

SUMMARY OF BENEFITS: Active Employee Program and Disabled Employee Program

This Summary of Benefits is not available to participants eligible for coverage under the Retired Employee Program. Unless noted otherwise, percentages listed indicate amount of Covered Charges paid by the Plan. Covered Charges are paid based on the usual, customary, and reasonable charge (UCR).

MEDICAL BENEFITS

Annual Deductible	\$300 per person \$600 family maximum	
Annual Out-of-Pocket Maximum	\$3,000 per person \$6,000 family	
Annual Maximums:		
• Medical Benefits	No maximum on or after January 1, 2014	
• Chiropractic Treatment	24 visits per person (additional visits require preauthorization)	
Lifetime Maximum for Weight Loss/Reduction Benefit	\$2,500 per person	
Utilization Review Penalty	\$200 ¹ per occurrence	
	Network Provider	Non-Network Provider
Hospital and Inpatient Mental Health/Substance Abuse Treatment Facility	90%	80% of UCR
Outpatient Facility Charges	90% ²	80% of UCR
Physician/Other Provider (Non-Facility Providers):		
• Preventive Services	100% (not subject to deductible)	80% of UCR after a minimum of 80% per office visit
• Specialist	100% after \$40 per office visit	80% of UCR after a minimum of \$40 per office visit
• Mental Health/Substance Abuse Provider	100% after \$20 per office visit	80% of UCR after a minimum of \$20 per office visit
• All Others	100% after \$20 per office visit	80% of UCR after a minimum of \$20 per office visit
Transplant Benefits (Hospital and Physician)	90%	50% of UCR ²

PRESCRIPTION DRUG BENEFITS

Annual Deductible³	\$50 per person ²	
	Retail Pharmacy Program Co-Payment (30-Day Supply)	Mail Order and CVS/Walgreens Retail Program Co-Payment (90-Day Supply)
Minimum/Maximum Co-Payment	\$5/\$100	\$10/\$125
Generic Medication	15% of prescription cost	10% of prescription cost
Brand Name Medication⁴	20% of prescription cost	15% of prescription cost

HEARING AID BENEFITS

Co-Payment	100%
Benefit Maximum	One exam and one device per ear every five years per person

¹ Does not apply toward annual deductible or out-of-pocket maximum.

² Does not apply toward out-of-pocket maximum.

³ Separate from the Medical Benefits Annual Deductible

⁴ If a brand name medication is requested when a generic is available the difference in cost between the generic and brand name medication is added to the co-payment. This does not apply if the Physician specifies Dispense as Written (DAW) on the prescription.

DISABILITY AND DEATH BENEFITS (Employees Only)

Weekly Disability Benefit (Active Employees Only)	\$350 per week / \$70 a day for up to 13 weeks (for non-occupational disability only)
Death Benefit:	\$20,000
• Terminal Illness Benefit	\$10,000 (see your Summary Plan Description for more information)
Accidental Death & Dismemberment Benefit:	
• Loss of life, both hands, both feet, sight of both eyes, or any combination of hand, foot or sight of one eye	\$20,000
• Loss of one hand, one foot, or sight of one eye	\$10,000
• Loss of thumb (each)	\$5,000