

□ Plan Design Summary

Prescription Drugs	Option 1	Option 2	Option 3
Coverage (Co-Pay*)	75% (25%)	85% (15%)	100% (0%)
Per prescription deductible	\$12.00	\$11.00	\$10.00
Direct bill or reimbursement	Direct bill drug card	Direct bill drug card	Direct bill drug card
Generic/brand name drugs	Doctor's Choice, No Substitution	Doctor's Choice, No Substitution	Doctor's Choice, No Substitution
Smoking cessation	\$300 lifetime maximum	\$500 lifetime maximum	\$500 lifetime maximum
Medical Services and Supplies			
Medical Expenses			
Coverage (Co-Pay)	100% (0%)	100% (0%)	100% (0%)
Ambulance	Yes	Yes	Yes
Hospital room	Semi-private	Semi-private	Private/Semi-private
Private Duty Nursing Care	\$5,000 per benefit period	\$7,500 per calendar year	\$10,000 per benefit year
Dental accident	Yes	Yes	Yes
Hearing aids	\$700 per 60 consecutive months	\$750 every 5 years	\$1,000 every 5 years
Convalescent hospital	\$20/day for 180 days	\$30/day for 180 days	\$40/day for 180 days
All Other Medical Expenses			
Coverage (Co-Pay)	80% (20%)	85% (15%)	90% (0%)
Custom orthotics & custom orthopedic shoes	\$300 per benefit year	\$400 per benefit year	\$500 per benefit year
Travel			
Out of country emergency	100% to lifetime maximum \$5,000,000	100% to lifetime maximum \$5,000,000	100% to lifetime maximum \$3,000,000
Trip duration	60 days	60 days	60 days
Out of country referral	50% to lifetime maximum \$50,000	50% to lifetime maximum \$50,000	50% to lifetime maximum \$50,000
Travel assistance	Yes	Yes	Yes
Termination	Age 75	Age 75	Age 75
Employee and Family Assistance Plan (EFAP)	Included	Included	Included

*Going forward in group benefit communications you will notice your coverage amount will be referred to as "co-pay" as opposed to "co-insurance". All this means is that the documents are representing the portion you will be required to pay, whereas in years prior the information referred to the percentage that was covered. Actual coverage amounts have remain unchanged.

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Paramedicals And Vision	Option 1	Option 2	Option 3
All Other Expenses			
Coverage (Co-Pay)	100% (0%)	100% (0%)	100% (0%)
Paramedical Practitioners	\$500 per year per practitioner Dietician Psychologist/social worker Speech therapist \$400 per year per practitioner Acupuncture Audiologist Naturopath Occupational Therapist Osteopath Podiatrist / Chiropodist \$200 per year per practitioner Chiropractor Massage therapy Physiotherapy	\$500 per year per practitioner Dietician Psychologist/social worker Speech therapist \$500 per year per practitioner Acupuncture Audiologist Naturopath Occupational Therapist Osteopath Podiatrist / Chiropodist \$300 per year per practitioner at \$75 per visit maximum Chiropractor Massage therapy Physiotherapy	\$700 per year per practitioner Dietician Psychologist/social worker Speech therapist \$600 per year per practitioner Acupuncture Audiologist Naturopath Occupational Therapist Osteopath Podiatrist / Chiropodist \$500 per year per practitioner at \$85 per visit maximum Chiropractor Massage therapy Physiotherapy
Vision			
Coverage (Co-Pay)	100% (0%)	100% (0%)	100% (0%)
Eye exams	\$75 per 24 months adult \$75 per 12 months child	\$75 per 24 months adult \$75 per 12 months child	\$75 per 24 months adult \$75 per 12 months child
Glasses and Contacts	Excluded	\$150 per 24 months adult \$150 per 12 months child	\$250 per 24 months adult \$250 per 12 months child
Dental Care	Option 1	Option 2	Option 3
Services			
Basic Coverage (Co-Pay)	75% (25%)	85% (15%)	90% (10%)
Comprehensive Basic Coverage (Co-Pay)	75% (25%)	80% (20%)	90% (10%)
Major Coverage (Co-Pay)	70% (30%)	50% (50%)	50% (50%)
Combined Maximum	\$3,000	\$2,500	\$2,000
Orthodontics	70% coverage (30% co-pay) to lifetime maximum of \$3,000 (children under 19 years of age only)	50% coverage (50% co-pay) to lifetime maximum of \$2,500 (children under 19 years of age only)	Excluded
Recall Exam	1 every 9 months (adult) 1 every 6 months (child)	1 every 6 months (adult) 1 every 6 months (child)	1 every 6 months (adult) 1 every 6 months (child)
Termination	Age 75	Age 75	Age 75