

## Plan Highlights

### 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 ID card in the mail, use it to register for the member website at <https://myallsaversmember.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
<b>Copayments</b>	<p>Copayments do not count toward the deductible, but do count toward the out-of-pocket limit.</p> <ul style="list-style-type: none"> <li>Level 1: office visits</li> <li>Level 2: specialist office visits</li> <li>Level 3: urgent care visits</li> <li></li> </ul>		Not applicable <sup>1</sup>
<b>Deductibles</b>	<p>The amounts shown are individual deductibles. Out-of-network deductibles accumulate separately from network deductibles. Family deductibles are two times the individual deductible.</p>		
<b>Coinsurance Rates</b>	<p>The rates shown are the percentage the medical benefit pays.</p>		
<b>Out-of-Pocket Limits</b>	<p>The amounts shown are individual limits. Family out-of-pocket limits are two times the individual limit.</p>		
<b>Pharmacy Copayments</b>	<p>Drug tiers are based on cost.</p> <ul style="list-style-type: none"> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> <li>Tier 4</li> </ul> <p>If a dispensed drug has a chemically equivalent drug at a lower tier, the cost difference between drugs in addition to any applicable copayment and/or coinsurance may be applied.</p>		Not applicable
<b>Lifetime Maximum</b>	<p>There is no lifetime maximum for eligible covered services.</p>	Not applicable	

## Reimbursement of covered services

		Network options	Out-of-Network options
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>Wellness visits</li> <li>Immunizations</li> <li>Preventive screenings</li> </ul>	100% covered	Deductible; then coinsurance
<b>Copayment Levels 1–4</b>	<ul style="list-style-type: none"> <li>Level 1: office visits</li> <li>Level 2: specialist office visits</li> <li>Level 3: urgent care visits</li> <li></li> </ul>	Copayment; then 100% covered	Deductible; then coinsurance <sup>1</sup>
<b>No Copayments</b>	<ul style="list-style-type: none"> <li>Major diagnostics (CT scan, MRI, etc.)</li> <li>Inpatient facility</li> <li>Outpatient facility</li> <li>Ambulance (air or ground)<sup>1</sup></li> <li>Rehabilitation/physical therapy</li> <li>Home health care</li> <li>Skilled nursing</li> <li>Transplants</li> <li>Prosthetics</li> <li>Durable medical equipment</li> </ul>	Deductible; then coinsurance	Deductible; then coinsurance <sup>1</sup>
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>Retail pharmacy prescriptions (30-day)</li> <li>Mail-order prescriptions (90-day); copayments are 2.5 times the retail pharmacy copayment</li> </ul>	Copayment; then 100% covered	Not applicable

### The following benefits apply to all All Savers plans:

Rehabilitation (including Manipulative Treatment)	Home Health	Skilled Nursing	Durable Medical Equipment	Prosthetics	Dental Accident	Out-of-Network Transport
30 visits	30 visits	60 visits	Unlimited	Unlimited	Unlimited	Unlimited

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

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.

PPO Plan

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. These employee benefit products are marketed under the All Savers brand. Excess Loss insurance coverage is provided by All Savers Insurance Company, a UnitedHealthcare company. The underlying medical benefit is not an insured product. Administrative services are provided to the plan sponsor by United HealthCare Services, Inc. and its affiliates. This product is not available in all states.