

Saver Plan



**BlueCross
BlueShield**

PLAN DESIGN: The plan focuses on a low premium in return for reasonable point of service costs and provides a large incentive to act as consumers of healthcare using your Health Savings Account.

PREVENTIVE CARE: The plan pays 100% of the cost of preventive care for each covered member of your family. This ensures that you can get the regular check-ups and tests recommended for your age and gender.

PRESCRIPTION DRUGS: Medical and pharmacy claims accumulate toward the total out of pocket max of \$3,500 individual and \$6,500 family. Generic preventive drug copays are \$0.

OTHER COVERED EXPENSES: All other expenses are subject to a deductible. After you meet the deductible, the plan will pay 80% of the cost. You will pay your share of the cost of your medical care until you have met the out of pocket maximum. At that point, the plan pays 100% of the cost of your covered expenses. An HSA can help you pay deductibles and coinsurance.

COVERAGE: Please refer to the plan matrix on page 34 for more details.

You might enroll in this plan if you prefer:

- Paying **MORE** out of your weekly check towards insurance
- Paying **LESS** out of pocket at the point of service to meet the deductible and out of pocket maximums



2024

OUT-OF-POCKET COSTS FOR SAVER PLAN

DEDUCTIBLE		MEDICAL OUT-OF-POCKET MAX	
Individual	Family	Individual	Family
\$3,200	\$5,000	\$3,500	\$6,500

COST OF SAVER PLAN

	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
Total Cost:	\$755.53	\$1,618.85	\$1,197.64	\$1,762.93
Robins & Morton Pays:	\$685.13	\$1,463.75	\$1,084.34	\$1,593.53
Monthly:	\$70.40	\$155.10	\$113.30	\$169.40
Weekly:	\$16.25	\$35.79	\$26.15	\$39.09

Catastrophic Plan



**BlueCross
BlueShield**

medical

PLAN DESIGN: This plan limits your out-of-pocket costs after meeting the deductible. The plan focuses on a low level of coverage with no contributions, leaving the risk for most healthcare expenses with you.

PREVENTIVE CARE: The plan pays 100% of the cost of preventive care for each covered member of your family. This ensures that you can get the regular check-ups and tests recommended for your age and gender.

PRESCRIPTION DRUGS: Medical and pharmacy claims, except generic preventive, accumulate toward the total out of pocket max of \$6,000 individual and \$12,000 family. Generic preventive drug copays are \$0.

OTHER COVERED EXPENSES: All other expenses are subject to a deductible. After you meet the deductible, the plan will pay 70% of the cost. You will pay your share of the cost of your medical care until you have met the out of pocket maximum. At that point, the plan pays 100% of the cost of your covered expenses. An HSA can help you pay deductibles and coinsurance.

COVERAGE: Please refer to the plan matrix on page 37 for more details.



2024

OUT-OF-POCKET COSTS FOR CATASTROPHIC PLAN

DEDUCTIBLE		MEDICAL OUT-OF-POCKET MAX	
Individual	Family	Individual	Family
\$5,000	\$10,000	\$6,000	\$12,000

COST OF CATASTROPHIC PLAN

	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
Total Cost:	\$688.16	\$1,470.43	\$1,089.22	\$1,600.81
Robins & Morton Pays:	\$688.16	\$1,470.43	\$1,089.22	\$1,600.81
Monthly:	\$0	\$0	\$0	\$0
Weekly:	\$0	\$0	\$0	\$0

You might enroll in this plan if you prefer:

- Paying **LESS** out of your weekly check towards insurance
- Paying **MORE** out of pocket at the point of service to meet the deductible and out of pocket maximums





Health Savings Account



LEARN ABOUT THE HSA MATCH: Robins & Morton will match your weekly contribution dollar for dollar until your annual company contribution coverage tier limit has been reached. The company contribution is based on your enrollment in the medical plan. See the Robins & Morton contribution chart for details.

HOW TO OPEN AN HSA: After your enrollment has been processed, go to www.401k.com or call 1-800-544-3716 to open your account.

MANAGE YOUR HSA: Weekly contributions are managed and processed at www.401k.com.

