

# Medical Highlights

## Open Enrollment

Sept. 12 – 30, 2011

Online only — 100% paperless enrollment 

Everyone required to make an election

### Understanding your options

As an eligible employee, four medical options are available to you and your eligible dependents for 2012. You may choose among the four options administered by Anthem.

- EPO
- PPO Low Deductible
- PPO Standard
- PPO High Deductible

Review the options carefully before selecting an option that best meets your needs. We feel that each of these options will offer important advantages to different employees.

### How the options work

All four medical options provide high-quality health care and cover a wide range of services, including:

- in-patient hospital services;
- doctors' and surgeons' fees;
- X-rays and lab tests;
- medical supplies;
- out-patient services;
- medications; and
- vision services.



All four options offer the same coverage for medications and vision benefits. The options differ in premium costs, co-payments, deductibles, co-insurance, out-of-pocket maximums and network coverage.

### How the EPO option works

This option provides 100 percent benefit coverage at in-network providers after you pay applicable co-payments, such as \$20 physician visits, \$30 specialist visits, \$300 in-patient hospital stay and \$100 out-patient surgeries. See "Highlights of 2012 Medical Options" chart for more information.

The Anthem Blue Preferred EPO option allows you to obtain benefits from in-network providers only. Out-of-network providers are covered only in cases of emergencies. Availability is limited to certain parts of Indiana and Kentucky. To determine availability in your area, contact Anthem at 1-877-750-6062 or check its website at [www.anthem.com](http://www.anthem.com).

### How the PPO Low Deductible option works

The PPO Low Deductible option has co-pays for certain in-network services — \$20 physician visits, \$30 specialist visits, \$30 urgent care centers. For other covered medical expenses at an in-network provider, you must first pay an annual \$200 deductible per person, limited to \$400 for a family. Once the deductible is paid, the plan pays 90% of covered medical services, and you pay 10%, until your out-of-pocket costs (including your deductible, 10% co-insurance, \$20 physician co-pays, \$30 specialist co-pays, \$30 urgent care centers), reach \$2,500 for any person or \$5,000 for a family, in-network. Then, the plan pays 100% of covered medical services at in-network providers.

The Anthem PPO Low Deductible option allows you to receive benefits from in-network and out-of-network providers and provides access on a statewide and national basis across the United States. To receive the highest level of benefit coverage and to avoid balance billing, you should use an in-network provider. If you use an out-of-network provider, the reimbursement will be lower, and you will be subject to balance billing from your provider. See "Highlights of 2012 Medical Options" chart for more information.

Continued on next page

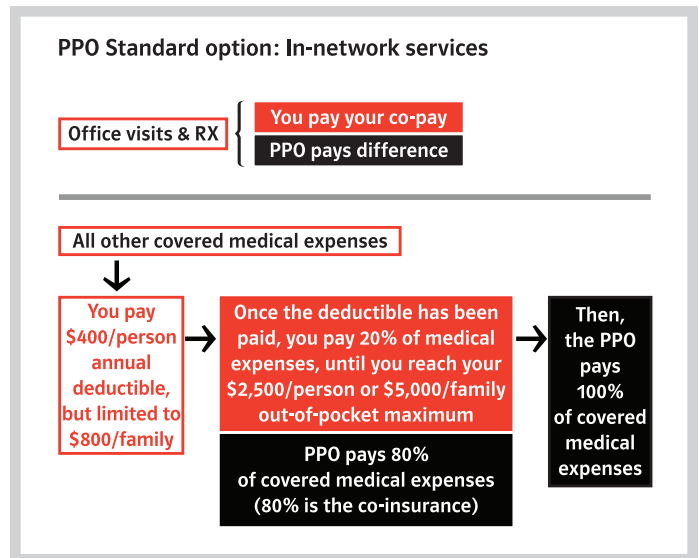
### How the PPO Standard option works

The PPO Standard option has co-pays for certain in-network services — \$20 physician visits, \$30 specialist visits, \$30 urgent care centers. For other covered medical expenses at an in-network provider, you must first pay an annual \$400 deductible per person, limited to \$800 for a family, in-network. Once the deductible is paid, the plan pays 80% of covered medical services, and you pay 20%, until your out-of-pocket costs (including your deductible, 20% co-insurance, \$20 physician co-pays, \$30 specialist co-pays, \$30 urgent care centers), reach \$2,500 for any person or \$5,000 for a family. Then, the plan pays 100% of covered medical services at in-network providers.

The Anthem Standard option is like the PPO Low Deductible option that provides benefits from in-network and out-of-network providers, and provides access on a statewide and national basis across the United States. See "Highlights of 2012 Medical Options" chart for more information.

### How the PPO High Deductible Works

In return for low monthly premiums, you must satisfy a high deductible that applies to all health care expenses except preventive care and prescription drug coverage. You pay 20 percent co-insurance after you have paid the deductible until you reach your out-of-pocket maximum. If you cover dependents — coverage levels of employee + spouse, employee + child(ren) or family — you must meet the **entire** family deductible before benefits are payable for any family member, and you must reach the **entire** family out-of-pocket maximum before the plan pays 100% for any family member.



The Anthem PPO High Deductible option is like the PPO Standard option that provides benefits from in-network and out-of-network providers and provides access on a statewide and national basis across the United States. See "Highlights of 2012 Medical Plan Options" chart for more information.

### For more information

The Benefits website is available to you 24 hours a day, seven days a week. You can contact Anthem at 1-877-750-6062 for questions about specific plan benefits or search for in-network providers online at [www.anthem.com](http://www.anthem.com). Anthem's Coverage Advisor online tool can help you compare the four options. Go to [www.anthem.com/preenrollment/](http://www.anthem.com/preenrollment/) and use the login name **LKE**.

