Examples of Level 2 pharmacies include: Rite Aid, Walgreens, Publix and H-E-B.
- ⁵ Must complete two of six specified wellness activities. Dependents not eligible.

2021 Medical Plan Contribution

Employee Contributions for Medical: Luxottica ¹

	PPO1 with HSA		PPO2 with HSA		PPO3	
	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>	<i>Bi-Weekly</i>	<i>Monthly</i>
You Only	\$25.52	\$55.30	\$54.25	\$117.54	\$81.86	\$177.37
You + Spouse	\$51.05	\$110.61	\$108.51	\$235.10	\$163.72	\$354.73
You + Child(ren)	\$45.95	\$99.55	\$97.66	\$211.59	\$147.35	\$319.25
You + Family	\$76.57	\$165.91	\$162.76	\$352.64	\$245.58	\$532.09

¹ Surcharges:

Tobacco User: \$25/bi-weekly per adult tobacco user

Spousal: \$50/bi-weekly for spouse/domestic partner if he/she has access to group medical coverage through his/her employer.

