

Summary of Benefits—Plan D5—Tier A

The following chart highlights key features of the Plan's coverage for Plan Classification D5—Tier A.

Notes:

- This Plan Classification provides coverage for Eligible Employees and their Eligible Dependents.
- Dependent coverage and the higher level of certain benefits are provided only to Employees who qualify for their employer's regular full-time contribution.

Income Protection Benefit for You

Maximum benefit	55% of weekly earnings, up to \$250 per week
Maximum payment period	26 weeks
Benefits begin	1 st day of an accident 1 st day of Hospital confinement 1 st day of outpatient surgery 8 th day of sickness
Life Insurance Benefits	
You	\$15,000
Spouse	\$2,500
Child 15 days but less than 1 year old	\$100
Child 1 year but less than 18 years old	\$2,500
Accidental Death & Dismemberment for You	Up to \$7,500 determined by severity of Injury

**Comprehensive Medical Expense Benefit for You
(and Your Dependents, if covered)**

Calendar Year Deductibles, PPO

Per person	\$325
Per family	\$975 (applies if you have eligible Dependents. Each family member must meet their own individual deductible until the overall family deductible is met)

Non-Compliance of pre-certification \$100

Calendar Year Deductibles,
Non-PPO

Per person	\$375
Per family	\$1,125 (applies if you have eligible Dependents. Each family member must meet their own individual deductible until the overall family deductible is met)

Non-PPO Hospital per person \$450 (except for emergencies)

Non-Compliance of pre-certification \$100

Calendar Year Medical Out-of-Pocket	
PPO per person	\$2,650
Non-PPO per person	\$2,900
	Each family member must meet their own individual out-of-pocket maximum until the overall family out-of-pocket maximum is met)

COVERED EXPENSES PAYABLE BY THE PLAN PER CALENDAR YEAR

Hospital, Emergency Room Care and Surgery

Hospital (Inpatient)	
PPO and Out-of-Area Hospital	Plan pays 85%, after deductible
Non-PPO Hospital*, **	Plan pays 65% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee
PPO Physician/Surgeon fees	Plan pays 80%, after deductible

Out-of-Area & Non-PPO Physician/Surgeon fees	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee
Dental surgery	Plan pays 50%
Emergency Room Care PPO	Plan pays 85%, after deductible
Non-PPO	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

Emergency Medical Transportation (coverage for air ambulance limited to \$15,000 per incident in North America and \$25,000 per incident elsewhere)	
PPO	Plan pays 80%, after deductible
Non-PPO Hospital	Plan pays 80%, after deductible

Surgery for which a Second Opinion is required but not obtained	Plan pays 50%
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Outpatient Surgery	
PPO	Plan pays 80%, after deductible
Non-PPO	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee*

Doctor and Urgent Care Services

Primary Care/Specialist Visit	
PPO	Plan pays Plan pays 80%, after deductible
Non-PPO	Plan pays 80% of a discounted fee, after deductible plus balance, as determined by the Plan, of remaining undiscounted fee

Urgent Care	
PPO	Plan pays Plan pays 80%, after deductible
Non-PPO	Plan pays 65% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

Preventive Care

Routine Annual Physical Exam	Plan pays \$50, then 80% after deductible
Seasonal Flu Vaccination	Plan pays 100% of first \$30
Well-Child Care (for children under age 2)	Plan pays 100%
Laboratory Testing Preferred Lab	Plan pays 100%
Outpatient Hospital Lab	Plan pays 50% after deductible, except for emergencies or tests performed in conjunction with other facility-provided services or procedures requiring testing to be performed on site

Mental Health and Substance Use Disorder

Outpatient PPO	Plan pays 80%, after deductible
Non-PPO	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

Covered Services and Supplies with Benefit Limitations

Bone Density Scan	Plan pays 80% after deductible once every four Calendar Years
Mammogram	Plan pays up to \$130 per procedure, then 80% after deductible
Cardiac and Pulmonary Rehabilitation	Plan covers up to 30 sessions per acute occurrence
Chiropractic Care	Plan pays up to \$1,500 per Calendar Year
Inpatient PPO	Plan pays 85% after deductible, plus 80% for Physician
Non-PPO*, **	Plan pays 65% of a discounted fee (80% for out-of-area), plus 80% of a discounted Physician fee, plus balance, as determined by the Plan, of remaining undiscounted fee