Additional Information			
	Customer Service	Web Access	Searching for In-Network Providers
Anthem Blue Preferred EPO Contract #003329600 Prefix: LGH	1-877-750-6062	<a href="http://www.anthem.com">www.anthem.com</a>	Access Web address. Click on <b>Find a Doctor</b> ; select <b>Kentucky</b> ; click <b>Next</b> . From the <b>Select a Plan</b> drop-down box, select <b>Blue Preferred HMO</b> . From <b>Select a Provider Type</b> , make your selection; from <b>Select a Specialty Category</b> , make your selection; click <b>Next</b> . Follow screen instructions to continue your search.
Anthem National PPO: — PPO Low Deductible — PPO Standard — PPO High Deductible Contract #003329600 Prefix: LGE	1-877-750-6062	<a href="http://www.anthem.com">www.anthem.com</a>	Access Web address. Click on <b>Find a Doctor</b> ; select <b>Search National BlueCard Directory</b> ; click <b>Next</b> . Under <b>Members</b> , enter <b>LGE</b> . Click <b>Next</b> . Select <b>Search Type (Search by Location or Look up by Name)</b> . Follow screen instructions for continue your search.

See **Highlights of 2012 Medical Options** charts on the following pages.

## 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 <sup>1,2</sup>	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 <sup>1,3</sup>	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.

This summary is intended to provide a brief description of the medical options and is not a comprehensive disclosure of all plan terms. Detailed information can be found in the Summary Plan Description and in the plan document. If statements in this summary are inconsistent with the formal provisions of the plan document, the formal provisions of the plan document apply and control. A copy of the plan document is available on the company's intranet or, upon request, from your Human Resources representative.

## 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
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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		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
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 <b>Covered Thru Medco Health Solutions</b>	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) <sup>4</sup>	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 <sup>5</sup>	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 <b>Covered Thru Vision Service Plan (VSP)</b>	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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# Open Enrollment for 2012 Plan Year

General Comparison of 2012 Medical Plan Options for In-Network Services		EPO	PPO Low Deductible	PPO Standard	PPO High Deductible
<b>Annual full-time employee premium cost</b> — annual total payment to participate in medical plan.	Employee-Only Coverage	\$1,464	\$1,044	\$780	\$348
	Employee + Spouse Coverage	\$3,480	\$2,640	\$2,088	\$1,224
	Employee + Spouse Coverage with Employed Spouse Premium	\$5,880	\$5,040	\$4,488	\$3,624
	Employee + Child(ren) Coverage	\$3,108	\$2,328	\$1,812	\$1,056
	Family Coverage	\$5,124	\$3,948	\$3,120	\$1,884
	Family Coverage with Employed Spouse Premium	\$7,524	\$6,348	\$5,520	\$4,284
<b>Co-payment</b> <sup>1</sup> — Additional fee (or flat \$ amount) you pay the doctor or hospital at the time you receive in-network services.	\$20 PCP/\$30 specialists; <sup>5</sup> \$300 per hospital stay; \$100 outpatient services. <sup>2</sup>	\$20 PCP/\$30 specialists <sup>5</sup>	\$20 PCP/\$30 specialists <sup>5</sup>	100% for well baby/child care; 100% for preventive office visits; other office visits covered under co-insurance after the deductible.	
<b>Deductible</b> <sup>3,4</sup> — An amount you must pay for services before the plan begins to pay its co-insurance percentage of in-network services.	\$0	\$200 per person, but limited to \$400 for a family.	\$400 per person, but limited to \$800 for a family.	\$1,200 (EE-only coverage); \$2,400 (EE plus 1 or more).	
<b>Co-insurance</b> <sup>1</sup> — After deductible is met, percentage of allowable charge the plan pays and you pay for covered in-network services.	Plan pays 100%	Plan pays 90%; participant pays 10%.	Plan pays 80%; participant pays 20%.	Plan pays 80%; participant pays 20%.	
<b>Maximum out-of-pocket limit (OPL)</b> <sup>3,4</sup> — Limit on the dollar amount you are responsible for paying out of your pocket for covered medical services. Once you reach your out-of-pocket maximum, the plan pays 100% of the allowable amount for covered in-network services.	\$2,500 per person, but limited to \$5,000 for a family.	\$2,500 per person, but limited to \$5,000 for a family.	\$2,500 per person, but limited to \$5,000 for a family.	\$2,400 (EE-only coverage); \$4,800 (EE plus 1 or more).	
<b>Network restrictions</b>	Must use network providers; no coverage when services are received out-of-network.	Both in-network (90/10) and out-of-network (70/30) coverage.	Both in-network (80/20) and out-of-network (60/40) coverage.	Both in-network (80/20) and out-of-network (60/40) coverage.	
<b>Prescription drugs</b> — same for all plans	Generic formulary: \$7 retail co-pay Brand name formulary: \$25 retail co-pay Non-formulary: \$40 retail co-pay Mail-order required for maintenance medications after 3 fills at a retail pharmacy — Medco mail order: 1-866-677-8928 Accredo mail order for certain specialty medications (transplants, MS, growth hormone, etc.)				

1) Co-payments, deductibles, co-insurance and out-of-pocket limits above assume in-network services. Actual plan document will control plan provisions.  
 2) Outpatient Surgery, MRA/MRI, PET Scans and CAT Scans.  
 3) Does **not** include annual premium cost or co-pays for prescription, vision, dental, physician office services and urgent care center.  
 4) Does **not** include annual premium cost or co-pays for prescription, vision and dental. Includes the deductible, office visit co-pays, urgent care co-pays and your co-insurance.  
 5) There is no cost sharing for certain preventive exams and procedures based on health care reform guidelines.



PPL companies