

Retiree Plan for Medicare-Eligible Participants

| Medical Benefits | |
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| Fund Annual Deductible | None |
| Medicare Parts A and B Deductibles | Plan pays 100% |
| Medicare Part A Hospital Stays: 1 - 60 th Day 61 st - 100 th Day Skilled Nursing Facility 21 st to 100 th Day Home Health Care Blood | Plan pays 100% of Medicare Part A Deductible Plan pays 100% of per diem (if Medicare does not pay because all of inpatient Hospital days have been used, no benefits are paid by the Plan) Plan pays 100% of per diem Plan pays 20% of Medicare allowable Plan pays 20% of Medicare allowable (Participant pays for first three pints of blood, unless someone else donates blood to replace). |
| Medicare Part B Medical, Home Health, Outpatient Hospital, and Other Services Outpatient Mental Health Mammogram Screening, Bone Mass Measurements, Pap Test and Pelvic Exams Colorectal Cancer Screening Prostate Cancer Screening Vaccinations | Plan pays 100% of Medicare Part B Deductible Plan pays 20% of Medicare allowable Plan pays 50% of Medicare allowable Plan pays 20% of Medicare allowable Plan pays 20% of Medicare allowable Plan pays 20% of Medicare allowable Plan pays 20% of Medicare allowable Plan pays 20% of Medicare allowable for Hepatitis B shots Medicare pays 100% of flu and pneumococcal immunizations if the provider accepts Medicare assignment. Plan pays 20% of Medicare allowable for the injection for flu and pneumococcal immunizations |
| Prescription Drug Benefits | |
| Brand Name Annual Deductible (Retail and Maintenance Drug/Mail Order Programs) Separate from Medical deductible | \$100 per person; up to \$300 family maximum |
| Retail Program Generic Medication Brand Name Medication Single-Source Multi-Source Fill limit for maintenance (long-term) medications through the retail program | For up to a 30-day supply, you pay: \$10 per prescription After deductible: \$20 per prescription \$20 per prescription plus the difference in cost between the generic and multi-source brand name medication; with a minimum Copayment of \$40 Coverage is provided for up to 3 fills only |
| Maintenance Drugs through Maintenance Choice Program at Retail or through Mail Order Programs Mail Order Program Generic Medication Brand Name Medication Single-Source Multi-Source Fill limit for maintenance (long-term) medications | For up to a 90-day supply, you pay: \$20 per prescription After deductible, \$50 per prescription \$50 plus the difference in cost between the generic and multi-source brand name medication; with a minimum Copayment of \$100 No limit if filled through the Maintenance Choice or Mail Order Programs |
| <i>Prescriptions filled at non-participating pharmacies, take-home prescriptions and self-administered drugs provided by the Hospital, non-sedating prescription allergy medications, and proton pump inhibitors (stomach medication) are covered at 50%. Compound prescriptions not processed under your Caremark Card will be covered at 50%</i> | |
| Death Benefit | |
| Retired Employee | \$5,000 |
| Spouse | \$2,500 |
| Dependent child less than 19 years of age | \$1,250 |
| <i>At the end of the calendar year each individual and or designated Beneficiary will receive a tax document (1099R) from the Plan office indicating the amount of Death Benefit received.</i> | |