



UNIVERSITY OF NOTRE DAME

EARLY RETIREE MEDICAL PLAN SUMMARY 2005

EARLY RETIREE MEDICAL PLAN SUMMARY - 2005

To help you make informed decisions about your insurance election, the University has prepared this 2005 Early Retiree Medical Plan Summary. This summary is intended to help you learn more about the benefit plans available to you. It does not replace the legal plan documents or contracts for each of the benefit plans and should not, in any way, be considered a legal contract or guarantee of coverage.

You are responsible for notifying the Office of Human Resources within 31 days of a qualifying life event, such as marriage, childbirth, adoption, and loss or gain of other insurance coverage. **(If you do not apply for additional coverage due to a status change within 31 days of the event, you may not make the change until the next Open Enrollment Period.)**

IMPORTANT CONTACT INFORMATION

Medical	Early Retiree Advantage Health (HMO) Member Service <ul style="list-style-type: none"> • Eligibility & Claim Inquiries 	www.advantageplan.com	1-800-553-8933
	Early Retiree North American (NAA) PPO: <ul style="list-style-type: none"> • Eligibility, benefit coverage, pre-certification, claim questions 	www.nahp.com	1-888-668-6855
	<ul style="list-style-type: none"> • Select Health Network (Local Network) 	www.selecthealthnetwork.com	1-888-668-6855
	<ul style="list-style-type: none"> • Beech Street (National Network) 	www.beechstreet.com	1-800-432-1776
	<ul style="list-style-type: none"> • New Avenues Midwest Behavioral Health Network (mental health provider) 	www.newavenuesonline.com	1-800-223-6246
	Early Retiree North American Health (HMO): <ul style="list-style-type: none"> • Eligibility, benefit coverage, pre-certification, claim questions 	www.nahp.com	1-888-668-6855
	<ul style="list-style-type: none"> • Community Health Alliance (CHA) Network 	www.chanetwork.com	1-888-689-2242 or 1-574-284-1820
Prescription	Medco <ul style="list-style-type: none"> • Benefit coverage, claim questions 	www.medco.com	1-800-711-0917

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)												
General Information	Under North American (NAA) PPO, you must call North American at the toll-free number, 1-888-668-6855 (on the back of your ID card) before you or a covered family member is admitted to the hospital. Your admission and length of your hospital stay will be reviewed, and if approved, you'll receive benefits based on whether you receive care from a network provider or non-network provider. Lists of Network physicians and hospitals are available at www.selecthealthnetwork.com (Local Network) or www.beechstreet.com (National Network). In the case of a life-threatening emergency, notification to the toll-free number, 1-888-668-6855, must be initiated within 48 hours or the first business day following hospital admission. If a call is not made, a reduced benefit may be paid.	Services are provided by physicians associated with the HMO. To be eligible, a person must reside or work in the HMO's service area. The HMO Primary Care Physician(PCP) directs and approves all medical care. Lists of Network physicians and hospitals are available at www.advantageplan.com . Each family member may select a different Primary Care Physician. A Midwest Behavioral network Case manager directs and approves all mental health services.	Services are provided by physicians associated with the Health Plan. To be eligible, a person (and dependents) must reside or work in the Health Plan's service area. The Health Plan does not require a referral for Specialist Care. Lists of Network physicians and hospitals are available at www.chanetwork.com or by calling (574) 284-1820 or 1-888-689-2242.												
Monthly Premiums <i>(full-time Faculty, Administrators and Staff)</i>	<table border="0"> <tr> <td>Individual coverage</td> <td>\$308.00</td> </tr> <tr> <td>Family coverage</td> <td>\$842.00</td> </tr> </table>	Individual coverage	\$308.00	Family coverage	\$842.00	<table border="0"> <tr> <td>Individual coverage</td> <td>\$223.00</td> </tr> <tr> <td>Family coverage</td> <td>\$623.00</td> </tr> </table>	Individual coverage	\$223.00	Family coverage	\$623.00	<table border="0"> <tr> <td>Individual coverage</td> <td>\$250.00</td> </tr> <tr> <td>Family coverage</td> <td>\$668.00</td> </tr> </table>	Individual coverage	\$250.00	Family coverage	\$668.00
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Deductibles (Cross accumulates between in-network and out-of-network)	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$400</td> <td style="text-align: center;">\$800</td> </tr> <tr> <td><u>Out-of-Network</u></td> <td style="text-align: center;">\$800</td> <td style="text-align: center;">\$1600</td> </tr> </table>		<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$400	\$800	<u>Out-of-Network</u>	\$800	\$1600	None	None			
	<u>Individual</u>	<u>Family</u>													
<u>In-Network</u>	\$400	\$800													
<u>Out-of-Network</u>	\$800	\$1600													
Co-insurance (Your share of eligible expenses)	<p><u>In-Network:</u> After you meet your annual deductible, the plan pays 85% of eligible charges and you pay the remaining 15%.</p> <p><u>Out-of-Network:</u> After you meet your annual deductible, the plan pays 65% of eligible, reasonable and customary charges and you pay the remaining 35% plus any amounts above reasonable & customary.</p>	None (Except applicable co-payments)	None (Except applicable co-payments)												