HSA CONTRIBUTION LIMITS FOR 2024

	SINGLE	FAMILY
TOTAL Limit	\$4,150	\$8,300
OVER 55 CATCH UP	\$1,000	\$1,000

ROBINS & MORTON CONTRIBUTION

YOUR ENROLLMENT	ANNUAL SEED MONEY
Employee Only	\$650
Employee + Spouse	\$975
Employee + Children	\$975
Family	\$1,300

CALCULATE YOUR WEEKLY CONTRIBUTION



YOUR FAMILY	EXAMPLE	YOU
What is your TOTAL Limit?	\$8,300	
Enter \$1,000 if you will be 55 or older on December 31, 2024	\$1,000	
SUBTOTAL	\$9,300	
Subtract your annual seed money for family coverage	(\$1,300)	
MAXIMUM ANNUAL CONTRIBUTION	\$8,000	
Divide by 52 to find the maximum WEEKLY contribution	\$153.85	

Triple Tax Advantage

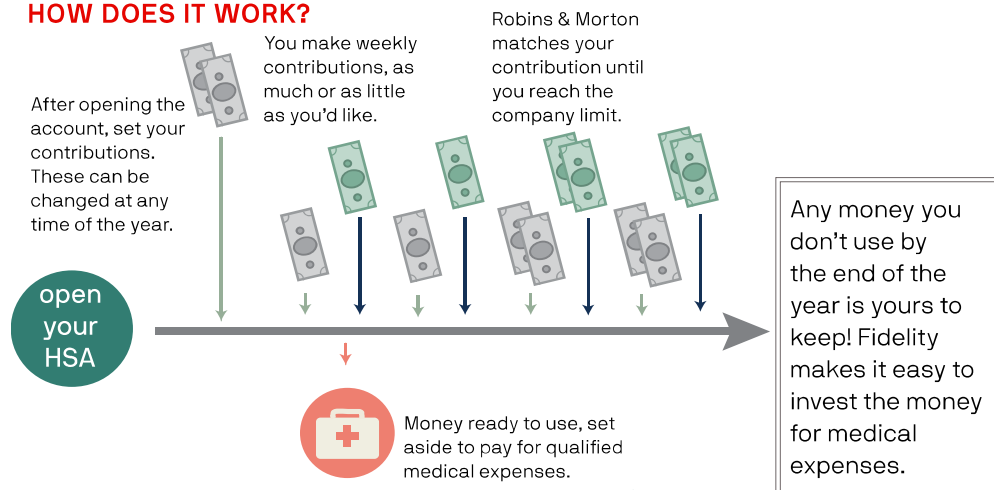
- ✓ You make contributions before taxes.
- ✓ You don't pay taxes when you pay for a qualified medical expense.
- ✓ You don't pay taxes on investments and interest earnings.

Health Savings Account FAQs



medical

HOW DOES IT WORK?



HOW DO YOU INVEST IT?

Fidelity has a feature called a "trigger amount." This allows you to keep some money in your account for medical expenses. Anything you contribute over the trigger amount will automatically flow into the investment side. This feature helps ensure that you and your family are financially prepared for a medical need, while also allowing you to be in control of your money and investments.

For example, Kris decides to keep \$500 in the savings portion of his HSA. Anything he contributes over \$500 will pour into the investment portion of his HSA. After a doctor's visit, he pays his medical bill using his HSA savings. Now his contributions will go toward his savings account until he reaches his trigger amount (\$500).

FAQs

WHO IS ELIGIBLE FOR THE HSA?

Anyone enrolled in the medical plan is eligible to sign up for an HSA.

WHEN CAN I SIGN UP?

You can enroll and start contributing whenever you would like to, as long as you are enrolled in a Robins & Morton medical plan.

HOW OFTEN CAN I CHANGE MY CONTRIBUTIONS?

You can change your contributions at any point in the year and as many times as you'd like. Go to 401k.com to change your contributions.

WHAT ABOUT THE MONEY I DON'T SPEND?

The money you don't spend at the end of the year is yours to keep or invest. The balance will roll forward each year.

FOR MORE INFORMATION:

To learn more about investing your HSA, scan the QR code.





Prescription Plan



PLAN DESIGN: This plan encourages the use of generic and preferred brand drugs. We encourage you to discuss with your doctor and pharmacist the availability of generic preventive drugs for your maintenance conditions. You can find a list of the preventive generics for \$0 on my.robinsmorton.com.

Robins & Morton has implemented generic step therapy that promotes the use of generic medications first. If you choose to use certain brand-name drugs before trying a generic medication, your prescription may not be covered and you will pay the full cost. Please go to the Resources tab on my.robinsmorton.com for a full list of brand name drugs that require a generic first.

