

**SUMMARY OF BENEFITS: Surviving Spouse Program**

This Summary of Benefits applies to Surviving Spouses under age 65. Surviving Spouses age 65 or older are covered 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**

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

**PRESCRIPTION DRUG BENEFITS**

|  |   |   |
|--|---|---|
| <b>Annual Deductible<sup>3</sup></b>     | \$50 per person <sup>2</sup>                              |   |
|  | <b>Retail Pharmacy Program Co-Payment (30-Day Supply)</b> | <b>Mail Order and CVS/Walgreens Retail Program Co-Payment (90-Day Supply)</b> |
| <b>Minimum/Maximum Co-Payment</b>        | \$5/\$100   | \$10/\$125  |
| <b>Generic Medication</b>                | 15% of prescription cost                                  | 10% of prescription cost  |
| <b>Brand Name Medication<sup>4</sup></b> | 20% of prescription cost                                  | 15% of prescription cost  |

**HEARING AID BENEFITS**

|                        |   |
|------------------------|---|
| <b>Co-Payment</b>      | 100%  |
| <b>Benefit Maximum</b> | One exam and one device per ear every five years per person |

<sup>1</sup> Does not apply toward annual deductible or out-of-pocket maximum.

<sup>2</sup> Does not apply toward out-of-pocket maximum.

<sup>3</sup> Separate from the Medical Benefits Annual Deductible

<sup>4</sup> 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.