

2024 CONTRIBUTIONS AND COSTS

MEDICAL — BCBS, UHC / UMR, Surest, Premera BC (Propel Only), KAISER (CALIFORNIA ONLY)

Plan and Coverage Tier	Bi-Weekly	Monthly	Annual			
	You Pay	You Pay	Your Total Annual Premium	Out-of-Pocket Maximum	Alera Group HSA Contribution*	Your Maximum Total Cost**
\$3,200 HDHP						
Employee	\$25.85	\$56	\$672	\$5,600	\$500	\$5,772
Employee + Spouse	\$176.31	\$382	\$4,584	\$11,200	\$1,000	\$14,784
Employee + Child(ren)	\$102.00	\$221	\$2,652	\$11,200	\$1,000	\$12,852
Employee + Family	\$251.08	\$544	\$6,528	\$11,200	\$1,000	\$16,728
\$6,000 HDHP						
Employee	\$12.46	\$27	\$324	\$6,000	\$1,000	\$5,324
Employee + Spouse	\$129.69	\$281	\$3,372	\$12,000	\$2,000	\$13,372
Employee + Child(ren)	\$67.85	\$147	\$1,764	\$12,000	\$2,000	\$11,764
Employee + Family	\$167.54	\$363	\$4,356	\$12,000	\$2,000	\$14,356
POS Plan						
Employee	\$64.15	\$139	\$1,668	\$4,000	N/A	\$5,668
Employee + Spouse	\$244.15	\$529	\$6,348	\$8,000	N/A	\$14,348
Employee + Child(ren)	\$162.00	\$351	\$4,212	\$8,000	N/A	\$12,212
Employee + Family	\$337.85	\$732	\$8,784	\$8,000	N/A	\$16,784
Surest – New!						
Employee	\$11.08	\$24	\$288	\$6,500	N/A	\$6,788
Employee + Spouse	\$116.31	\$252	\$3,024	\$13,000	N/A	\$16,024
Employee + Child(ren)	\$60.00	\$130	\$1,560	\$13,000	N/A	\$14,560
Employee + Family	\$155.08	\$336	\$4,032	\$13,000	N/A	\$17,032
Kaiser HMO Plan <i>(California Colleagues Only)</i>						
Employee	\$36.92	\$80	\$960	\$1,500	N/A	\$2,460
Employee + Spouse	\$212.77	\$461	\$5,532	\$3,000	N/A	\$8,532
Employee + Child(ren)	\$139.38	\$302	\$3,624	\$3,000	N/A	\$6,624
Employee + Family	\$309.69	\$671	\$8,052	\$3,000	N/A	\$11,052
Kaiser \$3,200 HDHP <i>(California Colleagues Only)</i>						
Employee	\$28.62	\$62	\$744	\$3,200	\$500	\$3,444
Employee + Spouse	\$170.31	\$369	\$4,428	\$6,400	\$1,000	\$9,828
Employee + Child(ren)	\$111.69	\$242	\$2,904	\$6,400	\$1,000	\$8,304
Employee + Family	\$247.85	\$537	\$6,444	\$6,400	\$1,000	\$11,844

*The full Alera Group HSA contribution amount will be deposited to your HSA on January 1.

**Maximum total cost includes annual premium, out-of-pocket maximum and utilization of Alera Group HSA contribution. Excludes non-covered and out-of-network services.

DENTAL — Cigna

Plan and Coverage Tier	Bi-Weekly	Monthly
	You Pay	You Pay
Cigna DHMO		
Employee	\$0.00	\$0.00
Employee + Spouse	\$4.62	\$10.00
Employee + Child(ren)	\$5.54	\$12.00
Employee + Family	\$9.23	\$20.00
Cigna DPPO – Basic		
Employee	\$2.31	\$5.00
Employee + Spouse	\$11.54	\$25.00
Employee + Child(ren)	\$6.92	\$15.00
Employee + Family	\$13.85	\$30.00
Cigna DPPO – Enhanced		
Employee	\$8.31	\$18.00
Employee + Spouse	\$21.69	\$47.00
Employee + Child(ren)	\$14.77	\$32.00
Employee + Family	\$28.62	\$62.00

VISION — VSP

Coverage Tier	Bi-Weekly	Monthly
	You Pay	You Pay
Employee	\$2.31	\$5.00
Employee + Spouse	\$4.62	\$10.00
Employee + Child(ren)	\$3.69	\$8.00
Employee + Family	\$6.92	\$15.00

