

2024 Alera Group Medical Plan Benefits

Medical Plans	\$3,200 HDHP (BCBS or UMR)		\$6,000 HDHP (BCBS or UMR)		POS (BCBS or UMR)		Surest		Kaiser HDHP (CA Only)	Kaiser HMO (CA Only)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
Alera Group HSA Contribution (Individual/Family)	\$500 / \$1,000		\$1,000 / \$2,000		N / A		N / A	N / A	\$500 / \$1,000	N/A
Calendar Year	You Pay		You Pay		You Pay		You Pay		You Pay	You Pay
Deductible ¹ (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	\$0	\$0	\$3,200 / \$6,400	\$0/\$0
Embedded Individual Deductible ²	\$3,200	N/A	\$6,000	N/A	\$1,000	\$2,000	N / A	N / A	\$3,200	N / A
Out-of-Pocket (OOP) Limit ² (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	\$6,500 / \$13,000	\$13,000 / \$26,000	\$3,200 / \$6,400	\$1,500 / \$3,000
Embedded Individual OOP Limit ²	\$5,600	N / A	\$6,000	N / A	\$4,000	\$8,000	\$6,500	\$13,000	\$3,200	N / A
Medical	You Pay (after deductible)		You Pay (after deductible)		You Pay (after deductible)		You Pay (no deductible)		You Pay (after deductible)	You Pay (no deductible)
Preventive Care	\$0 (no deductible)	30%	\$0 (no deductible)	30%	\$0 (no deductible)	40%	\$0	\$190	\$0 (no deductible)	\$0
PCP / Specialist Visit	10%	30%	\$0	30%	\$20 / \$40 (no deductible)	40%	\$20 to \$125	\$375	\$0	\$25 / \$25
Inpatient Hospital	10%	30%	\$0	30%	\$300, then 25%	40%	Up to \$3,500	Up to \$10,000	\$0	\$500 per admission
Outpatient Surgery	10%	30%	\$0	30%	25%	40%	Up to \$3,500	Up to \$10,000	\$0	\$100 per procedure
Emergency Care	10%	10%	\$0	\$0	\$150 per visit, then 25%	\$150 per visit, then 25%	\$750	\$750	\$0	\$100 per visit
Diagnostic Testing / Imaging (CT & PET scans, MRIs)	10%	30%	\$0	30%	25%	40%	Testing: \$0 Imaging: up to \$900	Testing: \$0 Imaging: up to \$2,700	\$0	\$10 / \$50

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

² "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 *(continued)*

Medical Plans	\$3,200 HDHP (BCBS or UMR)	\$6,000 HDHP (BCBS or UMR)	POS (BCBS or UMR)	Surest	Kaiser HDHP (CA Only)	Kaiser HMO (CA Only)
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Preventive Prescription Drugs (in-network only)

Administrator Retail: up to 30 days Mail: up to 90 days	OptumRx				Kaiser ³	Kaiser ³
	You Pay (no deductible)	You Pay (no deductible)	You Pay (no deductible)	You Pay (no deductible)	You Pay (no deductible)	You Pay
Tier 1: Generic	\$15 retail / \$30 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$15 retail / \$30 mail
Tier 2: Preferred Brand	\$40 retail / \$80 mail	\$40 retail / \$80 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$35 retail / \$70 mail
Tier 3: Non-Preferred Brand	\$70 retail / \$140 mail	\$70 retail / \$140 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$0 retail / \$0 mail	\$35 retail / \$70 mail

Non-Preventive Prescription Drugs (in-network only)

Administrator Retail: up to 30 days Mail: up to 90 days	OptumRx				Kaiser ³	Kaiser ³
	You Pay (after deductible)	You Pay (after deductible)	You Pay (no deductible)	You Pay (no deductible)	You Pay (after deductible)	You Pay
Tier 1: Generic	\$15 retail / \$30 mail	\$0 retail / \$0 mail	\$15 retail / \$30 mail	\$15 retail / \$30 mail	\$0 retail / \$0 mail	\$15 retail / \$30 mail
Tier 2: Preferred Brand	\$40 retail / \$80 mail	\$0 retail / \$0 mail	\$40 retail / \$80 mail	\$40 retail / \$80 mail	\$0 retail / \$0 mail	\$35 retail / \$70 mail
Tier 3: Non-Preferred Brand	\$70 retail / \$140 mail	\$0 retail / \$0 mail	\$70 retail / \$140 mail	\$70 retail / \$140 mail	\$0 retail / \$0 mail	\$35 retail / \$70 mail
Tier 4: Specialty (30-day supply)	30% retail (min \$70 / max \$200)	\$0 retail	30% retail (min \$70 / max \$200)	30% retail (min \$70 / max \$200)	\$0 retail	30% retail (max \$250)

Medical Plan Extras

Regenexx Orthopedic Pain Support	10%	30%	\$0	30%	25%	N/A	N/A	N/A	N/A
Sword Health	Musculoskeletal prevention and digital physical therapy resource at no cost to you (if enrolled in these plans)					N/A		N/A	
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 your carrier)								

³ Kaiser limits may vary. Check with your Kaiser doctor or pharmacy for details.