GOOD TO KNOW

Copays for preventive generics are not subject to the deductible. You must meet the full deductible before the copays will apply to other prescription drugs under these plans. You can find drugs available at my.robinsmorton.com/salary/coverage/medical

PRESCRIPTION PLAN:

	1-34 DAYS SUPPLY	90 DAY SUPPLY
Generic Preventive	\$0	\$0
Generic Other	\$10	\$25
Preferred	\$30	\$75
Non-preferred	\$70	\$175
Specialty	\$150	

CVS HEALTH ALSO PROVIDES THESE PREVENTIVE VACCINATIONS AT THEIR STORES AT NO COST TO YOU:

CHILDREN UP TO AGE 18			CHILDREN & ADULTS		ADULTS
Haemophilus B	Diphtheria, Tetanus	Rotavirus	Hepatitis B	Pneumonia	Hepatitis A & B
Measles, Mumps, Rubella, Varicella	Haemophilus B, Hepatitis B	Meningococcal, Haemophilus B, Tetanus	Measles, Mumps, Rubella	Human Papillomavirus	Tetanus, Diphtheria Toxoids
Diphtheria, Tetanus, Pertussis, Haemophilus B	Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus	Diphtheria, Tetanus, Pertussis	Meningococcal	Hepatitis A	Zoster (Zostavax)
Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Haemophilus B	Diphtheria, Tetanus, Pertussis, Inactivated Poliovirus, Hepatitis B	Inactivated Poliovirus	Varicella, COVID-19	Influenza	

Telemedicine

ON THE GO CARE: Amwell offers an affordable, easy, and convenient way to consult with a doctor by phone, web or a mobile device. You have your choice of U.S. board-certified doctors with no appointment and no waiting. With 24/7/365 access via the web or your mobile device, you can have a consultation, diagnoses and be prescribed medicines.

CONNECT ANYTIME, ANYWHERE: Contact a doctor wherever you are by calling 1-844-733-3627, visiting rm.amwell.com or connecting through the mobile Amwell application.



2024

Each telemedicine visit costs \$67

Teletherapy

ON THE GO THERAPY: Amwell also offers virtual therapy. This is an affordable, easy, and convenient way to consult with a mental health professional.

SERVICES: Amwell therapists provide care and counseling across several areas, including:

- Anxiety
- Depression
- Stress management
- LGBTQ+ counseling
- Bereavement/grief
- OCD
- Panic attacks
- Couples therapy
- Insomnia

CONNECT ONLINE: When you log into your Amwell, you'll find that Amwell has conveniently placed the therapy function next to the Medical Care option.



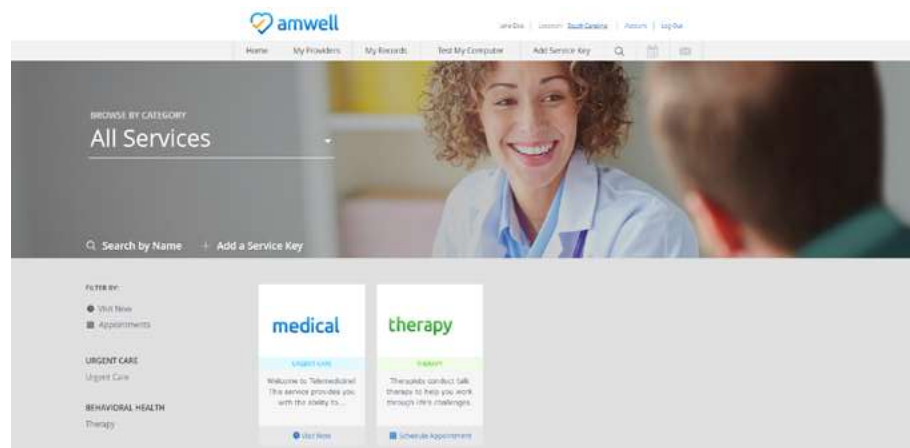
Make sure to enter Service Key
ROBINSMORTON at enrollment.

For those enrolled in a medical
plan, these charges count
toward your deductible.



2024

Each teletherapy visit costs \$96 for a
master's level therapist and \$122 for a
doctoral level therapist.



medical





Virta Health

PLAN DESIGN: Virta specializes in reversing Type 2 diabetes by natural causes — without the need for excessive exercise, constant medication and extreme dieting. With a sustainable method, healthy weight loss is just one of the benefits of Virta.

