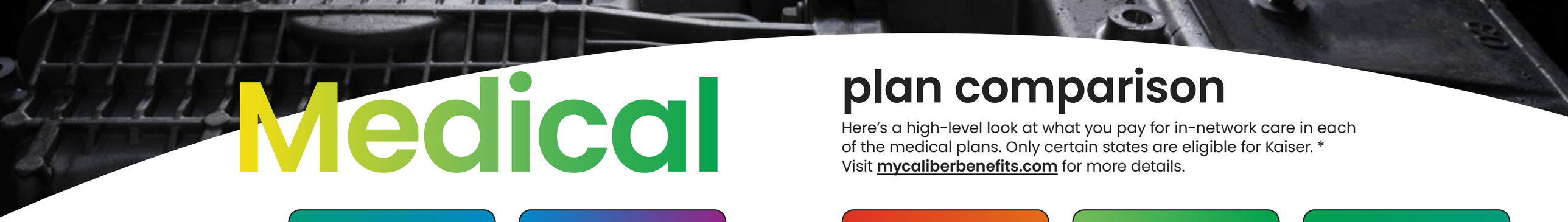

Medical plan comparison

Here's a high-level look at what you pay for in-network care in each of the medical plans. Only certain states are eligible for Kaiser. *
Visit **mycaliberbenefits.com** for more details.

IN-NETWORK PROVIDERS	HMO $1,500 Plan (Kaiser)	HDHP $3,000 Plan (Kaiser)	Surest Copay Plan (Surest)	PPO $1,500 Plan (UMR)	HDHP $3,800 Plan (UMR)
Tax-advantaged account	Health Care FSA	HSA and Limited Purpose FSA	Health Care FSA	Health Care FSA	HSA and Limited Purpose FSA
Deductible Individual | Family	$1,500 | $3,000	$3,000 | $6,000	None | None	$1,500 | $3,000	$3,800 | $7,600
Out-of-pocket maximum Individual | Family	$4,500 | $9,000	$6,000 | $12,000	$4,500 | $9,000	$5,000 | $10,000	$7,000 | $14,000
Routine preventive care	**You pay nothing in-network,** covered 100%	**You pay nothing in-network,** covered 100%	**You pay nothing in-network,** covered 100%	**You pay nothing in-network,** covered 100%	**You pay nothing in-network,** covered 100%
Primary care office visits	$25 copay	**You pay 20%,** after deductible	$15–$100 copay	$25 copay	**You pay 25%,** after deductible
Specialist office and virtual visits	$50 copay	**You pay 20%,** after deductible	$15–$100 copay	$55 copay	**You pay 25%,** after deductible
Behavioral health office visits	$25 copay	**You pay 20%,** after deductible	$15 copay	$25 copay	**You pay 25%,** after deductible
Primary care telehealth visits (For UMR plans, telehealth visits are provided through Accolade Care.)	**You pay nothing,** covered 100%	**You pay nothing,** covered 100%	**You pay nothing,** covered 100%	$25 copay	**You pay 25%,** after deductible
Urgent care	**$55 copay**: CO, Mid-Atlantic, Northwest **$25 copay**: WA, CA, GA	**You pay 20%,** after deductible	$50 copay	$55 copay	**You pay 25%,** after deductible
Emergency room visit	**You pay 20%,** after deductible	**You pay 20%,** after deductible	$500 copay	$500 copay	**You pay 25%,** after deductible
Prescriptions 30-day supply retail pharmacy					
Generic	$10 copay	**You pay 20%,** after deductible **	$10 copay	$10 copay	**25%** after deductible
Preferred brand name	$25 copay		$25 copay	$25 copay	
Non-preferred brand name	$25 copay		$40 copay	$40 copay	
Prescriptions 90-day supply mail order					
Generic	$20 copay	**You pay 20%,** after deductible **	$25 copay	$25 copay	**25%** after deductible
Preferred brand name	$50 copay		$62.50 copay	$62.50 copay	
Non-preferred brand name	$50 copay		$100 copay	$100 copay	
Specialty	**20%** (up to $250)		**20%** (up to $250)	**20%** (up to $250)	

* Teammates in parts of California, Colorado, Georgia, Maryland, Oregon, Virginia, Washington state and Washington, D.C., may be eligible to enroll in the Kaiser medical plans.

** Prescription drug coverage varies by state, maximums will apply.