Medical Benefits

Medical benefits are provided through Leading Edge with Anthem, **a BCBS Network**. We chose a plan that we felt brought the best value and service for our employees. The plan offers the flexibility to see any doctor you wish; however, you will pay less out-of-pocket when you see an in-network provider. Keep in mind your choice is effective for the entire 2027 plan year, unless you have a Qualifying Life Event.

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by Anthem, a BCBS Network. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

Medical Plan Features	
Plan Options	**Premier**
Annual Deductible (In-Network / Out-of-Network)	
Individual	$2,000/$4,000
Family	$4,000/$8,000
Annual Out-of-Pocket Maximum, Includes Deductible (In-Network / Out-of-Network)	
Individual	$5,000 / $12,000
Family	$10,000 / $24,000
Coinsurance (In-Network / Out-of-Network)	
	80% / 50%
Services (In-Network / Out-of-Network)	
Preventive Care	100%
Virtual Visit	$10 copay
Physician Office Visit	$30 copay
Specialist Visit	$50 copay
Hospital Benefit	80% after deductible / 50% after deductible
Emergency Room	$500 copay
Urgent Care	$75 copay
Pharmacy (Generic / Preferred Brand / Non-Preferred Brand)	
Retail 30-Day	$15/$50/$85
Mail 90-Day	$37.50/$125/$212.50
Biweekly Contributions	
Employee Only	$161.01
Employee + Spouse	$341.19
Employee + Children	$298.75
Employee + Family	$495.08

Medical Premiums

The table above shows the per-pay (26 biweekly deductions per year) employee cost. Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your biweekly contributions.

Medical Benefits Continued

Rising Costs of Healthcare

The cost of healthcare in the U.S. has been steadily growing each year. Why? Some of the factors include an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs), and an increase in chronic illnesses. The Company wants to help keep you healthy, so we do what we can to keep your healthcare costs reasonable. Make sure you're informed about your options so you can make the best healthcare choices for you and your family. Placing an importance on preventive care, making healthy choices, and managing costs will help keep your health — and wallet — in control in the long run.

Healthcare Cost Transparency

Healthcare cost transparency tools are online services available through most health insurance carriers that allow consumers to compare costs for medical services, from prescriptions to major surgeries, to make choices easier.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms look a lot like the urgent care centers you are likely used to, but the costs and services can be drastically different. In general, consider an urgent care center as an extension of your primary care physician, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns could save you hundreds of dollars.

Thoughts & Tips:

Most preventive care offered by an in-network physician is covered at 100%.

How to Find a Provider

Visit **mesa.leadingedgeadmin.com** and register as a member to seach or you can search as a guest on **anthem.com/find-care** and select **National PPO (BlueCard PPO)**.

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, a generic version costs 80% to 85% less than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps such as GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Home Delivery Pharmacy

Skip the trip to the pharmacy by having your ongoing medications delivered to your home through CarelonRx Pharmacy. Home delivery offers convenient 90-day supplies, free standard shipping, refill reminders, and automatic refill options. Pharmacists are available by phone, text, or chat 24/7 to answer questions.

To get started, log in at anthem.com and go to Prescriptions Home, or open the Sydney Health app and select Pharmacy. Choose View Prescriptions and follow the steps to switch eligible prescriptions to home delivery. CarelonRx can contact your doctor if a new prescription is needed.

For help, call the number on the back of your member ID card or use the live chat feature through Sydney Health or anthem.com.

Understanding Out-of-pocket Costs

Deductible

The amount you must pay for covered services before your insurance starts paying its portion.