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)									
<p>Out-of-pocket limits Includes the annual deductible. (Cross accumulates between in-network and out-of-network). (Note: Once the out-of-pocket limit is met on an annual basis, the plan pays 100% of eligible charges. No one family member may meet this limit for the whole family.)</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td>In-Network</td> <td style="text-align: center;">\$1,000</td> <td style="text-align: center;">\$2,500</td> </tr> <tr> <td>Out-of-Network</td> <td style="text-align: center;">\$2,000</td> <td style="text-align: center;">\$4,500</td> </tr> </table>		<u>Individual</u>	<u>Family</u>	In-Network	\$1,000	\$2,500	Out-of-Network	\$2,000	\$4,500	Not Applicable	Not Applicable
	<u>Individual</u>	<u>Family</u>										
In-Network	\$1,000	\$2,500										
Out-of-Network	\$2,000	\$4,500										
<p>Physician Office Visits (Co-payments)</p>	<p><u>In-Network:</u> \$15 physician co-payment per office visit (after the co-payment is made, the plan pays 100%). This \$15.00 co-payment is still required even after deductible is met.</p> <p><u>Out-of-Network:</u> Subject to annual deductible. After you meet your annual deductible, the plan pays 65% of eligible, reasonable, and customary charges and you pay the remaining 35% plus any amounts above reasonable & customary.</p>	<p><u>Primary Care Physician</u> 100% after \$15 co-payment per primary care physician office visit.</p> <p><u>Specialist Physician</u> 100% after \$25 co-payment per specialist physician office visit (referral required).</p>	<p><u>Primary Care Physician</u> 100% after \$15 co-payment per primary care physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p> <p><u>Specialist Physician</u> 100% after \$25 co-payment per specialist physician office visit.</p>									
<p>Physician Hospital Visits</p>	<table border="0"> <tr> <td><u>In-Network:</u></td> <td style="text-align: center;">85%</td> </tr> <tr> <td><u>Out-of-Network:</u></td> <td style="text-align: center;">65%</td> </tr> </table> <p>After annual deductible is met.</p>	<u>In-Network:</u>	85%	<u>Out-of-Network:</u>	65%	No Charge	No Charge					
<u>In-Network:</u>	85%											
<u>Out-of-Network:</u>	65%											
<p>Ambulance</p>	85% after deductible	No charge for service (from area first disabled) to nearest facility qualified to provide care when medically necessary and approved by the Plan.	No charge for service (from area first disabled) to nearest facility qualified to provide care when medically necessary and approved by the Plan.									