Robins & Morton fully covers the cost of Virta for all team members, spouses, and adult dependents with type 2 diabetes, prediabetes, and/or a BMI of 30 or greater who are enrolled in a Robins & Morton medical plan.

WHAT IS VIRTA? Virta is a medically supervised, research-backed treatment that reverses type 2 diabetes, meaning that patients can lower their blood sugar and A1c, all while reducing diabetes medications and losing weight.

HOW DOES IT WORK? Virta uses nutritional ketosis to naturally lower blood sugar and turn the body into a fat-burning machine. There is NO surgery, required exercise, or calorie counting on Virta.

With Virta's personalized treatment plan, each patient gets medical supervision from a physician-led care team, a one-on-one health coach, diabetes testing supplies, educational tools like videos and recipes, and a private online support community.

ADDED BENEFIT FOR 2024: Through nutritional therapy and advanced telehealth, Virta's clinical weight loss program uses food as medicine to reverse weight gain. Members eat their way to better health with a nutrition plan made just for them and support from medical providers, coaches, and digital health tools. By shifting what they eat, not how much, members can quickly lose unwanted weight, lower A1c, and reduce medications. Virta's care plan includes:

- Personal provider care and coaching
- Scale, meter, and testing supplies
- Guidance to make go-to meals more healthy
- Daily support via the Virta app (mobile/desktop)

GETTING STARTED: To get started with Virta, go to www.virtahealth.com/join or email support@virtahealth.com.



2024

Robins & Morton provides this service for you and your dependents covered by the medical plan.

“After struggling with diabetes for 10 years, I started this program. Since then, I have lost 30 pounds, my blood sugar readings are below 100 and my Virta nurse practitioner told me to stop my diabetes medication.
- Robins & Morton team member”

“The tools and directions in the program have helped me lose weight and lower my blood sugar. I think anyone with type 2 diabetes could benefit from this program.
- Robins & Morton team member”

Vivante Health GI Thrive



medical

PLAN DESIGN: GI Thrive focuses on improving gut health through a confidential, at-home program. This program comes with a GutCheck microbiome analysis, registered dietitians, nutrition guidance and health coaches.

HEALTH COACHES: GI Thrive health coaches specialize in stress management, goal setting, exercise, medication management and making positive changes last.

ELIGIBILITY: Team members and their dependents enrolled in a Robins & Morton medical plan are eligible for this service.

GETTING STARTED: To get started with GI Thrive, download the GI Thrive app or sign up at welcome.mygithrive.com/robinsmorton. For questions, call 1.833.336.9488 or email support@vivantehealth.com.

Note: This program is completely confidential. Privacy laws protect your personal information and protected health information (PHI). GI Thrive by Vivante Health is in strict compliance with these privacy laws and does not share PHI with anyone, including Robins & Morton. This program is not meant to replace your physician's treatment plan.



2024

Robins & Morton provides this service for you and your dependents covered by the medical plan.

FEEL YOUR BEST: GI Thrive focuses on ways to help people feel their best with things like:

- How to identify GI symptom triggers
- How to manage GI symptoms at home
- Personal food plans, tailored to your body (including special diets to manage inflammatory bowel disease and IBS)
- Recipes and meal ideas to improve your gut health
- Proven methods for coping with stress and anxiety affecting your gut health

Make sure to use
company code
ROBINS&MORTON
at enrollment.

“

Thank you for adding the GI Thrive benefit! I've had meetings with both the dietitian and health coach, both are wonderful. Best addition to all the ones we already have, a thousand thanks!

- Robins & Morton team member

”

“

I can finally make healthy living sustainable for the long-term.

- Robins & Morton team member

”





GRAIL

In partnership with GRAIL, Robins & Morton is pleased to offer eligible team members the Galleri multi-cancer early detection test at no cost. The Galleri test detects a cancer signal across more than 50 types of cancer.

HOW DOES IT WORK? Through a simple blood draw, the Galleri test looks at DNA in your blood to determine if any of it may have come from cancer cells. GRAIL's Galleri test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider.

ELIGIBILITY CRITERIA: The Galleri test is being offered to team members and their dependents aged 50 years or older, or 35-49 with certain risk factors, enrolled in a medical plan.

The Galleri test is intended to be used in addition to, and not replace, other cancer screening tests your healthcare provider recommends. The test does not measure your genetic risk of developing cancer in the future.