Occupational Therapy	Plan covers up to 25 sessions per acute occurrence and 25 additional sessions for treatment of more than one system
If not pre-certified	After first 25 sessions, Plan pays 50% without pre-certification
Physical Therapy, Prolo Therapy, Acupuncture	Plan covers up to 25 sessions per acute occurrence and 25 additional sessions for treatment of more than one system or loss of special senses function
If not pre-certified	After first 25 sessions, Plan pays 50% without pre-certification
Nutritional Counseling	Plan covers four counseling sessions per Calendar Year when certain medical conditions exist
Bariatric Treatment and Management	Plan covers six Physician visits and four dietician visits per Calendar Year when history of obesity exists and other conditions are met
Bariatric Surgery	When provided

	through a Fund-approved program
Hearing Aid	Plan pays 80%, up to \$500 per a five consecutive-year period
Intentionally Destructive Act (except suicide or attempted suicide)	Plan pays 50%
Treatment of Varicose Veins	Plan pays up to \$2,500 per leg, per lifetime
Voice Communication Machine	Plan pays up to \$7,500 per lifetime

Prescription Drug Benefit for You (and Your Dependents, if covered)

Dispensing Limitation	30-day supply (retail); 90-day supply for maintenance drugs (retail and mail order) and for all other drugs (mail order)
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PPO	Co-payment for 30-day supply (retail):
Tier Zero—Preferred Generic Drugs	\$5
Tier One— Generic Drugs	\$12
Tier Two— Preferred Brand Name Drugs	\$20
Tier Three—Non-Preferred Brand Name Drugs	\$33
Non-PPO	
Tier Zero—Preferred Generic Drugs	\$5 plus amount above PPO provider rate
Tier One— Generic Drugs	\$12 plus amount above PPO provider rate
Tier Two— Preferred Brand Name Drugs	\$20 plus amount above PPO provider rate
Tier Three—Non-Preferred Brand Name Drugs	\$33 plus amount above PPO provider rate

	Co-payment for 90-day supply of a Maintenance Drug:
PPO	
Tier Zero—Preferred Generic Drugs	\$5
Tier One— Generic Drugs	\$19
Tier Two— Preferred Brand Name Drugs	\$40
Tier Three—Non-Preferred Brand Name Drugs	\$67
Non-PPO	
Tier Zero—Preferred Generic Drugs	\$5 plus amount above PPO provider rate
Tier One— Generic Drugs	\$19 plus amount above PPO provider rate
Tier Two— Preferred Brand Name Drugs	\$40 plus amount above PPO provider rate
Tier Three—Non-Preferred Brand Name Drugs	\$67 plus amount above PPO provider rate
Specialty Drugs (only through mail order)	PPO: The applicable copay/script for Tier Zero, Tier One, Tier Two and Tier Three drugs. Deductible does not apply. There is no Non-PPO coverage.

Vision Benefit for You (and Your Dependents, if covered)

Individuals age 19 and over (for one exam and glasses; or one exam and contact lenses)	Plan pays 100% up to \$135 per person once per Calendar Year
Individuals under age 19 (for one exam and glasses; or one exam and contact lenses)	Plan pays 100% per Calendar Year

Dental Benefit for You (and Your Dependents, if covered)

Deductible

Diagnostic and palliative treatment	None; you pay \$0
All other covered dental expenses***	You pay \$50
Orthodontia and non-surgical treatment for TMJ (Adult)	Plan pays 50%, up to \$1,000 per lifetime
Exam and Cleaning (individuals under age 19)	Plan covers up to \$43 per exam and \$65 for cleaning per Calendar Year

- * Subject to the Non-Compliance Penalty
- ** Subject to Non-PPO Hospital Deductible
- *** After you meet the applicable \$50 deductible, the Plan pays 100% of the remaining covered expenses, up to the Scheduled Amounts listed in Appendix E of the SPD.