

2025 CONTRIBUTIONS AND COSTS

MEDICAL — BCBS, UHC, 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**
\$3,300 HDHP						
Employee	\$27.23	\$59	\$708	\$5,600	\$500	\$5,808
Employee + Spouse	\$185.08	\$401	\$4,812	\$11,200	\$1,000	\$15,012
Employee + Child(ren)	\$107.08	\$232	\$2,784	\$11,200	\$1,000	\$12,984
Employee + Family	\$263.54	\$571	\$6,852	\$11,200	\$1,000	\$17,052
\$6,000 HDHP						
Employee	\$12.92	\$28	\$336	\$6,000	\$1,000	\$5,336
Employee + Spouse	\$136.15	\$295	\$3,540	\$12,000	\$2,000	\$13,540
Employee + Child(ren)	\$71.08	\$154	\$1,848	\$12,000	\$2,000	\$11,848
Employee + Family	\$175.85	\$381	\$4,572	\$12,000	\$2,000	\$14,572
PPO Plan						
Employee	\$67.38	\$146	\$1,752	\$5,000	N/A	\$6,752
Employee + Spouse	\$256.15	\$555	\$6,660	\$10,000	N/A	\$16,660
Employee + Child(ren)	\$170.31	\$369	\$4,428	\$10,000	N/A	\$14,428
Employee + Family	\$354.92	\$769	\$9,228	\$10,000	N/A	\$19,228
Surest						
Employee	\$11.54	\$25	\$300	\$6,500	N/A	\$6,800
Employee + Spouse	\$122.31	\$265	\$3,180	\$13,000	N/A	\$16,180
Employee + Child(ren)	\$63.23	\$137	\$1,644	\$13,000	N/A	\$14,644
Employee + Family	\$162.92	\$353	\$4,236	\$13,000	N/A	\$17,236
Kaiser HMO Plan (California Colleagues Only)						
Employee	\$38.31	\$83	\$996	\$1,500	N/A	\$2,496
Employee + Spouse	\$219.69	\$476	\$5,712	\$3,000	N/A	\$8,712
Employee + Child(ren)	\$144	\$312	\$3,744	\$3,000	N/A	\$6,744
Employee + Family	\$319.85	\$693	\$8,316	\$3,000	N/A	\$11,316
Kaiser \$3,300 HDHP (California Colleagues Only)						
Employee						
Employee + Spouse	\$28.62	\$62	\$744	\$3,300	\$500	\$4,044
Employee + Child(ren)	\$170.31	\$369	\$4,428	\$6,600	\$1,000	\$11,028
Employee + Family	\$111.69	\$242	\$2,904	\$6,600	\$1,000	\$9,504
	\$247.85	\$537	\$6,444	\$6,600	\$1,000	\$13,044

*For current Alera Group employees, 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	
Employee	\$8.00
Employee + Spouse	\$13.61
Employee + Child(ren)	\$14.36
Employee + Family	\$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