GETTING STARTED: Register and order a test at www.galleri.com/robinsmorton

UNDERSTANDING THE RESULTS:



No Cancer Signal Detected

This means that no cancer signal was found; however, not all cancers can be detected by the Galleri test. Be sure to continue with routine recommended cancer screening tests. Missing routine cancer screenings or ignoring symptoms could lead to a delayed diagnosis of cancer.



Cancer Signal Detected

This means that there are signals associated with cancer were detected. Your healthcare provider will discuss appropriate follow-up tests to confirm if cancer is present. The Galleri test does not diagnose cancer.

False negative and false positive results do occur.

GRAIL



2024

Robins & Morton covers the cost of this service for team members enrolled in a medical plan.

Key benefits of the Galleri test:

- **EARLY CANCER DETECTION** Detects many cancers not commonly screened for today, to allow for earlier treatment
- **TESTING WITH EASE** Completed with a simple blood draw
- **ACTIONABLE RESULTS** If a cancer signal is found, the results point to where the cancer is coming from with high accuracy

FOR TEAM MEMBERS NOT ENROLLED IN A MEDICAL PLAN:

For team members not enrolled in a medical plan who wish to use GRAIL, the cost of this service is \$949 paid directly to GRAIL.

Hinge Health

Hinge Health specializes in reducing musculoskeletal (MSK) pain, surgeries, and opioid use.

Robins & Morton will fully cover the cost of Hinge for all team members and spouses enrolled in a Robins & Morton medical plan.

WHAT IS HINGE? Hinge Health is an at-home musculoskeletal physical therapy solution that allows members to work with a health coach and participate in knee, hip, spine, neck or shoulder sessions for chronic joint pain. The program is delivered remotely using mobile and wearable technology. Members 18 years and older are eligible to participate, but must be approved by Hinge Health through a questionnaire to determine if Hinge Health is the appropriate course of action for their chronic spine and joint pain.

HOW DOES IT WORK? The Hinge process begins with an initial PT video assessment. Members will join the call from the app. The physical therapist will then ask questions about symptoms, assess the home environment and perform a physical exam.

After the initial call, the physical therapist will customize a plan for the member containing types of exercises, length, reps, sessions per week and weekly progressions of exercise. This plan will be available on the app.

Members will also receive wearable sensors and a tablet that capture and interpret human movement and posture for form feedback and correction.

AVAILABLE PROGRAMS: Our Digital MSK Clinic (DMC) offering consists of FOUR programs:

Chronic Program - contains current program pathways for the following areas: Back, Knee, Hip, Shoulder and Neck, Women's Pelvic Health, Foot, Ankle, Elbow, Wrist and Hand.

Acute Program - for recent injury to any area

Surgery - for pre-/post-rehab

Prevention - job-specific exercises to reduce risk

GETTING STARTED: To get started with Hinge, go to hinge.health/robinsmorton.



2024

Robins & Morton provides this service for you and your dependents enrolled in the medical plan.

This benefit is offered to team members and dependents over age 18 enrolled in a Robins & Morton medical plan.

COMPLETE CLINICAL TEAM

- Physical therapists for physical recovery and personalized care
- Health coaches for lasting behavior change
- Surgeons and physicians for expert medical opinion

COMPREHENSIVE TECHNOLOGY

- Wearable sensors for real-time feedback *(please note, wearable sensors are only available to members of the Chronic program)*
- Advanced motion tracking with computer vision
- All-in-one app experience
- Integrated EMR data with HingeConnect

medical



Benefit Cards and Access

Knowing the benefit cards in your wallet and benefit apps on your phone will simplify your life. You have two kinds of benefit cards with the Robins & Morton plan; cards that identify you as a plan participant and debit cards to provide convenient payment options.

You will not receive a new card unless you request one from the vendor or the HR Helpline at 205.803.0102. You can also download the app and cards to your mobile device.

IDENTIFICATION CARDS



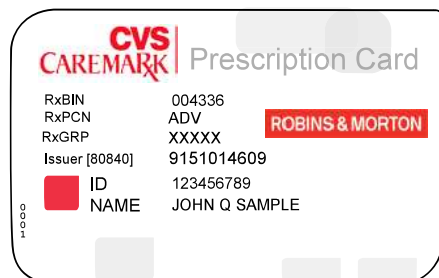
ALABAMA BLUE

Blue Cross Blue Shield of Alabama administers the medical benefits for Robins & Morton. Present this card when you visit your doctor, hospitals, laboratories and others that provide you medical services. You can also access the mobile app for your card. Most providers will ask for your ID card with each visit so keep this card with you for all visits and emergencies.



