

## Non-Medicare Eligible Retiree Plan Schedule of Benefits (2018 Edition)

| Comprehensive Medical Benefit (Retirees and their Dependent Spouse)   |   |                               |
|---|---|-------------------------------|
| <b>Deductibles</b>  |   |                               |
| • Calendar Year Deductible  | \$500 per person  |                               |
| • Non-PPO Hospital Deductible   | \$500 per non-Medicare eligible person for each non-emergency admission to a non-PPO Hospital       |                               |
| <b>Calendar Year Out-of-Pocket Maximums for non-Medicare eligible Retirees and their Dependent Spouse<sup>1</sup></b> |   |                               |
| • PPO Maximum   |   |                               |
| – Major Medical   | \$2,500 per person; \$5,000 per family  |                               |
| – Prescription Drug <sup>2</sup>  | \$4,850 per person; \$9,700 per family  |                               |
| • Additional Non-PPO Maximum  | \$1,000 person; \$2,000 per family  |                               |
| <b>Calendar Year Plan Maximums</b>  |   |                               |
| • Chiropractic/Spinal Care  | 12 visits per person  |                               |
| • Rehabilitative Speech Therapy (to restore normal speech)  | 30 visits per person  |                               |
| • Rehabilitative Physical Therapy   | 20 visits per person <sup>3</sup>   |                               |
| <b>Special Benefit Maximums</b>   |   |                               |
| • Hospital Daily Room and Board   | Semi-private room rate  |                               |
| • Non-PPO Hospital Intensive Care   | Three times semi-private room rate (three times single room rate if semi-private rooms unavailable) |                               |
| • Infertility Treatment <sup>4</sup>  | \$10,000 per person per lifetime  |                               |
| Comprehensive Medical Benefit (Retirees and their Dependent Spouse who are Not Eligible for Medicare)                 |   |                               |
| <b>Type of Service</b>  | <b>PPO Provider</b>   | <b>Non-PPO Provider</b>       |
| • Outpatient Pre-Admission Tests  | Plan pays 100%; no deductible   | Plan pays 100%; no deductible |
| • Inpatient Hospital Services   | Plan pays 80%   | Plan pays 70%                 |

|  |  |  |
|--|--|--|
| • Outpatient Hospital Services                     | Plan pays 70%  | Plan pays 70%  |
| • Surgical Benefits (Inpatient and Outpatient)     | Plan pays 80% (including surgeries during office visits)                                       | Plan pays 70%  |
| • Preventive Services                              | Plan pays 100%; no deductible  | Not covered  |
| • Chiropractic/Spinal Care <sup>5</sup>            | Plan pays 70% for up to 12 visits per person per calendar year                                 | Plan pays 70% for up to 12 visits per person per calendar year |
| • Substance Abuse Treatment <sup>6</sup>           |  |  |
| – Inpatient  | Plan pays 80%  | Plan pays 70%  |
| – Outpatient                                       | Plan pays 80%  | Plan pays 70%  |
| • Mental Health Treatment                          |  |  |
| – Inpatient  | Plan pays 80%  | Plan pays 70%  |
| – Outpatient                                       | Plan pays 80%  | Plan pays 70%  |
| • Ambulatory Surgical Center                       | Plan pays 80%  | Not covered  |
| • Other Covered Medical Expenses                   | Plan pays 70%  | Plan pays 70%  |
| • Overweight or Obesity Condition-Related Expenses | Plan pays 50% <sup>7</sup>   | Not covered  |
| • Telemedicine Services                            | Plan pays 100% for specifically contracted services with Plan's selected vendor; no deductible | Not covered  |
| • Imaging Procedures (CT/PET scans, MRIs)          | Plan pays 100% with no deductible if the Plan's designated imaging provider is used; Plan pays | Plan pays 70%  |

<sup>1</sup> Excludes amounts paid for non-covered expenses.

<sup>2</sup> The prescription drug calendar year out-of-pocket maximum will be adjusted annually so that the combined out-of-pocket maximums for prescription drugs and major medical equal the maximum permitted under the Affordable Care Act (ACA).