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Anesthesiology, Cardiac and Intensive Care	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met.</p>	No Charge	No Charge
Cardiac Rehabilitation	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met.</p>	\$15 co-payment per office visit. 60 visits per each distinct condition or episode.	\$15 co-payment per office visit. 36 visits per year.
Children Eligibility <i>(Due to age)</i>	<p>Children are eligible until they reach age 23 as long as they remain unmarried and eligible on an employees' tax return.</p> <p>Coverage ends at December 31 of calendar year in which they turn 23.</p>	<p>Children are eligible until they reach age 19 and are dependent on employee for at least 50% of financial support. If the children are full-time students (at least 12 credit hours), they may remain covered until they reach age 25. Their coverage ends at the end of the calendar month in which they lose eligibility.</p>	<p>Children are eligible until they reach age 19 and are dependent on employee for at least 50% of financial support. If the children are full-time students and unmarried, they may remain covered until they reach age 25. Their coverage ends at the end of the calendar month in which they lose eligibility.</p>
Coordination of Benefits <i>(C.O.B.)</i>	<p>North American is primary for you (the employee), and your spouse's employer's insurance plan is primary for him or her. The two plans "coordinate" benefits for your dependent children. The "birthday rule" determines which plan is primary (pays first) for your dependent children. For example, if the month and day your birthday falls during the year is <u>before</u> your spouse's birthday, North American will be primary and pay benefits first for your dependents.</p> <p>There are very specific rules about how insurance plans coordinate in situations such as legal separation or divorce. In these situations, the Office of Human Resources should be contacted.</p>	<p>Advantage is always primary for you (the employee), and your spouse's employer's insurance plan is always primary for him or her. The two plans "coordinate" benefits for your dependent children. The "birthday rule" determines which plan is primary (pays first) for your dependent children. For example, if the month and day your birthday falls during the year is <u>before</u> your spouse's birthday, Advantage will be primary and pay benefits first for your dependents.</p> <p>Advantage will coordinate benefits with the primary Carrier. Applicable co-payments will still apply.</p>	<p>North American is primary for you (the employee), and your spouse's employer's insurance plan is primary for him or her. The two plans "coordinate" benefits for your dependent children. The "birthday rule" determines which plan is primary (pays first) for your dependent children. For example, if the month and day your birthday falls during the year is <u>before</u> your spouse's birthday, North American will be primary and pay benefits first for your dependents.</p> <p>If another plan is primary, North American Health HMO will consider the remaining eligible charges. North American Health HMO would coordinate for any service within their network.</p>

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Diabetic Supplies Part of the Pharmacy Benefit.	Not Applicable	Not Applicable	Not Applicable
Durable Medical Equipment	<p><u>In-Network</u> After deductible, plan pays 85% of eligible charges up to annual maximum.</p> <p><u>Out-of-Network</u> After you meet your annual deductible, the plan pays 65% of eligible, reasonable and customary charges up to the annual maximum.</p> <p>Annual maximum of \$15,000 per person / per year.</p>	Covered in full; \$2,500 maximum per calendar year.	Covered in full with prior approval from North American Administrators.
Emergency Services <i>(Out-of-Area/Out-of-State)</i>	You are not required to contact North American Administrators before seeking medical treatment. If a network provider is used, benefits are paid at 85% after deductible. If an out-of-network provider is used, benefits are paid at 65% of U&C (usual and customary) after deductible. If you are out of the area at the time emergency treatment is required, and it is not life threatening, you may call Beech Street at 1-800-432-1776 to locate the nearest national network provider. If the medical emergency turns into an inpatient hospital admission, the physician or the employee should contact North American within 48 hours to have the stay pre-certified.	<p>If you are facing a medical emergency and your medical condition is dangerous or life threatening go to the nearest medical facility for treatment, whether you are in the Advantage service area or out of the area. Call or make certain that your Primary Care Physician is contacted as soon as possible, in any case within 48 hours.</p> <p>\$100 co-payment for Emergency Room</p> <p>Routine medical care and non-emergency care received out of town is not covered.</p>	<p>Out-of-Service Area, seek emergency services and notify North American Health Plan within 48 hours to assist with the processing of the claim. Should the employee have any questions, they can reach North American Health (HMO) at 1-888-668-6855.</p> <p>\$100 co-payment for Emergency Room</p> <p>Routine medical care and non-emergency care received out of town is not covered.</p>
Emergency Services <i>(In-Area)</i>	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met.</p> <p><u>Urgent Care</u> \$50 co-payment for services provided at South Bend Clinic Immediate Care Center.</p>	<p>\$100 co-payment for Emergency Room (waived if patient is admitted).</p> <p><u>Urgent Care</u> \$40 co-payment for services provided at South Bend Clinic Immediate Care Center.</p>	<p>\$100 co-payment for Emergency Room (waived if patient is admitted).</p> <p><u>Urgent Care</u> \$40 co-payment for Urgent Care Facility at MedPoint and other CHA Urgent Care providers</p>

