

# 2024 Alera Group Medical Plan Benefits for Propel Colleagues

Medical Plans	\$3,200 HDHP		\$6,000 HDHP		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Alera Group HSA Contribution (Individual / Family)	\$500 / \$1,000		\$1,000 / \$2,000		N / A	
<b>Calendar Year</b>	<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	
Deductible <sup>1</sup> (Individual / Family)	\$3,200 / \$6,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$9,000 / \$18,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Embedded Individual Deductible <sup>2</sup>	\$3,200	N / A	\$6,000	N / A	\$1,000	\$2,000
Out-of-Pocket (OOP) Limit <sup>2</sup> (Individual / Family)	\$5,600 / \$11,200	\$10,000 / \$20,000	\$6,000 / \$12,000	\$13,500 / \$27,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Embedded Individual OOP Limit <sup>2</sup>	\$5,600	N / A	\$6,000	N / A	\$4,000	\$8,000
<b>Medical</b>	<b>You Pay (after deductible)</b>		<b>You Pay (after deductible)</b>		<b>You Pay (after deductible)</b>	
Preventive Care	\$0 (no deductible)	30%	\$0 (no deductible)	30%	\$0 (no deductible)	40%
PCP / Specialist Visit	10%	30%	\$0	30%	\$20 / \$40 (no deductible)	40%
Inpatient Hospital	10%	30%	\$0	30%	\$300, then 25%	40%
Outpatient Surgery	10%	30%	\$0	30%	25%	40%
Emergency Care	10%	10%	\$0	\$0	\$150 per visit, then 25%	\$150 per visit, then 25%
Diagnostic Testing / Imaging (CT & PET scans, MRIs)	10%	30%	\$0	30%	25%	40%

<sup>1</sup> All covered expenses, excluding any member copay responsibilities and penalties, accumulate toward both the in-network and out-of-network deductible.

<sup>2</sup> "Embedded Individual" means that if any one family member reaches the embedded amount, that member will have met their applicable deductible or out-of-pocket requirement. Any combination of the remaining family members must continue to accumulate toward the family amounts as illustrated. There are no embedded individual deductibles or out-of-pocket limits for out-of-network services; the family must meet the full family amount, either through one person or a combination of family members.

(continued)

## 2024 Alera Group Medical Plan Benefits for Propel Colleagues *(continued)*

Medical Plans	\$3,200 HDHP	\$6,000 HDHP	PPO
<b>Prescription Drugs<sup>3</sup></b> In-Network Retail: up to 30 days Premera Mail Order: up to 90 days	<b>You Pay (after deductible)</b>	<b>You Pay (after deductible)</b>	<b>You Pay (after deductible)</b>
Tier 1: Generic	\$15 retail / \$30 mail	\$0 retail / \$0 mail	\$15 retail / \$30 mail
Tier 2: Preferred Brand	\$40 retail / \$80 mail	\$40 retail / \$80 mail	\$40 retail / \$80 mail
Tier 3: Non-Preferred Brand	\$70 retail / \$140 mail	\$70 retail / \$140 mail	\$70 retail / \$140 mail
Tier 4: Specialty (30-day supply)	30% retail (minimum \$70, maximum \$200)	30% coinsurance (minimum \$70, maximum \$200)	30% retail (minimum \$70, maximum \$200)
<b>Medical Plan Extras</b>			
Included Health	Expert second opinion and treatment support services provided at no cost to you (if enrolled in these plans)		
Virtual Care Services	Telehealth / telemedicine available to all medical plan participants for a copay (if enrolled in these plans, provided through Premera)		

<sup>3</sup> Core preventive drugs, generic and brand-name, no charge for in-network.