

Plan Highlights

All Savers[®] Alternate Funding

Note: This is only an illustration of the plan; it is not a complete list of benefits and limitations. Always refer to the most recent Summary Plan Description for current information about benefits, provisions, exclusions and limitations in your plan.

When you receive your health plan ID card in the mail, use it to register for the member website at myallsaversconnect.com. You can learn more about your coverage and track claims and explanation of benefits statements throughout the year.

What are some of the benefits?

| | | Network Options | Out-of-Network Options |
|---|---|--|--|
| Copayments (Dependent on plan selected) | Copay is applied after the deductible has been met. ² <ul style="list-style-type: none"> Level 1: Office visits Level 2: Specialist office visits Level 3: Urgent care visits Level 4: Emergency room visits¹ | <ul style="list-style-type: none"> Level 1: Level 2: Level 3: Level 4: | Not applicable |
| Deductibles | The amounts shown are individual deductibles. Out-of-network deductibles accumulate separately from network deductibles. Family deductibles are 2 times the individual deductible. | | |
| Coinsurance Rates | The rates shown are the percentage the medical benefit pays. | | 50% |
| Out-of-Pocket Limits | The amounts shown are individual limits. Family out-of-pocket limits are 2 times the individual limit. | | |
| Pharmacy Copayments | Copayments applied after deductible has been met. ² Drug tiers are based on cost. <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount. | <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 | <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 |
| Lifetime Maximum | There is no lifetime maximum for eligible covered services. | | Not applicable |

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Reimbursement of covered services

| Reimbursement of covered services | | Network Options | Out-of-Network Options |
|--|---|------------------------------|------------------------------|
| Preventive Care | <ul style="list-style-type: none"> Wellness visits Immunizations Preventive screenings | 100% covered | Deductible; then coinsurance |
| Copayment Levels 1–4 (Dependent on plan selected) | Copay is applied after the deductible has been met. ² <ul style="list-style-type: none"> Level 1: Office visits Level 2: Specialist office visits Level 3: Urgent care visits Level 4: Emergency room visits¹ | | Not applicable ¹ |
| No Copayments | <ul style="list-style-type: none"> Major diagnostics (CT scan, MRI, etc.) Minor diagnostics (lab and X-ray); depending on plan selected, minor diagnostics are covered at ded+coins or ded then 100% covered Inpatient facility Outpatient facility Ambulance (air or ground)¹ Rehabilitation/physical therapy Home health care Skilled nursing Transplants Prosthetics Durable medical equipment | Deductible; then coinsurance | Deductible; then coinsurance |
| Prescription Drugs^{3,4} (Copayment is dependent on plan selected) | <ul style="list-style-type: none"> Retail pharmacy prescriptions (30-day) Mail-order prescriptions (90-day); copayments are 2.5 times the retail pharmacy copayment/coinsurance Prescription copayment applied after the deductible has been met² If you use an out-of-network pharmacy (including a mail order pharmacy), you may be responsible for any amount over the allowed amount. | | Deductible; then coinsurance |

The following benefits apply to all All Savers plans:

| Rehabilitation and Habilitative Outpatient Therapy ⁵ | Manipulation | Acupuncture | Home Health | Skilled Nursing |
|---|--------------|-------------|-------------|-----------------|
| 30 visits | 20 visits | 10 visits | 30 visits | 60 visits |



HSA Plan

¹ ER and ambulance services outside the network are paid as if they were in the network.

² Copayments on HSA plans (where applicable) will be required after the deductible has been met and will continue to be required until the annual out-of-pocket limit is met.

³ Ancillary charge may apply when a covered prescription drug product is dispensed and there is another drug that is chemically the same available at a lower tier. You will pay the difference between the higher tiered drug and the lower tiered drug in addition to your copayment annual deductible and/or coinsurance that applies to the lowest tiered drug. An ancillary charge does not apply to any out-of-pocket limit.

⁴ When utilizing the Essential PDL for plans HP1500Ess and HP2000XEss, a tier 3 coinsurance with a \$150 minimum and a Tier 4 coinsurance with a \$300 minimum will be applied.

⁵ Outpatient rehabilitation services limit includes physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation therapy, cardiac rehabilitation therapy, post-cochlear implant aural therapy and cognitive rehabilitation therapy.

All plans are subject to calendar year deductible/out-of-pocket limits unless otherwise stated. In select markets, the deductible/out-of-pocket limits are subject to plan year deductible/out-of-pocket limits if elected.

All plans may not be available in all markets. Plan availability is subject to change and is controlled via the quoting process on myallsavers.com.

This is a summary only. It is not a solicitation of coverage; it does not contain a complete list of benefits and limitations. Some benefits listed above may have limits on the number of visits that are covered. For more information about the benefits, provisions, exclusions and limitations, refer to the brochure.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except MA, MN and NJ), UnitedHealthcare Insurance Company in MA and MN, and UnitedHealthcare Life Insurance Company in NJ. 3100 AMS Blvd., Green Bay, WI 54313, 1-800-291-2634.

This product is not available in all states.