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Fertility Testing and Counseling	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met.</p> <p>Provides coverage for medically necessary treatment to diagnose infertility, test for physical abnormalities of the reproductive system that might cause infertility, and correct existing pathologies of the reproductive system.</p>	<p>\$15 co-payment per primary care physician office visit for Out-Patient charges.</p> <p>\$250 hospital co-payment for In-Patient stays</p> <p>\$100 co-payment for out-patient surgery.</p> <p>Subject to \$2,500 lifetime maximum.</p> <p>Provides coverage for medically necessary treatment to diagnose infertility, test for physical abnormalities of the reproductive system that might cause infertility, and correct existing pathologies of the reproductive system.</p>	<p>\$15 co-payment per office visit for Out-Patient charges from a PCP.</p> <p>\$250 hospital co-payment for In-Patient stays.</p> <p>\$100 co-payment for out-patient surgery.</p> <p>Subject to \$2,500 lifetime maximum.</p> <p>Provides coverage for medically necessary treatment to diagnose infertility, test for physical abnormalities of the reproductive system that might cause infertility, and correct existing pathologies of the reproductive system.</p>
Home Health Care	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met and if determined to be medically necessary. Subject to \$25,000 annual maximum/\$50,000 lifetime maximum. There may be some limitations.</p>	<p>100% after \$15 co-payment per visit. There may be some limitations.</p>	<p>100% after \$15 co-payment per visit. Limit of 60 visits per Calendar Year.</p>
Hospital Room & Board	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met.</p>	<p>A \$250 hospital co-payment is required per person per hospital admission. Maximum of \$500 per person/\$1,000 per family for in-patient services per plan year (the \$500 per person charge is two hospital admissions; the \$1,000 is four hospital admissions).</p>	<p>A \$250 hospital co-payment is required per person per hospital admission. Maximum of \$500 per person/\$1,000 per family for in-patient services (the \$500 per person charge is two hospital admissions; the \$1,000 is four hospital admissions).</p>
Human Organ Transplants	<p>NAA utilizes Life Trac as their program for transplants and other services. Life Trac program offers over 30 hospitals across the US including, Chicago Medical Center, University of Michigan Medical Center, Memorial Sloan-Kettering Cancer Center, and MD Anderson.</p>	<p>Human organ and tissue transplant services for both the recipient and the donor are covered when the recipient is a covered person. In-patient hospital co-payment applies. \$10,000 benefit for transportation and lodging.</p>	<p>Liver, heart, kidney, cornea, bone marrow-- are treated the same as hospital inpatient expenses.</p> <p>NAA utilizes Life Trac as their program for transplants and other services. Life Trac program offers over 30 hospitals across the US including, Chicago Medical Center, University of Michigan Medical Center, Memorial Sloan-Kettering Cancer Center, and MD Anderson.</p>

