

## Medical Plan Update

January 1<sup>st</sup> marks the renewal date of our group benefit plans. We are committed to providing a high quality benefit program to our employees and their families.

Our PPO network is Aetna and our self-funded health plan is administered by Meritain Health. Due to the size of Aetna’s network, provider directories will not be distributed. You may look up participating providers at <http://www.aetna.com/docfind/custom/mymeritain/>. Although most physicians in your area are participating providers, it is recommended that you verify with your doctor that they participate in the Aetna network every time you make an appointment.

**Below is a brief summary of your 2012 medical plan options:**

| Plan Feature  | 70/30 Plan  | 80/20 Plan   |
|---|---|--|
| Office Visits (in-network):<br>PCP Visit<br>Specialist Visit<br>Urgent Care   | Deductible & Coinsurance<br>Deductible & Coinsurance<br>Deductible & Coinsurance  | \$25 Copay<br>\$40 Copay<br>\$50 Copay   |
| Preventive Care Exam  | Covered at 100%<br>No Deductible  | Covered at 100%<br>No Deductible   |
| Prescription Drugs<br>Retail:<br>Tier 1 - Generics<br>Tier 2 - Name Brands<br>Tiers 3 & 4 –<br>Non-Preferred & Specialty<br><br>*Mail Order:<br>Tier 1 - Generics<br>Tier 2 - Name Brands<br>Tiers 3 % 4 –<br>Non-Preferred & Specialty | \$10 Copay<br>\$40 Copay<br>\$40 + 25% Copay<br>(Max \$200 Per Script)<br><br>\$20 Copay<br>\$80 Copay<br>\$80 + 25 % Copay<br>(Max \$400 Per Script) | \$10 Copay<br>\$25 Copay<br>\$25 + 25% Copay<br>(Max \$100 Per Script)<br><br>\$20 Copay<br>\$50 Copay<br>\$50 + 25% Copay<br>(Max \$200 Per Script) |
| Deductible (in-network)   | \$500 Single<br>\$1,000 Family  | \$500 Single<br>\$1,000 Family   |
| Coinsurance (in-network)  | 70%   | 80%  |
| Out-of-Pocket (in-network)<br>(includes deductible)   | \$4,500 Single<br>\$9,000 Family  | \$2,500 Single<br>\$5,000 Family   |

**\*Maintenance drugs must be filled through the mail order program**

Note: The above is a brief overview of the in-network benefits only. Please refer to the summary of benefits for more detailed benefit information.

## Dental and Vision Plan Updates

Our Dental and Vision plans will also be administered by Meritain Health. There is no network for these services and you can visit the provider of your choosing.

Below is a brief summary of your 2012 dental plan option:

| Type of Service  | Amount Covered by the Plan                                   |
|--|--|
| <b>Annual Calendar Year Deductible</b>   | None   |
| <b>Diagnostic / Preventive Services –</b><br>(Exams, Cleanings, Fluoride Treatment for Dependent Children, Space Maintainers to Age 19, X-Rays, Bitewings, Emergency Pain Treatment) | Covered at 100%  |
| <b>Basic Services –</b><br>(Restorative, Endodontics, Periodontics, Oral Surgery)  | Covered at 75%   |
| <b>Major Services –</b><br>(Prosthodontics, Bridges and Repairs)   | Covered at 50%   |
| <b>Orthodontics for children to age 19</b>   | Covered at 50% with a \$1,000 Maximum Lifetime Reimbursement |
| <b>Annual Maximum per person</b><br>(Not including orthodontia)  | \$1,000  |

Below is a brief summary of your 2012 vision plan option:

| Vision Care Benefits  | Amount Reimbursed by the Plan Available Once Every 12 Months      |
|---|---|
| Vision Examination  | Reimbursed up to \$50   |
| Spectacle Lenses (pair)<br>Standard Single Vision<br>Lined Bifocal<br>Lined Trifocal<br>Lenticular Lenses | Reimbursed up to \$150<br>*Combined with Frame Reimbursement*     |
| Frame   | Reimbursed up to \$150<br>*Combined with Lense Reimbursement      |
| Elective Contact Lenses   | Reimbursed up to \$150<br>(in lieu of frame and spectacle lenses) |
| Necessary Contact Lenses  | Reimbursed up to \$150  |