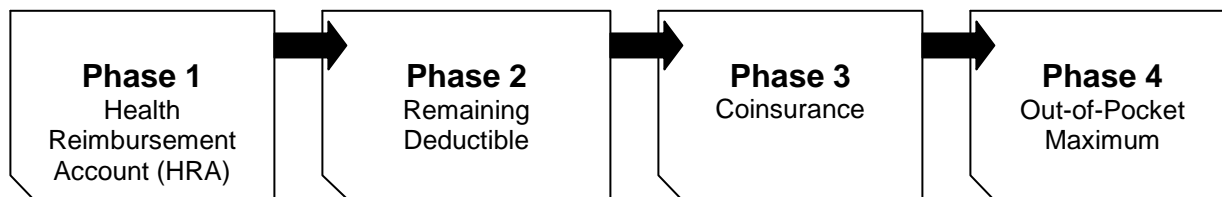


▲ Symbol indicates a change from 2010



Total Deductible = HRA dollars (Phase 1) + the Remaining Deductible (Phase 2)

Remember, qualified preventive care is covered at 100 percent.  
Your vision care is included in this plan and is covered under the Vision Exam Plan.

### Phase 1: HEALTH REIMBURSEMENT ACCOUNT (HRA)

- This account is funded by [REDACTED]
- The dollars in this account are used first to pay for 100 percent of your eligible medical expenses.

HRA	Team Member	TM+Child(ren)	TM+Spouse/DP	TM+Family
Plan Year HRA Benefit Contribution	\$350	\$500	\$600	\$850

The plan year starts on 4/1/11 and ends on 3/31/12. If your enrollment is effective in the first six months of the plan year, you will receive the entire HRA benefit contribution. If your enrollment is effective in the last six months, you will receive half of the HRA benefit contribution.

#### HRA Rollover

At the end of the plan year, your unused HRA balance rolls over to the next plan year if you re-enroll in the HRA plan.

### Phase 2: REMAINING DEDUCTIBLE

The remaining deductible is the amount of medical expenses you cover after the money in your HRA has been used and before the plan coinsurance (Phase 3) begins. You will be notified by your provider and [REDACTED] if you owe a balance after you receive health care services.

Remaining Deductible	Team Member	TM+Child(ren)	TM+Spouse/DP	TM+Family
In-Network:	\$600	\$900	\$1,075	\$1,100
Out-of-Network:	\$1,400	\$2,200	\$2,300	\$2,600

If you have HRA dollars rolled over from previous years, your remaining deductible will be less. Your remaining deductible will be higher for enrollments occurring after Oct. 1, 2011 due to prorated HRA contributions. The total deductible (HRA + remaining deductible) remains the same regardless of enrollment date. You can set aside tax-free dollars to help pay for your Remaining Deductible by enrolling in the Flexible Spending Account (FSA) for health care. Refer to the Flexible Spending Account (FSA) for health care Plan Overview for more information.

### Phase 3: COINSURANCE

If you meet your total deductible (HRA-phase 1 + remaining deductible-phase 2), you will pay coinsurance for additional eligible health care expenses. Coinsurance is how the plan and you share the cost of covered expenses up to a coinsurance maximum. For in-network medical care, the plan pays 80 percent of a covered expense and you pay 20 percent.

Covered Health Care Services	In-Network	Out-of-Network <sup>1</sup> Coverage is based on usual and customary fees/eligible expenses.
<b>Chiropractic Care</b> (24 visit maximum per plan year)	80% coverage after plan year deductible	60% coverage after plan year deductible.
<b>Choice of Provider</b>	Any provider in the network. Contact Member Services or visit myhealthcareview.com for a listing of providers.	Any doctor or licensed health care provider at a lesser benefit.
<b>Dependent Coverage</b>	Spouse; same or opposite sex domestic partner. ▲ Eligible dependents up to age 26 and eligible disabled dependents age 26 and older.	
<b>Hospital Care</b> Emergency Room  Outpatient and Inpatient	80% coverage after plan year deductible - if emergency; 60% coverage after plan year deductible - if non-emergency.  80% coverage after plan year deductible.	80% coverage after plan year deductible - if emergency; 60% coverage after plan year deductible - if non-emergency.  60% coverage after plan year deductible.
<b>Lifetime Maximum</b>	No Lifetime Maximum.	
<b>Maternity Care</b> Prenatal Care  Delivery and Postnatal Care	100% coverage for routine care after your first office visit; 80% coverage applies for care due to prenatal complications.  80% coverage after plan year deductible.	60% coverage after plan year deductible.  60% coverage after plan year deductible.
<b>Mental Health/Substance Use Disorder</b> Office Visit/Inpatient Care	80% coverage after plan year deductible.	60% coverage after plan year deductible.
<b>Office Visits/Urgent Care/Lab &amp; X-ray</b>	80% coverage after plan year deductible.	60% coverage after plan year deductible.
<b>Outpatient Surgery</b>	80% coverage after plan year deductible.	60% coverage after plan year deductible.
<b>Prescription Drugs<sup>2</sup></b> Coverage through ██████  Retail Pharmacy (30-day supply)	Generics: \$4 Preferred Brands: \$42 Non-Preferred Brands: \$70	Not Applicable
██████ Mail-Order Pharmacy (90-day supply)	Generics: \$8 Preferred Brands: \$84 Non-Preferred Brands: \$140	
90-Day Prescription at ██████ (90-day supply)	Generics: \$10 Preferred Brands: \$105 Non-Preferred Brands: \$175	
<b>Preventive Care</b> See page 4 for more information	100% coverage: (HRA dollars and deductible do not apply).	60% coverage after plan year deductible.

