

Your Retiree Medical Choices At-a-Glance

The following chart is intended to summarize some of the benefits that will be available through the Retiree Medical Plan as of January 1, 2005. To be covered, the service or supply generally must:

- Be medically necessary for the treatment of illness or injury, or it must be for the preventive-care benefits that are specifically stated as covered;
- Be provided under the order or direction of a physician;
- Be provided by a licensed and accredited healthcare provider practicing within the scope of his or her license in the state where the license applies;
- Be listed as a covered service and satisfy all the required conditions of services as shown in the following chart; and
- Not be specifically listed as excluded by the health plan.

In addition, you may be required to meet certain conditions, as described throughout this SPD. Services and supplies meeting these criteria will be covered up to the allowable amount. Please keep in mind that if you or a covered dependent is eligible for primary coverage under Medicare, the Retiree Medical Plan will reduce its benefits by the amount Medicare would have paid for the same expenses.

Note that all in-network benefits are based on negotiated rates; out-of-network and non-PPO benefits are based on the allowable amount.

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|--------------------------|--------------------------------------|-------------------------------|--------------------------------------|-------------------------------|--|----------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Choice of Doctors | Select within a network of providers | Select any qualified provider | Select within a network of providers | Select any qualified provider | Select any qualified provider or within a network of PPO providers | Not applicable | Select within a network of HMO providers |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|---|--|--|---|--|--|--------------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Annual Deductible | Not applicable | \$500/individual \$1,000/two-person \$1,500/family | Not applicable | Not applicable | Ind.: \$150 plus 1% of annual pension (\$175 min. & \$300 max.) Two- person: 2x ind. deductible Family: 3x ind. deductible | Not applicable | Generally, not applicable |
| Annual Out-of-Pocket Maximum | \$1,000/individual \$2,000/two-person \$3,000/family | \$3,000/individual \$6,000/two-person \$9,000/family (excludes deductible) | \$7,500/individual (combined in- and out-of- network) | \$7,500/individual (combined in- and out-of-network) | \$1,500/individual \$3,000/two- person \$4,500/family | \$1,500/individual | Generally, not applicable |
| Lifetime Maximum Benefit | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Not applicable | Generally, unlimited |
| Covered Services | | | | | | | |
| Physician Office Visits | You pay \$25 copayment per visit | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to <i>Your Benefits Resources</i> (YBR) or contact HMO directly |
| Maternity • Office visits: pre/postnatal • In-hospital delivery services | Plan pays 90% after first office copayment | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Outpatient Lab/ X-ray | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Inpatient Hospitalization | Plan pays 90% | Plan pays 70% after you pay \$200/admission copayment | Plan pays 60% | Plan pays 40% after you pay \$200/admission copayment | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|---|---|---|-------------------------|---|---|----------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Outpatient Surgery | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Inpatient Surgery | Plan pays 90% | Plan pays 70% after you pay \$200/admission copayment | Plan pays 60% | Plan pays 40% after you pay \$200/admission copayment | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Anesthesia | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Emergency Use of Emergency Room | You pay \$50 copayment (waived if admitted) | You pay \$50 copayment (waived if admitted) | Plan pays 60% | Plan pays 60% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Nonemergency Use of Emergency Room | Plan pays 70% after you pay \$50 copayment | Plan pays 70% after you pay \$50 copayment | Plan pays 40% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Birthing Center | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Home Healthcare | Plan pays 90% | Plan pays 70% after deductible is satisfied; limited to 100 visits/year | Plan pays 60% | Plan pays 40%; limited to 100 visits/year | Plan pays 80% after deductible is satisfied; limited to 200 visits/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Private Duty Nursing | Plan pays 90% | Plan pays 70% after deductible is satisfied; limited to 100 shifts/year | Plan pays 60% | Plan pays 40%; limited to 100 shifts/year | Plan pays 80% after deductible is satisfied; limited to 200 shifts/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Extended Care Facility | Plan pays 90% | Plan pays 70% after deductible is satisfied; limited to 60 days/year | Plan pays 60% | Plan pays 40%; limited to 60 days/year | Plan pays 80% after deductible is satisfied; limited to 120 days/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|--|--|--|--|--|---|----------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Hospice Care | Plan pays 90%; limited to 210 days/lifetime, combined in- and out-of-network | Plan pays 70% after deductible is satisfied; limited to 210 days/lifetime, combined in- and out-of-network | Plan pays 60%; limited to 210 days/lifetime, combined in- and out-of-network | Plan pays 40%; limited to 210 days/lifetime, combined in- and out-of-network | Plan pays 80% after deductible is satisfied; limited to 210 days/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Rehabilitation Therapy | You pay \$25 copayment/visit | Plan pays 70% after deductible is satisfied; speech therapy limited to 30 visits/year | Plan pays 60% | Plan pays 40%; speech therapy limited to 30 visits/year | Plan pays 80% after deductible is satisfied; speech therapy limited to 30 visits/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Emergency Air Ambulance Used for Emergency | Plan pays 90% | Plan pays 90% | Plan pays 60% | Plan pays 60% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Ambulance From Hospital to Hospital (if admitted to first hospital) | Plan pays 90% | Plan pays 90% | Plan pays 60% | Plan pays 60% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Emergency Use of Ambulance | Plan pays 90% | Plan pays 90% | Plan pays 60% | Plan pays 60% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Nonemergency Use of Ambulance | Not covered | Not covered | Not covered | Not covered | Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Chiropractic | You pay \$25 copayment/visit; limited to 30 visits/year combined with out-of-network | Plan pays 70% after deductible is satisfied; limited to 30 visits/year