



SELF-PAID RETIREE HEALTH PLANS 2008 / 2009

BENEFIT	PLAN 1C	PLAN 4C	PLAN 6C	PLAN 8C	PLAN 10C	HDHP 2
MAJOR MEDICAL*	Deductible: 0 Coinsurance: 100%	Deductible: \$100 Ind / \$300 family Coinsurance: 90/10 Out-of-Pocket Max: \$300 per person + deductible (Per Calendar Year)	Deductible: \$250 Ind / \$750 family Coinsurance: 80/20 Out-of-Pocket Max: \$1,000 per person + deductible (Per Calendar Year)	Deductible: \$500 Ind / \$1,500 family Coinsurance: 80/20 Out-of-Pocket Max: \$2,000 per person + deductible (Per Calendar Year)	Deductible: \$2,000 Ind / \$6,000 family Coinsurance: 80/20 Out-of-Pocket Max: \$4,000 per person + deductible (Per Calendar Year)	Deductible: Individual: \$2,000 Family** \$6,000 (no individual limit applies) Coinsurance: 80/20 Out-of-Pocket Max: Individual: \$3,250 + deduct Family: \$4,500 + deduct **Family = Employee with one or more covered dependent(s) (Per Calendar Year)
LIFETIME MAX PER PERSON	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
DOCTOR VISITS	Paid at 100% Par Rate to Contracted Providers	\$10 co-pay (co-pay not applied to deductible or out-of-pocket max)	\$10 co-pay (co-pay not applied to deductible or out-of-pocket max)	Major Medical*	Major Medical*	Major Medical*
ANNUAL PHYSICAL	Up to \$200/ year for employee & spouse, balance to Major Medical*	Up to \$200/ year for employee & spouse, balance to Major Medical*	Up to \$200/ year for employee & spouse, balance to Major Medical*	Up to \$200/ year for employee & spouse, balance to Major Medical*	Up to \$200/ year for employee & spouse, balance to Major Medical*	Up to \$200/ year for employee & spouse, balance to Major Medical*
IMMUNIZATIONS	Emp & spouse covered under annual physical allowance. Paid at 100% Par Rate to Contracted Providers for covered dependent children.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical* Employee & spouse covered under annual physical allowance.	Major Medical*
PREVENTIVE CARE FOR CHILDREN	Paid at 100% Par Rate to Contracted Providers. Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible	Major Medical* Covered, as long as eligible
WELL WOMAN: PAP SMEAR/ MAMMOGRAM	Paid at 100% Par Rate to Contracted Providers.	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*
OUTPATIENT X-RAY & LAB	Paid at 100% Par Rate to Contracted Providers	Major Medical*	Major Medical*	Major Medical*	Major Medical*	Major Medical*
PHYSICAL THERAPY	Paid at 100% Par Rate to Contracted Providers. Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* (Copay, if applicable) Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* (Copay, if applicable) Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.
CHIROPRACTIC	Paid at 100% Par Rate to Contracted Providers Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable) Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* (Co-pay, if applicable) Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* Non-Par Providers limited to 13 visits per year, max \$25 per visit.	Major Medical* Non-Par Providers limited to a combined maximum of 13 visits per year, max \$25 per visit.
ACUPUNCTURE	Paid at 100% Par Rate to Contracted Providers. Maximum of 12 visits per calendar year	Major Medical* (Co-pay, if applicable) Max of 12 visits per calendar year	Major Medical* (Co-pay, if applicable) Maximum of 12 visits per calendar year	Major Medical* Maximum of 12 visits per calendar year	Major Medical* Maximum of 12 visits per calendar year	Major Medical* Maximum of 12 visits per calendar year

Page 2	PLAN 1C		PLAN 4C		PLAN 6C		PLAN 8C		PLAN 10C		HDHP-2
HOSPITAL INPATIENT	100% Par Rate to Contracted Providers; Unlimited days; Semi private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room		Major Medical* Unlimited days, semi-private room
HOSPITAL EMERGENCY ROOM	\$35 co-pay (co-pay waived if admitted as in-patient)		\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		\$35 co-pay Major Medical* (co-pay not applied to deductible or out-of-pocket max and waived if admitted as in-patient)		Major Medical*
RADIATION THERAPY, CHEMOTHERAPY & SURGERY	Paid at 100% Par Rate to Contracted Providers		Major Medical*		Major Medical*		Major Medical*		Major Medical*		Major Medical*
HOME HEALTH CARE	Paid at 100% Par Rate to Contracted Providers Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year		Major Medical* Limited to 100 visits per calendar year
HOSPICE	100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000		100% of Covered Expense with a lifetime maximum of \$10,000		Major Medical* with a lifetime maximum of \$10,000
DURABLE MEDICAL EQUIPMENT	Paid at 100% Par Rate to Contracted Providers		Major Medical*		Major Medical*		Major Medical*		Major Medical*		Major Medical*
AMBULANCE-GROUND/AIR	100% of covered charges		Major Medical*		Major Medical*		Major Medical*		Major Medical*		Major Medical*
MENTAL HEALTH - INPATIENT	Facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar year.		After deductible met, facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar yr.		After deductible met, facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar yr.		After deductible met, facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar yr.		After deductible met, facility charges paid at 80% to Preferred Providers up to a maximum of 30 days per calendar yr.		After deductible met, facility charges paid at 80% to Contracted Providers up to a maximum of 30 days per calendar year.
MENTAL HEALTH & SUBSTANCE ABUSE PROFESSIONAL CHARGES (INPATIENT/OUTPATIENT)	50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Preferred Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)		After deductible met, 50% up to a maximum of \$50 per visit to Contracted Providers & up to \$25 to Non-Par Providers. (Substance abuse limited to 50 visits per year)
SUBSTANCE ABUSE INPATIENT	\$300 Copay – After copay met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.		\$300 Copay – After copay met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.		After deductible met, MHN Provider -- 100%. Non-MHN Provider – 50%. Two courses of treatment during lifetime.
PRESCRIPTION DRUGS (CO-PAYMENTS)	<u>Retail</u> \$7 Gen \$25 Prefd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Gen \$60 Prefd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Gen \$25 Prefd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Gen \$60 Prefd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Gen \$25 Prefd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Gen \$60 Prefd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Gen \$25 Prefd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Gen \$60 Prefd \$90 Non-Pref (90-day supply)	<u>Retail</u> \$7 Gen \$25 Prefd \$40 Non-Pref (30-day supply)	<u>Mail Order</u> \$15 Gen \$60 Prefd \$90 Non-Pref (90-day supply)	* Major Medical

ALL PERCENTAGES ARE BASED ON CONTRACTED HOSPITALS, PHYSICIANS AND OTHER NETWORK PROVIDERS. Major Medical* - Deductible and coinsurance apply. Non-par (non-participating) providers receive payments based on the non-participating fee allowance and are subject to the deductibles and coinsurance of the plan. **THIS SUMMARY IS FOR COMPARISON PURPOSES ONLY. PLEASE REFER TO THE**

ACTUAL SUMMARY PLAN DESCRIPTION FOR COMPLETE BENEFITS.