

Highlights of 2012 Medical Options

		EPO (In-Network Services Only)	PPO Low Deductible		PPO Standard		PPO High Deductible	
			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible ^{1,2}	Employee-Only Coverage	None	\$200/person	\$400/person	\$400/person	\$800/person	\$1,200/person	\$2,400/person
	Employee + Spouse Coverage	None	\$200/person; \$400/family	\$400/person; \$800/family	\$400/person; \$800/family	\$800/person; \$1,600/family	\$2,400/family	\$4,800/family
	Employee + Child(ren) Coverage	None	\$200/person; \$400/family	\$400/person; \$800/family	\$400/person; \$800/family	\$800/person; \$1,600/family	\$2,400/family	\$4,800/family
	Family Coverage	None	\$200/person; \$400/family	\$400/person; \$800/family	\$400/person; \$800/family	\$800/person; \$1,600/family	\$2,400/family	\$4,800/family
Annual Maximum Out-of-Pocket Limit ^{1,3}	Employee-Only Coverage	\$2,500/person	\$2,500/person	\$5,000/person	\$2,500/person	\$5,000/person	\$2,400/person	\$4,800/person
	Employee + Spouse Coverage	\$2,500/person; \$5,000/family	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family	\$4,800/family	\$9,600/family
	Employee + Child(ren) Coverage	\$2,500/person; \$5,000/family	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family	\$4,800/family	\$9,600/family
	Family Coverage	\$2,500/person; \$5,000/family	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family	\$2,500/person; \$5,000/family	\$5,000/person; \$10,000/family	\$4,800/family	\$9,600/family
Lifetime Maximum Amount		Unlimited	Unlimited		Unlimited		Unlimited	
Choice of Providers		Must use participating providers	Must use participating providers	Can use any providers	Must use participating providers	Can use any providers	Must use participating providers	Can use any providers
Monthly Premium for Full-Time Employee	Employee-Only Coverage	Employee pays \$122	Employee pays \$87		Employee pays \$65		Employee pays \$29	
	Employee + Spouse Coverage	Employee pays \$290	Employee pays \$220		Employee pays \$174		Employee pays \$102	
	Employee + Spouse Coverage with Employed Spouse Premium	Employee pays \$490	Employee pays \$420		Employee pays \$374		Employee pays \$302	
	Employee + Child(ren) Coverage	Employee pays \$259	Employee pays \$194		Employee pays \$151		Employee pays \$88	
	Family Coverage	Employee pays \$427	Employee pays \$329		Employee pays \$260		Employee pays \$157	
	Family Coverage with Employed Spouse Premium	Employee pays \$627	Employee pays \$529		Employee pays \$460		Employee pays \$357	

1) There are different Maximum Out-of-Pocket Limits and Deductible amounts for In-Network and Out-of-Network services; however, the In-Network and Out-of-Network Maximum Out-of-Pocket Limit and Deductibles are cross-applied — which means they will accumulate toward each other.

2) The Annual Deductible is the annual amount you're responsible for paying for covered medical services before the plan begins to pay. Your annual premium cost or co-pays for prescriptions, vision, dental, physician office services or urgent care centers don't count toward your deductible.

3) The Annual Maximum Out-of-Pocket Limit is the limit on the dollar amount you're responsible for paying out of pocket in a calendar year for covered medical services. This includes your deductible, co-pays and co-insurance. Once you reach your out-of-pocket limit, the plan will pay 100% of the allowable amount for eligible medical expenses up to the plan's lifetime maximum benefit amount. Because your expenses for your monthly premium amount, prescriptions, vision, dental and non-precertification penalties do not count toward your out-of-pocket limit, however, you would have to continue paying for those expenses even after you have reached your out-of-pocket limit.

