

	Surest					UMR HDHP1		UMR HDHP2	
	Individual		Family			Individual	Family	Individual	Family
Deductible (Medical/RX)	\$0		\$0			\$2000 (Combined)	\$4000 (Combined)	\$3000 (Combined)	\$6000 (Combined)
Out-of-pocket (OOP) Maximum (Medical/RX)	\$4000		\$8000			\$4000 (Combined)	\$8000 (Combined)	\$6000 (Combined)	\$12000* (Combined)
Deductible/OOP Details	No Individual will pay more than \$4K annually in medical and/or in prescription copays. Once this limit is reached, remaining costs will be covered by other family members.					Each person's costs are pooled with covered dependents until the deductible (and out-of-pocket maximum) are fully satisfied. *HDHP2 Family coverage has an \$8700 individual maximum.			
Wellness Incentive (Must earn 5 points in Asset Health by 11/30)	\$300 paid on payslip (Taxed as supplemental income)					\$600 HSA Deposit for Partner only coverage \$1,200 HSA Deposit for Partner + CH,SP, Family coverage.			
Medical Services and Copays or Coinsurance	When providers or locations are evaluated as high-value, Surest assigns a lower copay based on factors like better patient health outcomes, lower complication rates, and efficient resource use. To view copays, navigate to https://join.surest.com/schreiber/ Access code: schreiber2026					Schreiber pays for 80% of coverage once your deductible is met.			
Preventive care	The plan pays 100% without having to pay a copay or coinsurance								
No-cost programs available through medical enrollment	Expert medical opinion (2nd MD), Virtual physical therapy (Sword Health), Weight/Gut/Diabetes Management (Digbi), Virtual Healthcare (Doctor on Demand), Menopause Support (Carrot), Parenting and Pediatrics (Carrot), Cancer Prevention Program (Color Health), Fertility (Carrot)								
Covered services	All three plans have the same covered medical services.								
Provider Network	All three plans use the UHC Choice Plus medical network and SmithRX pharmacy network.								
Preventive Drug List	ACA Preventive Drug List					Expanded Preventive Drug List			
Prescription Coverage	Tier	Retail 30 days	Retail 90 days	Mail Order 30 days	Specialty	Preventive Drugs			All Others (Excluding Specialty)
	1	\$10	\$30	\$25		Retail & Mail Order	Generic Preventive: \$0 (no deductible) Brand Preventive: Preferred/non-preferred brands: Schreiber pays for 80% of cost, no deductible needs to be met	Schreiber pays 80% after deductible is met	
	2	\$25	\$75	\$65					
	3	\$45	\$135	\$115					
	4				\$140				
	5				\$160				
Specialty drugs*	Use SmithRx Connect 360 programs to obtain your medications.								

Note: All coverage amounts above show in-network providers; see Summary Plan Description for out-of-network benefits. Family deductibles and out-of-pocket maximums apply to partners covering one or more dependents.