Website: <http://www.bcbsal.org>

Customer Service: 800.292.2262



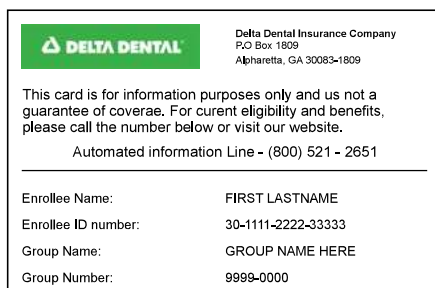
CVS CAREMARK

Your prescription drug benefits are provided by CVS/ Caremark. Present this card at your pharmacy to fill your prescriptions. In most cases, you will only need to present this card once to a pharmacy. You will receive this card upon enrollment in a medical plan.



Website: <http://www.cvs.com>

Customer Service: 800.334.8134



DELTA DENTAL

We use the Delta Dental PPO and Delta Premier networks for our dental plan. You will need to show this card at the dentist.

You can obtain additional cards on the Delta Dental website or by downloading the Delta Dental Mobile App available on both iTunes and the Android App Store.



Website: <http://www.deltadentalins.com>

Customer Service: 800.521.2651



NET BENEFITS

For those that enrolled in the Saver or Catastrophic Health Plan, you have access to a Health Savings Account at Fidelity Investments. You must go to the Fidelity website and open your HSA before any contributions can be deposited to your account. Robins & Morton will make regular deposits to the HSA along with any contributions you make, up to the IRS limits. You may use this card to access your HSA funds to pay for medical expenses.

REMEMBER: You must open your account on the Fidelity website. Open your account by going to the website, log in just like you would to access your 401(k) and click the word OPEN next to the Health Savings Account and answer several questions.



Website: <http://www.401k.com>

Customer Service: 800.544.3716

Lost or stolen card: 888.377.0323



PAYFLEX MOBILE

Debit cards from PayFlex provide Robins & Morton team members with point-of-purchase access to their Limited Purpose Flexible Spending Account. Remember, you fund the LPFSA with contributions from your paycheck to pay for vision or dental expenses only.

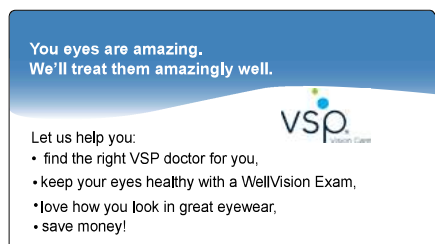
This is a MasterCard debit card and you will receive periodic replacements about 30 days before the date shown on the front of the card. If your card is lost or stolen, please contact PayFlex immediately to prevent unauthorized use of your card.



Website: <http://mypayflex.com>

Customer Service: 844.729.3539

Lost or stolen card: 844.729.3539



VSP VISION CARE

VSP is paperless and does not issue identification cards. VSP provides our voluntary vision care program to Robins & Morton. At your next visit tell your vision provider your coverage is VSP. The office will locate you in the VSP system. You can obtain a card that does not show your name on the VSP website or by downloading the VSP Mobile site at <https://www.vsp.com>.



Website: <https://www.vsp.com>

Customer Service: 800.877.7195

Saver Plan

Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.

Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2024 maximum contribution is **\$4,150** for single coverage and **\$8,300** for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.

SUMMARY OF COST SHARING PROVISIONS

(Includes mental health and substance abuse)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible For individual coverage, no benefits, except preventive care, are paid by the plan until medical expenses paid by the individual equal the deductible amount. For family coverage, no benefits, except preventive care, are paid by the plan to any family member until that individual family member meets the individual deductible amount or the total medical expenses paid by the family equal the family deductible amount	\$3,200 self-only coverage; \$5,000 family coverage Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible	\$6,000 self-only coverage; \$10,000 family coverage Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum	\$3,500 self-only coverage; \$6,500 family coverage After you reach your individual Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year Note: The calendar year out-of-pocket maximum is combined for medical and prescriptions. Prescription drugs administered through CVS Caremark	There is no out-of-pocket maximum for out-of-network services.

INPATIENT HOSPITAL AND PHYSICIAN BENEFITS

(Includes mental health and substance abuse)

Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury.
Inpatient Physician Visits and Consultations	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible

OUTPATIENT HOSPITAL BENEFITS

(Includes Mental Health Disorders and Substance Abuse)

Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit [AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList](https://www.alabamablue.com/ProviderAdministeredPrecertificationDrugList).