<sup>3</sup> Rehabilitative Physical Therapy will be approved in excess of the Calendar Year Plan Maximum if approved in advance by pre-certification, case management, and utilization review. To ensure you receive the maximum benefits available under the Plan, you should ask your Physician to contact MCM prior to receiving treatment.

<sup>4</sup> Expenses to determine Infertility are not included under the lifetime maximum.

<sup>5</sup> Chiropractic/spinal care includes all services and supplies for care of the back, neck, spine and vertebrae.

<sup>6</sup> Inpatient treatment is covered if it is provided by a Hospital or approved Residential Treatment Facility and treatment is based on completion of a course of treatment and the discharge is certified by a Physician.

<sup>7</sup> Expenses for treatment rendered in connection with overweight or obesity conditions are covered in limited circumstances. Please see the full Summary Plan Description for further information about the circumstances in which such expenses are covered under the Plan.

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|  |                                  |  |
|--|----------------------------------|--|
|  | 80% for non-contracted providers |  |
|--|----------------------------------|--|

| Prescription Drug Benefits (Retirees and their Dependent Spouse)  |   |  |
|---|---|--|
| <b>Calendar Year Out-of-Pocket Maximum for Prescription Drugs<sup>8</sup></b>   | \$4,850 per person; \$9,700 per family  |  |
| <b>Calendar Year Deductible</b>   | \$250 per person  |  |
| <b>Coinsurance<sup>9</sup></b>  |   |  |
| <ul style="list-style-type: none"> <li>Participating Retail Pharmacy (up to 30-day supply)</li> </ul>                           | You pay 25% of actual drug cost up to \$100 per 30-day supply; however, if you fill a maintenance medication at a retail pharmacy other than Walgreens more than twice, you will pay 100% of the network-discounted drug cost each time you fill the prescription at retail (Walgreens Retail Pharmacies are the same as mail order – see below). |  |
| <ul style="list-style-type: none"> <li>Mail Order Service or Walgreens Retail Pharmacies (preferred after two fills)</li> </ul> | <b>For up to a 90-day supply, you pay:</b>  |  |
|   | <b>Generics &amp; Preferred Brand</b>   | 25% of actual drug cost with \$300 max |
|   | <b>Non-Preferred Brand</b>  | 25% of actual drug cost with \$300 max |
| <ul style="list-style-type: none"> <li>Diabetic Testing Supplies and Syringes</li> </ul>  | The Plan pays 100%  |  |
| <ul style="list-style-type: none"> <li>Immunizations administered through the Fund's pharmacy benefits manager</li> </ul>       | Plan pays 100% (please see SMM for a list of specific covered immunizations)  |  |

| Vision Care Discount Program (Retirees and their Dependent Spouse) <sup>10</sup> |  |                      |
|--|--|----------------------|
|  | Network  | Non-Network Provider |
| Complete Eyeglass Exam (One per calendar year)                                   | \$50 with purchase of prescription eyeglasses; 20% off without purchase of prescription eyeglasses | Not covered          |
| Lenses and Frames when a complete pair of glasses are purchased                  | Frames subject to 25% Discount, additional discounts for lenses available with frame purchase      | Not covered          |
| Contact Lens Exam (fitting and evaluation)                                       | 15% Discount, you pay 85%  | Not covered          |

<sup>8</sup> The prescription drug calendar year out-of-pocket maximum will be adjusted annually so that the combined out-of-pocket maximums for prescription drugs and major medical equal the maximum permitted under the Affordable Care Act (ACA).

<sup>9</sup> Unless requested otherwise by your Physician, prescriptions will be filled with Generic Drugs. If you request a Brand Name Medication and a Generic Medication is available you may be required to pay the difference between the cost of the Generic Medication and the Brand Name Medication.

<sup>10</sup> The Plan does not pay vision benefits for Retirees or their Dependent spouse. The Plan offers you a discount program on vision expenses if you see a participating VSP provider.