SHORT-TERM (STD) AND LONG-TERM DISABILITY (LTD) — Unum

- Premiums are 100% paid by Alera Group
- STD benefit is 60% of regular base pay to a maximum benefit of \$2,500/week
- LTD benefit is 60% of regular base pay to a maximum benefit of \$10,000/month

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE — Unum

- Premium is 100% paid by Alera Group (There is a nominal tax liability cost passed on to employee on premiums over \$50,000 – per IRS regulations.)
- Benefit amount:
 - 1 times base salary + commissions
 - \$50,000 minimum benefit
 - \$200,000 maximum benefit

VOLUNTARY LIFE AND AD&D INSURANCE – Unum

Voluntary Employee Life Insurance

- Rates are based on colleague age and amount of coverage elected
- Employee coverage can be elected in \$10,000 increments to a maximum of \$1,000,000
- Guaranteed Issue amount for newly eligible colleagues: \$350,000
- Coverage is reduced by 50% if age 70 or older

Voluntary Spouse Life Insurance

- Rates are based on the colleague's age and amount of coverage elected
- Can elect increments of \$10,000 up to 50% of the elected Voluntary Employee Life Insurance amount
- Guaranteed Issue amount for newly eligible colleagues: \$50,000
- Coverage is reduced by 50% if colleague is age 70 or older

Voluntary Child Life Insurance

- Child Voluntary Life Insurance coverage is available in the amount of \$10,000 or \$20,000 for children up to age 26; \$1,000 maximum benefit for child(ren) 14 days to 6 months of age
- The premium is the same regardless of how many children you are covering

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

- Voluntary Employee AD&D coverage can be elected in \$10,000 increments to a maximum of \$1,000,000
- Voluntary Spouse AD&D coverage can be elected in increments of \$10,000 up to 50% of the elected Voluntary Employee AD&D Insurance amount
- Voluntary Child AD&D coverage is available in the amount of \$10,000 or \$20,000 for children up to age 26 (\$1,000 maximum benefit for child(ren) 14 days to 6 months of age); the premium is the same regardless of how many children you are covering

Voluntary Life (Employee and Spouse)	
Employee Age	Monthly Cost per \$10,000 of Coverage
24 & Under	\$0.50
25-29	\$0.60
30-34	\$0.60
35-39	\$0.80
40-44	\$1.00
45-49	\$1.50
50-54	\$2.30
55-59	\$4.30
60-64	\$6.60
65-69	\$12.70
70-74	\$20.60
75-79	\$20.60
80+	\$20.60
Voluntary Child Life Coverage Amount	Voluntary Child Life Monthly Cost
\$10,000	\$2.10
\$20,000	\$4.20

Voluntary AD&D	
Voluntary Employee/Spouse AD&D Coverage	Monthly Cost per \$10,000 of Coverage
Employee	\$0.16
Spouse	\$0.24
Voluntary Child AD&D Coverage Amount	Voluntary Child AD&D Monthly Cost
\$10,000	\$0.24
\$20,000	\$0.48

CRITICAL ILLNESS INSURANCE — Unum

- Your benefit amounts available: \$10,000 or \$20,000
- Spouse coverage available: 50% of your elected benefit amount
- Child coverage automatically included with employee benefit: 50% of your elected benefit amount
- Rates can be found online during your enrollment, and are based on benefit amount elected, age and tobacco user status

ACCIDENT INSURANCE— Unum

Monthly Rate	If you enroll in an Alera Group HDHP with HSA plan, You Pay	If you waive medical or enroll in the PPO or Surest medical plan, You Pay
Employee	\$0.00	\$8.00
Employee + Spouse	\$5.61	\$13.61
Employee + Child(ren)	\$6.36	\$14.36
Employee + Family	\$11.97	\$19.97

CANCER SUPPORT AND GENETIC TESTING — Genomic Life

Coverage Includes:

- Preventive: Hereditary cancer test
- Post-diagnosis: Advanced DNA testing of cancer; access to cancer support specialists
- Second opinion pathology review

Monthly Rate — Age Based	Employee Only*	Employee + Spouse*
Under 50	\$16	\$32
50-64	\$20	\$40
65+	\$24	\$48

*Enrollment automatically includes coverage for dependent children up to age 26

IDENTITY THEFT PROTECTION — Norton LifeLock

Monthly Rate	Norton LifeLock Benefit Essential	Norton LifeLock Benefit Premier
Employee	\$7.99	\$13.49
Employee + Dependents	\$15.98	\$26.98

LEGAL BENEFIT — LegalShield

Monthly Rate
\$17.50