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)
Hospitals	<ul style="list-style-type: none"> • St. Joseph Community Hospital, Mishawaka, IN; • St. Joseph Hospital Regional Medical Center, Plymouth, IN; • St. Joseph's Regional Medical Center, South Bend, IN; • Memorial Hospital Mother and Child Care Center and neo-natal nursery are included as in-network services. • Community Hospital of Bremen, Bremen, IN • Goshen General Hospital, Goshen, IN • Indiana University Medical Center, Indianapolis, IN • Lakeland Regional Medical Center, Niles, MI • La Porte Hospital, La Porte, IN • Methodist Hospital, Indianapolis, IN • Riley Children's Hospital, Indianapolis, IN • Saint Anthony Hospital, Michigan City, IN • South Haven Community Hospital, South Haven, MI <p>(See directory or web page for a complete listing.)</p>	<ul style="list-style-type: none"> • Community Hospital of Bremen, Bremen, IN • St Joseph's Regional Medical Center, Inc., Plymouth Campus • Saint Joseph's Medical Center, Inc., South Bend Campus • Saint Joseph's Community Hospital of Mishawaka, Inc. 	<ul style="list-style-type: none"> • Memorial Hospital, South Bend, IN; • Adams County Memorial Hospital, Decatur, IN; • Bloomington Hospital; Bloomington, IN; • Clarian/I.U. Medical Center, Indianapolis, IN; • Clarian/Riley Hospital for Children, Indianapolis, IN; • Community Hospital of Bremen, Bremen, IN; • Elkhart General Hospital, Elkhart, IN; • LaPorte Hospital, LaPorte, IN; • Madison Hospital, South Bend, IN 46617; • Lakeland Medical Center-Niles, Niles, MI; • Oaklawn Psychiatric Center, Inc., Goshen, IN; • St. Anthony Memorial Health Center, Michigan City, IN; • University of Chicago Hospitals, Chicago, IL; <p>(See directory or web page for a complete listing.)</p>
Laboratory & X-Ray (Billed by a radiologist, pathologist or hospital)	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met.</p>	No Charge	No Charge

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)
<p>Maternity (No pre-existing conditions apply)</p>	<p><u>Network:</u> Maternity benefits are administered under a global fee charge at the time of delivery. Global fees include antepartum care (visits to doctor prior to delivery), delivery services (vaginal delivery --- with or without episiotomy/forceps and caesarian delivery), and postpartum care (hospital and office visit following delivery). Because of the global fee, the \$15 co-payment may not be required at each office visit. Subject to annual deductible and 85% coinsurance.</p> <p>Memorial Hospital Mother and Child Care Center and neo-natal nursery are included as in-network services.</p> <p>Baby Steps is a program offered by NAA that offer case management to High-risk pregnancies.</p> <p><u>Out-of-Network:</u> Pre-natal and post-natal office visits and delivery---subject to annual deductible and 65% coinsurance.</p> <p><i>Baby needs to be enrolled within 31 days of birth.</i></p>	<p>100% after \$15 co-payment per office visit. Delivery fee is the same as regular hospitalization.</p> <p>Delivery Fee: \$250 hospital co-payment per person per admission.</p> <p>One hospitalization co-pay applies for mother and child providing mother and child are discharged at the same time.</p> <p><i>Baby needs to be enrolled within 31 days of birth.</i></p>	<p>100% after \$15 co-payment per office visit.</p> <p>Maternity benefits are administered under a global fee charge at the time of delivery. Global fees include antepartum care (visits to doctor prior to delivery), delivery services (vaginal delivery --- with or without episiotomy/forceps and caesarian delivery), and postpartum care (hospital and office visit following delivery). Because of the global fee, the \$15 co-payment may not be required at each office</p> <p>Delivery fee: \$250 hospital co-payment per person per admission.</p> <p>One hospitalization co-pay applies for mother and child providing mother and child are discharged at the same time</p> <p>Baby Steps is a program offered by NAA that offer case management to High-risk pregnancies.</p> <p><i>Baby needs to be enrolled within 31 days of birth.</i></p>
<p>Mental Health Services (In-patient)</p>	<p><u>Network:</u> 85%</p> <p><u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met for physician (M.D., Ph.D. and Licensed Clinical Social Worker) services. Limited to 60 days a year. (Less in-patient alcoholism/drug abuse days used).</p>	<p>100% after \$250 co-payment per admission.</p> <p>Pre-authorization by Midwest Behavioral Health Network Case Manager required to determine “medical necessity” and duration.</p>	<p>100% after \$250 co-payment per admission (M.D., Ph.D. and Licensed Clinical Social Worker). Limited to 60 days per member per year (less in-patient alcoholism/drug abuse days used).</p> <p>Pre-authorization by a Clinical Case Manager will determine medical necessity and duration in collaboration with your therapist.</p>