**Covered Health Care Services Continued**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Vision Care</b> Coverage through [REDACTED]	Vision coverage is included with this plan. For more information see the Vision Exam and Vision Eyewear Plan Overview.	
<b>Well Baby Care &amp; Immunizations</b>	100% coverage (HRA dollars and deductible do not apply).	60% coverage after plan year deductible.

<sup>1</sup>Out-of-network benefits are based on usual and customary fees/eligible expenses. You are responsible for all charges above the usual and customary fees/eligible expenses.

<sup>2</sup>HRA dollars do not apply toward pharmacy charges. Pharmacy charges do not apply toward your deductible or out-of-pocket maximum. If your medication costs less than the copayment, you pay the lesser amount.

**Phase 4: OUT-OF-POCKET MAXIMUM**

Once you have spent the amount below out of your pocket, the plan will cover 100 percent of your eligible medical costs through the end of the plan year.

<b>Out-of-Pocket Maximum</b>	<b>Team Member</b>	<b>TM+Child(ren)</b>	<b>TM + Spouse/DP</b>	<b>TM + Family</b>
In-Network:	\$3,200	\$4,750	\$5,575	\$6,300
Out-of-Network:	\$6,600	\$9,900	\$11,300	\$13,000

The out-of-pocket maximum will be lower if you rolled over HRA dollars from the previous year and it will be higher for enrollments occurring after Oct. 1, 2011 due to prorated HRA contributions. These amounts do not include the dollars funded by [REDACTED] in Phase 1.

**For More Information:**

[REDACTED] Member Services	888-[REDACTED]	[REDACTED] username: [REDACTED] password: [REDACTED]
NurseLine Services	866-[REDACTED]	
[REDACTED]	800-[REDACTED]	<a href="#">www</a> [REDACTED]
[REDACTED] (Prescriptions)	800-[REDACTED]	<a href="#">www</a> [REDACTED]
[REDACTED] Mail Order Pharmacy	800-[REDACTED]	Pay and Benefits tab on [REDACTED] Click on My Health/Health Plans then Pharmacy for more information on [REDACTED] Order Pharmacy.

## PREVENTIVE CARE DETAILS

Preventive care services are covered at 100 percent with in-network providers. It is not required that you meet your deductible first.

At a minimum, the plan pays preventive care benefits based on the recommendations of the U.S. Preventive Services Task Force (USPSTF). The plan will pay benefits for covered health services based on the guidelines for your age and gender, as well as preventive care services for which your physician documents the need based on your family or medical history. If a condition is diagnosed during a preventive care visit, office visit/service charges may apply. Below are some examples of preventive care services:

### Adult Preventive Care

Age 18 and above:

- Routine exam
- Colorectal cancer screening

Annual adult preventive care exams may include: preventive lab, x-ray, other diagnostic tests (e.g., cholesterol screening, osteoporosis screening, etc.) and immunizations.

Preventive Care for Men:

- PSA blood test and digital rectal exam

Preventive Care for Women:

- Mammogram
- Gynecological exam including breast and pelvic examination and PAP test

### Well Child Care

To age 18:

- Routine exam
- Phenylketonuria (PKU) tests
- Immunizations\*

\*Covered childhood immunizations generally include: Diphtheria-tetanus-pertussis (DTP), Oral poliovirus (OPV), Measles-mumps-rubella (MMR), Conjugate haemophilus influenza type B, Hepatitis B, Gardasil, and Varicella (Chicken Pox).

### Prenatal Care

- [REDACTED] covers certain routine prenatal care services at 100 percent.
- You may also receive care that is not routine (due to complications). These services will run through the phases of your [REDACTED] plan: your HRA if applicable, then deductible and/or coinsurance.
- Your first prenatal office visit is considered a "diagnosis," not routine care, and therefore goes through the phases of your plan (this is not covered at 100 percent).
- All routine office visits after the first one will be included in an all-inclusive charge from your doctor at the time of the delivery. This does not include your lab and diagnostic services (such as ultrasounds).

**This is only a summary.** A detailed explanation of benefits can be found in the new plan year Summary Plan Description (SPD). The SPD is available to view at [REDACTED] Call [REDACTED] Member Services with questions regarding covered and non-covered services. In the event of conflict with these materials, your updated plan year SPD will control.