MEDICAL BENEFITS

Broad Network Medical Plans

In-Network Care	Broad Network Buy-Up	Broad Network Core	Broad Network HDHP
Deductible	$1,500 - Single $3,000 - Family	$2,500 - Single $5,000 - Family	$3,500 - Single $7,000 - Family
Employer Contribution	N/A	N/A	$500 - Single $1,000 - Family
Out-of-Pocket Max	$4,000 - Single $8,000 - Family	$5,000 - Single $10,000 - Family	$6,000 - Single $12,000 - Family
Coinsurance	20%	20%	20%
OFFICE VISIT COPAY			
Primary Care	$35	$35	Ded + Coins
Specialist	$55	$55	Ded + Coins
Preventive Care	100% Covered	100% Covered	100% Covered
Urgent Care	$75	$75	Ded + Coins
Emergency Room	$200 plus 20%, no deductible	$250 plus 20%, no deductible	Ded + Coins
Inpatient Services	20% after deductible	20% after deductible	Ded + Coins
Outpatient Services	20% after deductible	20% after deductible	Ded + Coins
Prescription Drugs			
RETAIL - 30 DAY			
Tier 1	$15	$15	Ded + Coins
Tier 2	$50	$50	Ded + Coins
Tier 3	$80	$80	Ded + Coins
Tier 4	$150 + 20%	$150 + 20%	Ded + Coins
MAIL ORDER - 90 DAY			
Tier 1	$30	$30	Ded + Coins
Tier 2	$100	$100	Ded + Coins
Tier 3	$160	$160	Ded + Coins
Tier 4	$150 + 20%	$150 + 20%	Ded + Coins

Coverage	Medical Cost per Pay Period (Bi-Weekly)		
	Broad Network Buy-Up	Broad Network Core	Broad Network HDHP
Team member Only	$102.58	$60.65	$35.89
Team member + Spouse	$195.41	$132.51	$78.03
Team member + Child(ren)	$167.72	$113.79	$74.53
Team member + Family	$314.48	$232.09	$120.88

The tables above represent IN-NETWORK benefits only. Please refer to the SBC and/or benefit summary for OUT-OF-NETWORK benefits.

Holley PERFORMANCE BRANDS

MEDICAL BENEFITS - HPN

Broad Network Medical Plans

*eligibility for the HPN plans based on your geographic location

In-Network Care	HPN Buy-Up	HPN Core	HPN- HDHP
Deductible	$1,250 - Single $2,500 - Family	$2,000 - Single $4,000 - Family	$3,500 - Single $7,000 - Family
Employer Contribution	N/A	N/A	$500 - Single $1,000 - Family
Out-of-Pocket Max	$3,000 - Single $6,000 - Family	$4,000 - Single $8,000 - Family	$4,500 - Single $9,000 - Family
Coinsurance	10%	10%	10%
OFFICE VISIT COPAY			
Primary Care	$35	$35	Ded + Coins
Specialist	$55	$55	Ded + Coins
Preventive Care	100% Covered	100% Covered	100% Covered
Urgent Care	$75	$75	Ded + Coins
Emergency Room	$200 plus 10%, no deductible	$250 plus 10%, no deductible	Ded + Coins
Inpatient Services	10% after deductible	10% after deductible	Ded + Coins
Outpatient Services	10% after deductible	10% after deductible	Ded + Coins
Prescription Drugs			
RETAIL - 30 DAY			
Tier 1	$15	$15	Ded + Coins
Tier 2	$50	$50	Ded + Coins
Tier 3	$80	$80	Ded + Coins
Tier 4	$150 + 20%	$150 + 20%	Ded + Coins
MAIL ORDER - 90 DAY			
Tier 1	$30	$30	Ded + Coins
Tier 2	$100	$100	Ded + Coins
Tier 3	$160	$160	Ded + Coins
Tier 4	$150 + 20%	$150 + 20%	Ded + Coins

Coverage	Medical Cost per Pay Period (Bi-Weekly)		
	HPN Buy-Up	HPN Core	HPN- HDHP
Team member Only	$92.06	$54.42	$32.21
Team member + Spouse	$175.37	$118.92	$70.03
Team member + Child(ren)	$150.51	$102.12	$66.89
Team member + Family	$282.23	$208.29	$108.48

The tables above represent IN-NETWORK benefits only. Please refer to the SBC and/or benefit summary for OUT-OF-NETWORK benefits.