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)
<p>Mental Health Services <i>(Out-patient)</i></p>	<p><u>In-Network:</u> 85% <u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met for physician (M.D., Ph.D. and Licensed Clinical Social Worker) services. Services are not considered the same as routine office visit and do not qualify for payment at 100% after a \$15 co-payment. Limited to 50 visits per year. (Less out-patient alcoholism/drug abuse visits used).</p>	<p>Out-patient visits as determined medically appropriate by an Midwest Behavioral Health Network Case Manager for detoxification, short term evaluation and/or crisis intervention. 100% after \$25 co-payment per office visit. Limited to 60 visits per distinct condition or episode.</p>	<p>Pre-authorization by a Clinical Case Manager will determine medical necessity and duration in collaboration with your participating mental health professional. Covers short-term crisis and acute symptoms or impairment stabilization.</p> <p>100% after \$25 co-payment for physician services (M.D., Ph.D. and Licensed Clinical Social Worker) per office visit. (Services are not considered the same as routine office visit and do not qualify for payment at 100% after a \$15 co-payment).</p> <p>Limited to 20 visits per contract year per member when medically necessary (less out-patient alcoholism/drug abuse visits used.)</p>
<p>Occupational Therapy</p>	<p><u>In-Network:</u> \$15 co-payment per visit. <u>Out-of-Network:</u> 65% After annual deductible is met.</p>	<p>In-patient short-term rehabilitation covered, hospital co-payment applies. Out-patient short-term rehabilitation covered for up to 60 visits, with a \$15 co-payment per office visit. Otherwise, not covered.</p>	<p>100% after \$15 co-payment per office visit for up to 20 outpatient visits. Inpatient short-term rehabilitation covered for 60 consecutive days. Long-term rehabilitation is not covered.</p>
<p>Physical Therapy</p>	<p><u>In-Network:</u> \$15 co-payment per visit. <u>Out-of-Network:</u> 65% After annual deductible is met.</p>	<p>100% after a \$15 co-payment per office visit for up to 60 out-patient visits. In-patient short-term rehabilitation covered for 60 consecutive days with applicable hospital co-payments. Long-term rehabilitation is not covered.</p>	<p>100% after \$15 co-payment per office visit for up to 20 outpatient visits.</p> <p>Long-term rehabilitation is not covered.</p>
<p>Orthotic Appliances <i>(such as braces or splints)</i></p>	<p><u>In-Network:</u> 85% After deductible, up to annual maximum. <u>Out-of-Network:</u> 65% after annual deductible up to the annual maximum.</p> <p>Annual maximum of \$10,000 per person / per year.</p>	<p>Covered in full; up to annual \$2,500 maximum per calendar year. (Some limitations and exclusions apply, such as foot Orthotics.)</p>	<p>Covered in full. (Some limitations and exclusions apply.)</p>