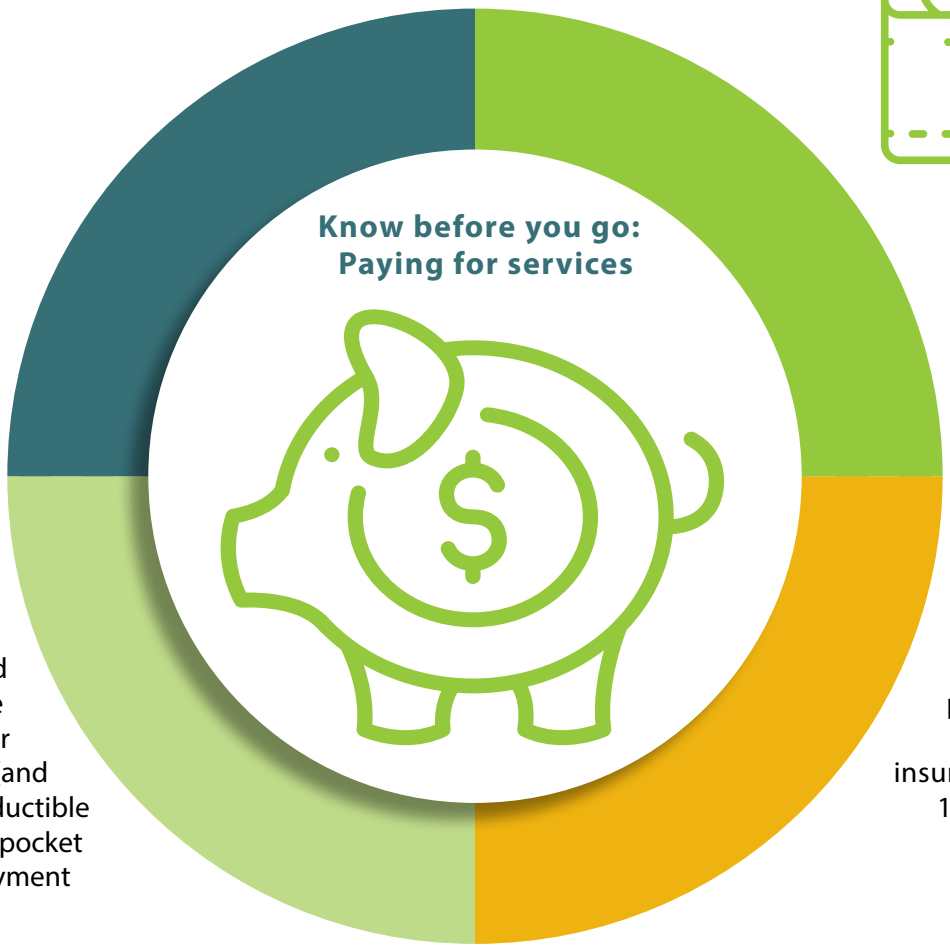
UP TO DEDUCTIBLE

YOU PAY **100%**

Copay

The fixed amount you pay for healthcare services at the time you receive them.





Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

% YOU PAY

% PLAN PAYS

AFTER DEDUCTIBLE IS REACHED

UP TO THE OUT-OF-POCKET MAXIMUM

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

AFTER OUT-OF-POCKET MAXIMUM IS REACHED

PLAN PAYS **100%** THROUGH END OF PLAN YEAR

Preventive Care

Most health plans are required to cover a set of preventive services — at no cost to you!

Screening tests and routine checkups are considered preventive, which means they're often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

- Wellness visits, physicals, and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes
- Pediatric screenings for hearing, vision, obesity, and developmental disorders

- Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

Where to Go for Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.

PRIMARY CARE CENTER

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

What are the costs and time considerations?**

- Often requires a copay and/ or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment.

NURSE LINE

When would I use this?

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*

Answers to questions regarding:

- Symptoms
- Medications and side effects
- Self-care home treatments
- When to seek care

What are the costs and time considerations?**

- Nurse lines are usually available 24 hours a day, 7 days a week.
- This service is usually free as part of your medical insurance.

TELEMEDICINE

When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

What are the costs and time considerations?**

- There is usually a first-time consultation fee and a flat fee or copay for any visit thereafter.
- Access to care is usually immediate.
- Some states may not allow for prescriptions through telemedicine or virtual visits.

URGENT CARE CENTER

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

What are the costs and time considerations?**

- Often requires a copay and/ or coinsurance that is usually higher than an office visit.
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.

DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

EMERGENCY ROOM

When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

What are the costs and time considerations?**

- Often requires a much higher copay and/or coinsurance.
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

**This is a sample list of services and may not be all-inclusive.*
***Costs and time information represent averages only and are not tied to a specific condition or treatment.*