If precertification is not obtained, no benefits are available.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Emergency Room (Medical Emergency)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 80% of the allowed amount, subject to in-network calendar year deductible
Emergency Room (Accident)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Emergency Room (Physician)	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 100% of the allowed amount, subject to in-network calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, subject to in-network calendar year deductible
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible

Saver Plan continued

PHYSICIAN BENEFITS

(Includes mental health and substance abuse)

Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit [AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList](https://alabamablue.com/ProviderAdministeredPrecertificationDrugList).

If precertification is not obtained, no benefits are available.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Office Visits and Consultations	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Second Surgical Opinions	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible

TELEHEALTH SERVICES

Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.

TELECONSULTATION SERVICES

Teleconsultation services will be provided by American Well and Blue Cross and Blue Shield of Alabama will process teleconsultation claims as In-Network. American Well contracted teleconsultation amount per consultation is \$67. Teleconsultation services for NON-COVID-19 claims will be covered at 100% of the allowed amount subject to a \$67 payment per consultation. Teleconsultation services for COVID-19 claims covered at 100% of the allowed amount, no copay or deductible.

PREVENTIVE CARE BENEFITS

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> See AlabamaBlue.com/PreventiveServices for listing of specific immunizations and preventive services or call our Customer Service Department for a printed copy 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Other Routine Screenings <p>Limited to once per calendar year with no age limitations:</p> <ul style="list-style-type: none"> Complete Blood Count Cholesterol screening (to include total cholesterol, HDL, LDL, and Triglycerides) Glucose test Urinalysis 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine OB/GYN Exam <p>One visit per calendar year for females age 18 and older (This is in addition to your annual PCP routine office visit)</p>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Additional HSA Preventive Medical Services <p>Blood Pressure Monitor</p> <ul style="list-style-type: none"> One every 5 years for member diagnosed with hypertension <p>Peak Flow Meter</p> <ul style="list-style-type: none"> One annually for member diagnosed with asthma <p>International Normalized Ratio (INR) Testing</p> <ul style="list-style-type: none"> Maximum of 15 per year for member diagnosed with liver disorder and/or bleeding disorder <p>Lipoprotein (LDL) Testing</p> <ul style="list-style-type: none"> Maximum of 5 per year for member diagnosed with heart disease <p>Hemoglobin A1C Testing</p> <ul style="list-style-type: none"> Maximum of 4 per year for member diagnosed with diabetes <p>Retinopathy Screening</p> <ul style="list-style-type: none"> Maximum of 3 per year for member diagnosed with diabetes 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered

Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.

Saver Plan continued

PRESCRIPTION DRUG BENEFITS

Prescription Drugs	Prescription drug benefits are covered through CVS Caremark.
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BENEFITS FOR OTHER COVERED SERVICES

(Includes mental health and substance abuse)

Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services Limited to 20 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy • Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year • Unlimited Occupational, Physical and Speech Therapy for Autism Spectrum Disorders	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy • Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year • Unlimited Occupational, Physical and Speech Therapy for Autism Spectrum Disorders	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible
Home Infusion	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 100% of the allowed amount, subject to calendar year deductible
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 60% of the allowed amount, subject to calendar year deductible

HEALTH MANAGEMENT BENEFITS

(Includes mental health and substance abuse)

Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .
Contraceptive Management	Covers prescription contraceptives, which include: injectables, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.

USEFUL INFORMATION TO MAXIMIZE BENEFITS

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area, the average charge for care in the area or in accordance with applicable Federal law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

Catastrophic Plan

Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.

Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2024 maximum contribution is **\$4,150** for single coverage and **\$8,300** for family coverage. If you have any questions about the benefits of an HSA, please consult your tax accountant.

SUMMARY OF COST SHARING PROVISIONS

(Includes mental health and substance abuse)

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible For individual coverage, no benefits, except preventive care, are paid by the plan until medical expenses paid by the individual equal the deductible amount. For family coverage, no benefits, except preventive care, are paid by the plan to a family member until that individual family member meets the individual deductible amount or the total medical expenses paid by the family equal the family deductible amount	\$5,000 self-only coverage; \$10,000 family coverage Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible	\$10,000 self-only coverage; \$20,000 family coverage Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible
Calendar Year Out-of-Pocket Maximum All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum	\$6,000 self-only coverage; \$12,000 family coverage After you reach your self-only Calendar Year Out-of-Pocket Maximum (even if you are covered under family coverage), applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year Note: The calendar year out-of-pocket maximum is combined for medical and prescriptions. Prescription drugs administered through CVS Caremark	There is no out-of-pocket maximum for out-of-network services.