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<p>Preventive Care –</p> <ul style="list-style-type: none"> • Physical Exam • Well Woman Care (including Pap test) • Mammogram • Blood Screening (plus blood pressure/height and weight) • Sigmoidoscopy • Occult blood • Prostate-Specific Antigen (PSA) • Eligible immunizations: DPT, MM, Tuberculin skin test and annual flu shot. 	<p>IN-NETWORK ONLY</p> <p>Participants age 7 and over</p> <ul style="list-style-type: none"> • \$15 physician co-payment; 1 per year. • \$15 physician co-payment; 1 per year • Baseline at age 35; 1 per year after age 40. • 1 per year • 1 per year after age 50. • 1 per year after age 40. • 1 per year after age 50. • 18 years of age and older - only applicable to eligible immunizations. <p>(State mandated immunizations are covered at any age.)</p>	<p>No age limit</p> <p>All services are covered 100% after \$15 co-payment per office visit.</p> <p>Services must be provided by a primary care physician.</p>	<p>No age limit</p> <p>All services are covered 100% after \$15 co-payment per office visit.</p> <ul style="list-style-type: none"> • Baseline at age 35; 1 per year after age 40. • 1 per year after age 50. <p>Services must be provided by a primary care physician (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p>
<p>Preventive Care - Children</p> <ul style="list-style-type: none"> • Periodic well care checkups • Well-baby care • Immunizations/inoculations 	<p>Under age 7</p> <p><u>In-Network:</u> \$15 physician co-payment per office visit</p> <p><u>Out-of-Network:</u> Subject to annual deductible and 65% coinsurance.</p> <p>(State mandated immunizations are covered at any age.)</p>	<p>No age limit</p> <p>All services are covered 100% after \$15 co-payment per office visit.</p>	<p>No age limit</p> <p>All services are covered 100% after \$15 co-payment per office visit.</p> <p>Services must be provided by a PCP (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p>

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)
Prosthesis	<p><u>In-Network:</u> After deductible, plan pays 85% of eligible charges up to annual maximum.</p> <p><u>Out-of-Network:</u> After you meet your annual deductible, the plan pays 65% of eligible, reasonable and customary charges.</p> <p>Annual maximum of \$20,000 per person / per year.</p>	Covered in full (excluding artificial limbs). Limit up to annual maximum of \$2,500.	Covered in full.
Skilled Nursing Facility	<p><u>In-Network:</u> 85% <u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met if medically necessary. No custodial care.</p>	No charge for up to 100 days per Medicare guidelines and following a hospital stay. Custodial care is not covered.	No charge for up to 60 days per calendar year, if medically necessary. No custodial care.
Substance Abuse Services <i>(In-patient)</i> <i>Cross-accumulation with mental health.</i>	<p><u>In-Network:</u> 85% <u>Out-of-Network:</u> 65%</p> <p>After annual deductible is met and if confined in an approved facility. Limit of 60 days per year. Pre-authorization by a Clinical Case Manager will determine medical necessity and duration in collaboration with your participating mental health professional (M.D., Ph.D. and Licensed Clinical Social Worker) (Less inpatient mental health services).</p>	Pre-authorization by Midwest Behavioral Health Network Case Manager required to determine “a medical necessity” and duration. 100% of covered services for detoxification; limited to two detoxifications per lifetime. 100% after \$250 co-payment per admission. Limited to a maximum of 14 days per calendar year.	Pre-authorization by a Clinical Case Manager will determine medical necessity and duration in collaboration with your participating mental health professional (M.D., Ph.D. and Licensed Clinical Social Worker); covers short-term crisis and acute symptoms or impairment stabilization. 100% after \$250 co-payment per admission; limited to 60 days per member per calendar year. (Less Inpatient mental health services).