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			In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Services	Inpatient Services	Plan pays 100% after \$300 co-pay for each in-patient confinement	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Emergency Room	Plan pays 100% after \$100 co-pay (waived if admitted)	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
	Urgent Care Facility	Plan pays 100% after \$30 co-pay	Plan pays 100% after \$30 co-pay	Plan pays 100% after \$30 co-pay	Plan pays 100% after \$30 co-pay	Plan pays 100% after \$30 co-pay	Plan pays 80% after deductible	Plan pays 80% after deductible
	Outpatient Surgery, MRI/MRA, PET Scans, CAT Scans	Plan pays 100% after \$100 co-pay	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Physician Office Services	Primary Care Physician	Plan pays 100% after \$20 co-pay	Plan pays 100% after \$20 co-pay	Plan pays 70% after deductible	Plan pays 100% after \$20 co-pay	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Specialist	Plan pays 100% after \$30 co-pay	Plan pays 100% after \$30 co-pay	Plan pays 70% after deductible	Plan pays 100% after \$30 co-pay	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Chiropractic Care (maximum 20 visits/year)	Plan pays 100% after \$20 co-pay	Plan pays 100% after \$20 co-pay	Plan pays 70% after deductible	Plan pays 100% after \$20 co-pay	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Allergy Injection	Plan pays 100% after \$5 co-pay	Plan pays 100% after \$5 co-pay	Plan pays 70% after deductible	Plan pays 100% after \$5 co-pay	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Preventive Health Care Services	Covered in Full	Covered in Full	Not Covered	Covered in Full	Not Covered	Covered in Full	Not Covered
	Maternity Services	\$20 co-pay first visit only; all other care — plan pays 100% of allowable amount	\$20 co-pay first visit only; all other care — plan pays 90% of allowable amount	Plan pays 70% after deductible	\$20 co-pay first visit only; all other care — plan pays 80% of allowable amount	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Mental Health and Substance Abuse	In-patient (unlimited visits)	Plan pays 100% after \$300 co-pay for each in-patient confinement	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Out-patient (unlimited visits)	Individual Therapy: Plan pays 100% after \$20 co-pay; Group Therapy: Plan pays 100% after \$20 co-pay	Individual Therapy: Plan pays 100% after \$20 co-pay; Group Therapy: Plan pays 100% after \$20 co-pay	Plan pays 70% after deductible	Individual Therapy: Plan pays 100% after \$20 co-pay; Group Therapy: Plan pays 100% after \$20 co-pay	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Limitations	Advance approval required	Advance approval required		Advance approval required		Advance approval required	

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Other Coverage	Cardiac Rehabilitation (maximum 30 visits/year)	Plan pays 100% after \$30 co-pay	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Occupational, Physical and Speech Therapy (maximum 20 visits/year)	Plan pays 100% after \$30 co-pay	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Skilled Nursing Facility (maximum 60 days/year)	Plan pays 100% after \$300 co-pay for each inpatient confinement	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Ambulance Services	Covered in Full	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
	Home Care Services (limited to 60 visits/year)	Covered in Full	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Human Organ and Tissue Transplant Services	Covered in Full	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Hospice Services	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
	Durable Medical Equipment	Covered in Full	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Prescription Drugs Covered Thru Medco Health Solutions	Generic formulary (retail pharmacy)	Plan pays 100% after \$7 co-pay	Plan pays 100% after \$7 co-pay	Not Covered	Plan pays 100% after \$7 co-pay	Not Covered	Plan pays 100% after \$7 co-pay	Not Covered
	Brand name formulary (retail pharmacy)	Plan pays 100% after \$25 co-pay	Plan pays 100% after \$25 co-pay	Not Covered	Plan pays 100% after \$25 co-pay	Not Covered	Plan pays 100% after \$25 co-pay	Not Covered
	Non-formulary (retail pharmacy)	Plan pays 100% after \$40 co-pay	Plan pays 100% after \$40 co-pay	Not Covered	Plan pays 100% after \$40 co-pay	Not Covered	Plan pays 100% after \$40 copay	Not Covered
	Medco Mail Order Pharmacy — Members are required to use Medco's Mail Order Pharmacy for refilling Maintenance prescriptions (required after three refills at retail pharmacy for the same maintenance medication) ⁴	Plan pays 100% after two co-pays for 90 day supply	Plan pays 100% after two co-pays for 90-day supply	Not Covered	Plan pays 100% after two co-pays for 90-day supply	Not Covered	Plan pays 100% after two co-pays for 90-day supply	Not Covered
	Medco's Accredo Health Pharmacy — Mail order is required for Specialty prescriptions ⁵	Plan pays 100% after one co-pay for 30 day supply	Plan pays 100% after one co-pay for 30-day supply	Not Covered	Plan pays 100% after one co-pay for 30-day supply	Not Covered	Plan pays 100% after one co-pay for 30-day supply	Not Covered
Vision Services Covered Thru Vision Service Plan (VSP)	Exam (one/12 months)	Plan pays 100% after \$15 co-pay	Plan pays 100% after \$15 co-pay	Not Covered	Plan pays 100% after \$15 co-pay	Not Covered	Plan pays 100% after \$15 co-pay	Not Covered
	Lenses, Frames and Contacts (VSP) (one/24 months)	Plan pays based on plan allowance	Plan pays based on plan allowance	Not Covered	Plan pays based on plan allowance	Not Covered	Plan pays based on plan allowance	Not Covered

4) Maintenance prescriptions include medications taken regularly to maintain certain medical conditions (e.g., diabetes, hypertension, cholesterol). Members are allowed to refill the same maintenance medication at a retail pharmacy three times. After the third refill at retail for the same maintenance medication, members are required to use Medco's Pharmacy. Call Medco to set up your mail order refills.

5) Specialty prescriptions include medications for conditions such as multiple sclerosis, psoriasis, rheumatoid arthritis, transplants, etc. If your prescription is a specialty medication, Medco's Accredo Pharmacy will contact you to get you set up on the mail order program.

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