

Schedule of Benefits

Active Employees, Non-Medicare-Eligible Retirees, and Their Eligible Dependents

The following chart highlights key features of the Plan. These benefits are described in detail within this booklet.

Medical Benefits	Active and Retired Employee
Annual maximum	No maximum
Calendar-year Deductible	\$500 per person; \$1,500 family maximum
Coinsurance (unless noted otherwise)	After Deductible (when applicable), Plan pays:
PPO	80%
Non-PPO	70%
Calendar-year out-of-pocket maximum	\$1,500 per person; \$4,500 family maximum
<i>The out-of-pocket-maximum does not include amounts paid toward meeting the Deductible. In addition, amounts paid for prescription drugs, Physical Therapy, and Chiropractic Services (which includes X-rays and lab testing) do not apply toward meeting your out-of-pocket maximum. In addition, these expenses are not paid at 100% once you reach your out-of-pocket maximum.</i>	
Routine immunizations	Plan pays 100%, no Deductible. The Plan follows the guidelines recommended by the American Academy of Pediatrics and/or Centers for Disease Control and Prevention (CDC)
Mental or nervous health treatment	After the Deductible, Plan pays:
Inpatient	80%
Outpatient	80%
Substance abuse treatment	After the Deductible, Plan pays:
Inpatient	80%
Outpatient	80%
Calendar-year maximums	After Deductible, Plan pays up to:
Chiropractic services	\$1,250 per person
Outpatient Physical/Occupational Therapy	40 visits per person
Diabetic therapeutic supplies and services	No maximum
Family planning	After Deductible, Plan pays up to:
Mastectomy bra	80%
Post-mastectomy camisole	80% (up to 4 per year) 80% (up to 1 per year)
Lifetime maximums	After Deductible, Plan pays up to:
Bariatric surgery	1 course of treatment per lifetime
Cochlear Implants	No Maximum
Wheelchairs	1 wheelchair per person
Artificial limbs or eyes	1 set of artificial limbs and 1 set of artificial eyes per person, and Medically Necessary replacements
TMJ	No Maximum
One set of Glasses or contacts after cataract surgery	After Deductible, the Plan pays for one set of Glasses or Contacts per person. One frame is payable. Standard lenses are covered meaning, CR-39 basic plastic or white (clear) glass lenses. A single vision, lined bifocal, lined trifocal, lined lenticular or progressive lens is payable. No coverage for special coatings or tints on lenses. One set of Medically Necessary contact lenses are payable, in lieu of all other lens and frame benefits.

Prescription Drug Benefits		Active and Retired Employee
Brand-name annual Deductible (retail and maintenance drug/mail-order programs); separate from medical deductible	\$100 per person; \$300 family maximum	
Retail program Generic medication Brand-name medication Single-source Multi-source	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	
Fill limit for maintenance (long-term) medications through the retail program	Coverage is provided for up to 3 fills only	
Maintenance drugs at retail or through mail-order program Generic medication Brand-name medication Single-source Multi-source	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	
Fill limit for maintenance (long-term) medications through the retail program	Maximum of 3 fills of maintenance medications through retail, which then should be filled through mail order or CVS90 retail.	
Specialty drugs	Same copays as above for retail and mail-order prescriptions, depending on the type of specialty drug. Specialty drugs must be filled through OptumRx's preferred retail Pharmacy.	
<i>Prescriptions filled at nonparticipating pharmacies, take-home prescriptions, and self-administered drugs provided by a Hospital, non-sedating prescription allergy medications, and proton pump inhibitors (stomach medication) are covered at 50%. The Deductible applies for brand-name medications only. Compound prescriptions not processed under your OptumRx Card will be covered at 50%.</i>		
Injury and Illness Weekly Benefit		Active Employee Only
Weekly benefit	\$300	
Benefit payable	26 weeks per occurrence	
When benefits begin for total disability caused by:		
Nonoccupational Injury	1st day	
Nonoccupational Illness	8th day	
Death Benefit		Active
Employee	\$10,000	
Spouse	\$10,000	
Dependent child	\$10,000	
Death Benefit		Non-Medicare Retiree
Retiree	\$5,000	At the end of the calendar year, each individual and/or designated Beneficiary will receive a tax document (1099R) from the Fund office indicating the amount of Death Benefit and/or Accidental Death and Dismemberment Benefit they received.
Spouse	\$2,500	
Dependent Child	\$10,000	
Accidental Death and Dismemberment Benefit		Active Employee Only
For loss of life, two limbs, sight in both eyes, or one limb and sight of one eye	\$10,000	
For loss of one hand, one foot, or sight in one eye	\$5,000	
For loss of thumb or index finger of one hand	\$2,500	