PLAN COVERAGE	EARLY RETIREE NORTH AMERICAN PPO	EARLY RETIREE ADVANTAGE HEALTH (HMO)	EARLY RETIREE NORTH AMERICAN HEALTH (HMO)
Substance Abuse Services <i>(Out-patient)</i> <i>Cross-accumulation with mental health.</i>	<u>In-Network:</u> 85% <u>Out-of-Network:</u> 65% After annual deductible is met for physician (M.D., Ph.D. and Licensed Clinical Social Worker) services. Services are not considered the same as routine office visit and do not qualify for payment at 100% after a \$15 co-payment. Limited to 50 visits per year. (Less out-patient mental nervous visits used).	Out-Patient visits as determined medically appropriate by a Midwest Behavioral Health Network Case Manager for detoxification, short-term evaluation, and/or crisis intervention. \$25 co-payment per visit. Limited to 20 visits per member per year. (\$25 co-payment waived for group therapy.)	Covers short-term crisis and acute symptoms or impairment stabilization. 100% after \$25 co-payment per office visit (M.D., Ph.D. and Licensed Clinical Social Worker.) Services are not considered the same as routine office visit and do not qualify for payment at 100% after a \$15 co-payment. Limited to 20 visits per contract year per member when medically necessary (Less out-patient mental nervous visits used).
Surgery / In-patient	<u>Network:</u> 85% <u>Out-of-Network:</u> 65% After annual deductible is met.	No charge (\$250 hospital co-payment applies).	No charge (\$250 hospital co-payment applies).
Surgery / Out-patient (office)	<u>In-Network:</u> 85% <u>Out-of-Network:</u> 65% After annual deductible is met. Services are not considered the same as a routine office visit and do not qualify for payment at 100% after a \$15 co-payment.	100% after \$100 co-payment per procedure. Services are not considered the same as a routine office visit and do not qualify for payment at 100% after a \$15 co-payment.	100% after \$100 co-payment per procedure. Services are not considered the same as a routine office visit and do not qualify for payment at 100% after a \$15 co-payment.
TMJ (Temporomandibular Joint Syndrome)	Limited to office visits, diagnostic services, Orthotic appliances, equilibrations and surgery when medically necessary and ordered by physician. Subject to \$1,000 maximum per person per year/\$3,000 lifetime maximum.	Not Covered	Not Covered
Voluntary Abortion and/or Sterilization	Not Covered	Not Covered	Not Covered

PRESCRIPTION BENEFIT- WITH ALL EARLY RETIREE MEDICAL PLANS

Program Administrated by Medco www.medco.com

1-800-771-0917

Three tier program with use of preferred drug listing called a formulary.

	Participating Retail Pharmacy Up to a 30-day supply	Mail Service Up to a 90-day supply
Generic	\$8	\$16
Brand formulary	\$15	\$30
Brand non-formulary	\$30	\$60

What is a formulary?

A formulary is a cost-effective solution to help you with select prescription drugs for your and your family. The formulary is a continually updated list of preferred drugs selected by a panel of physicians and pharmacists. A drug on the formulary benefits members as it gives them access to valuable medications at a lower co-payment. Both generic and brand drugs that provide effective, safe, and appropriate drug therapies are listed on the formulary.

Generic Drugs versus Brand Name Drugs:

Generic Drugs are identical to brand name drugs, but are sold under their chemical generic name. Generic drugs must contain the same active chemical ingredients and be equivalent in strength and dosage from to the brand-name product. The federal Food and Drug Administration regulates the quality, strength and purity of generic drugs.

Brand-Name Drugs are drugs that are advertised and sold under a product name chosen by the manufacturer. In general, brand-name drugs are more expensive than generic drugs.

Mail Service Requirement:

You may receive your first three refills for long-term or maintenance medications under the retail network service. Your fourth and future refills must be obtained through the mail service to avoid higher co-payments. Long-term or maintenance medications filled at retail after the **first three refills** will be subject to **double** the retail co-payments for up to a 30-day supply (\$16 for generic, \$30 for brand, or \$60 for brand non-formulary).

By using the mail service program you can receive up to a 90 day supply of long-term or maintenance medication for two months worth of retail co-payments. Mail service co-payments are as follows: \$16 generic, \$30 brand, or \$60 brand non-formulary.

Oral Contraceptives:

Drug treatment for correction of existing pathologies of the reproductive system only.

No payment will be made for expenses incurred:

- For oral contraceptive or contraceptive devices, except when specifically requested by a physician based on medical necessity and for purposes other than contraception. Contraceptive implants, such as Norplant, are not considered Covered Prescription Drugs.
- For oral and injectable fertility drugs administered in conjunction with artificial insemination, in-vitro fertilization (IVF), GIFT, ZIFT or any other treatment designed