

# 2025 Alera Group Medical Plan Benefits

Medical Plans	\$3,300 HDHP (BCBS or UHC)		\$6,000 HDHP (BCBS or UHC)		PPO (BCBS or UHC)		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
<b>Calendar Year</b>	<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>		<b>You Pay</b>	<b>You Pay</b>
Deductible <sup>1</sup> (Individual/Family)	\$3,300 / \$6,600	\$6,000 / \$12,000	\$6,000 / \$12,000	\$9,000 / \$18,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$0	\$0	\$3,300 / \$6,600	\$0 / \$0
Embedded Individual Deductible <sup>2</sup>	\$3,300	N/A	\$6,000	N/A	\$2,000	\$4,000	N/A	N/A	\$3,300	N/A
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	\$5,000 / \$10,000	\$10,000 / \$20,000	\$6,500 / \$13,000	\$13,000 / \$26,000	\$3,300 / \$6,600	\$1,500 / \$3,000
Embedded Individual OOP Limit <sup>2</sup>	\$5,600	N/A	\$6,000	N/A	\$5,000	\$10,000	\$6,500	\$13,000	\$3,300	N/A
<b>Medical</b>	<b>You Pay (after deductible)</b>		<b>You Pay (after deductible)</b>		<b>You Pay (after deductible)</b>		<b>You Pay (no deductible)</b>		<b>You Pay (after deductible)</b>	<b>You Pay (no deductible)</b>
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

<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)

# 2025 Alera Group Medical Plan Benefits *(continued)*

Medical Plans	\$3,300 HDHP (BCBS or UHC)	\$6,000 HDHP (BCBS or UHC)	PPO (BCBS or UHC)	Surest	Kaiser HDHP (CA Only)	Kaiser HMO (CA Only)
<b>Preventive Prescription Drugs (in-network only)</b>						
<b>Administrator</b> Retail: up to 30 days Mail: up to 90 days	<b>OptumRx</b>				<b>Kaiser<sup>3</sup></b>	<b>Kaiser<sup>3</sup></b>
	<b>You Pay (no deductible)</b>	<b>You Pay (no deductible)</b>	<b>You Pay (no deductible)</b>	<b>You Pay (no deductible)</b>	<b>You Pay (no deductible)</b>	<b>You Pay</b>
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
<b>Non-Preventive Prescription Drugs (in-network only)</b>						
<b>Administrator</b> Retail: up to 30 days Mail: up to 90 days	<b>OptumRx</b>				<b>Kaiser<sup>3</sup></b>	<b>Kaiser<sup>3</sup></b>
	<b>You Pay (after deductible)</b>	<b>You Pay (after deductible)</b>	<b>You Pay (no deductible)</b>	<b>You Pay (no deductible)</b>	<b>You Pay (after deductible)</b>	<b>You Pay</b>
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)
<b>Medical Plan Extras</b>						
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)					

<sup>3</sup> Kaiser limits may vary. Check with your Kaiser doctor or pharmacy for details.

**Note:** This is only a summary of the plans. Detailed plan documents and cost information can be found when you log in to your account through the **My Alera Group Benefits Center**. If there is a discrepancy between this document and the official plan documents, the official plan documents will govern.