INPATIENT HOSPITAL AND PHYSICIAN BENEFITS

(Includes mental health and substance abuse)

Precertification is required for inpatient admissions (except medical emergency services, maternity and as required by Federal law); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible Note: In Alabama, available only for medical emergency services and accidental injury.
Inpatient Physician Visits and Consultations	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

OUTPATIENT HOSPITAL BENEFITS

(Includes mental health and substance abuse)

Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit [AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList](https://www.alabamablue.com/ProviderAdministeredPrecertificationDrugList).

If precertification is not obtained, no benefits are available.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Emergency Room (Medical Emergency)	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 70% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 70% of the allowed amount, subject to in-network calendar year deductible
Emergency Room (Accident)	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 70% of the allowed amount, subject to calendar year deductible
Emergency Room (Physician)	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 100% of the allowed amount, subject to in-network calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, subject to in-network calendar year deductible
Chemotherapy, Dialysis, IV Therapy, Outpatient Diagnostic Lab, Pathology, Radiation Therapy & X-ray	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

Catastrophic Plan continued

PHYSICIAN BENEFITS

(Includes mental health and substance abuse)

Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit [AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList](https://alabamablue.com/ProviderAdministeredPrecertificationDrugList).

If precertification is not obtained, no benefits are available.

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Office Visits and Consultations	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Second Surgical Opinions	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

TELEHEALTH SERVICES

Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.

TELECONSULTATION SERVICES

Teleconsultation services will be provided by American Well and Blue Cross and Blue Shield of Alabama will process teleconsultation claims as In-Network. American Well contracted teleconsultation amount per consultation is \$67. Teleconsultation services for NON-COVID-19 claims will be covered at 100% of the allowed amount subject to a \$67 payment per consultation. Teleconsultation services for COVID-19 claims covered at 100% of the allowed amount, no copay or deductible.

PREVENTIVE CARE BENEFITS

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Routine Immunizations and Preventive Services <ul style="list-style-type: none"> See AlabamaBlue.com/PreventiveServices for listing of specific immunizations and preventive services or call our Customer Service Department for a printed copy 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Other Routine Screenings <p>Limited to once per calendar year with no age limitations:</p> <ul style="list-style-type: none"> Complete Blood Count Cholesterol screening (to include total cholesterol, HDL, LDL, and Triglycerides) Glucose test Urinalysis 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Routine OB/GYN Exam <p>One visit per calendar year for females age 18 and older (This is in addition to your annual PCP routine office visit)</p>	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Additional HSA Preventive Medical Services <p>Blood Pressure Monitor</p> <ul style="list-style-type: none"> One every 5 years for member diagnosed with hypertension <p>Peak Flow Meter</p> <ul style="list-style-type: none"> One annually for member diagnosed with asthma <p>International Normalized Ratio (INR) Testing</p> <ul style="list-style-type: none"> Maximum of 15 per year for member diagnosed with liver disorder and/or bleeding disorder <p>Lipoprotein (LDL) Testing</p> <ul style="list-style-type: none"> Maximum of 5 per year for member diagnosed with heart disease <p>Hemoglobin A1C Testing</p> <ul style="list-style-type: none"> Maximum of 4 per year for member diagnosed with diabetes <p>Retinopathy Screening</p> <ul style="list-style-type: none"> Maximum of 3 per year for member diagnosed with diabetes 	Covered at 100% of the allowed amount, no copay or deductible	Not Covered

Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.

Catastrophic Plan continued

PRESCRIPTION DRUG BENEFITS

Prescription Drugs	Prescription drug benefits are covered through CVS Caremark.
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BENEFITS FOR OTHER COVERED SERVICES

(Includes Mental Health Disorders and Substance Abuse)

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Allergy Testing & Treatment	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 70% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services Limited to 20 visits per member per calendar year	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
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Habilitative Occupational, Physical and Speech Therapy • Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year • Unlimited Occupational, Physical and Speech Therapy for Autism Spectrum Disorders	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Health and Hospice	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Home Infusion	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 100% of the allowed amount, subject to calendar year deductible
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 70% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible

HEALTH MANAGEMENT BENEFITS

(Includes Mental Health Disorders and Substance Abuse)

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- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area, the average charge for care in the area or in accordance with applicable Federal law.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.