combined with in-network | Plan pays 60%; limited to 30 visits/year combined with out-of-network | Plan pays 40%; limited to 30 visits/year combined with in-network | Plan pays 80% after deductible is satisfied; limited to 30 visits/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|--|-------------------|--|-------------------------|--|--|----------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Acupuncture | Plan pays 90% | Plan pays 70% after deductible is satisfied; limited to 30 visits/year | Plan pays 60% | Plan pays 40%; limited to 30 visits/year | Plan pays 80% after deductible is satisfied; limited to 30 visits/year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Durable Medical Equipment | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Blood and Blood Derivatives | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Second Surgical Opinion | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| In-Office Surgery | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Radiation Therapy | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Chemotherapy | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Physician Hospital Visits and Consultations | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Podiatrist | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|--|---|---|---|---|---|---|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Cardiac Rehabilitation (phase three maintenance <i>not covered</i>) | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Nutritionist | Plan pays 90% | Not covered | Plan pays 60% | Not covered | Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Birth Control (prescription birth control or medication only) | See "Prescription Drug Program" in this table | Varies by HMO; go to YBR or contact HMO directly |
| Smoking Deterrents (prescription only) | See "Prescription Drug Program" in this table | Varies by HMO; go to YBR or contact HMO directly |
| Wigs | Up to \$300/Plan Year | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Preventive Care | | | | | | | |
| Routine Physical Exams | \$25 copayment/visit | Not covered | Plan pays 60% | Not covered | Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Well-Child Care | \$25 copayment/visit | Not covered | Plan pays 60% | Not covered | Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Childhood immunizations | Plan pays 90% | Not covered | Plan pays 60% | Not covered | Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|--|--|--|--|--|--|--|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Well-Woman Care (OB/GYN exam) | \$25 copayment/visit | Not covered | Plan pays 60% | Not covered | Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Mammogram Screening | \$25 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Pap Smear in doctor's office | \$25 copayment/visit | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Digital Rectal Exam and a blood test for PSA for prostate cancer for men age 50 and older | Plan pays 90% | Plan pays 70% after deductible is satisfied | Plan pays 60% | Plan pays 40% | Plan pays 80% after deductible is satisfied | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Newborn In-Hospital Care | Plan pays 90% | Plan pays 70% after deductible is satisfied; limited to one visit | Plan pays 60% | Plan pays 40%; limited to one visit | Plan pays 80% after deductible is satisfied; limited to one visit | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Centers of Excellence | Yes | Yes | Yes | Yes | Yes | No | Varies by HMO; go to YBR or contact HMO directly |
| Cost | | | | | | | |
| Monthly Cost | See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment" | See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment" | See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment" | See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment" | See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment" | See "How Much Do I Pay for Coverage?" under "Eligibility and Enrollment" | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|---|--|--|---|--|--|---------------------------------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Copayments | You pay \$25 copayment/visit for office visits and \$50 emergency room copayment/visit | You pay \$200 hospital copayment/admission and \$50 emergency room copayment/visit | Not applicable | You pay \$200 hospital copayment/admission | Not applicable | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Coinsurance | Generally, the Plan pays 90% of the in-network rate | Generally, the Plan pays 70% of the allowable amount | Generally, the Plan pays 60% of the in-network rate | Generally, the Plan pays 40% of the allowable amount | Generally, the Plan pays 80% of the reasonable and customary charge, while you pay the remaining 20% | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Whether you are responsible for charges in excess of allowable amounts | No | Yes | No | Yes | Yes | In-Network: No Out-of-Network: Yes | Varies by HMO; go to YBR or contact HMO directly |
| Lifetime Maximum Benefit | None | None | None | None | None | None | Varies by HMO; go to YBR or contact HMO directly |
| Who is responsible for precertification? | Your PCP | You | Your PCP | You | You | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Penalty for failure to precertify care | Not applicable | 20% reduction in benefits up to \$400 maximum/occurrence | Not applicable | 20% reduction in benefits up to \$400 maximum/occurrence | 20% reduction in benefits up to \$400 maximum/occurrence | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Do you have to file claim forms? | No | Yes | No | Yes | Yes | In-Network: No Out-of-Network: Yes | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|--|---|---|---|---|---|---|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Prescription Drug Program | | | | | | | |
| Separate Annual Out-of-Pocket Maximum* | \$1,500/individual | | \$1,500/individual | | \$1,500/individual | \$1,500/individual | Not applicable |
| Retail Copayments (limited to 30-day supply using participating pharmacy) | \$10 generic \$25 formulary brand \$40 nonformulary | Plan pays 70% after you pay separate \$100/individual (\$300/family) deductible | \$10 generic \$25 formulary brand \$40 nonformulary | Plan pays 70% after you pay separate \$100/individual (\$300/family) deductible | In-Network: <ul style="list-style-type: none"> • \$10 generic • \$25 formulary brand • \$40 nonformulary Out-of-Network: Plan pays 70% after you pay separate \$100/individual (\$300 family) deductible | In-Network: <ul style="list-style-type: none"> • \$10 generic • \$25 formulary brand • \$40 nonformulary Out-of-Network: Plan pays 70% after you pay separate \$100/individual (\$300 family) deductible | Varies by HMO; go to YBR or contact HMO directly |
| Medco By Mail: (limited to 90-day supply) | \$20 generic \$50 formulary brand \$80 nonformulary | Not applicable | \$20 generic \$50 formulary brand \$80 nonformulary | Not applicable | <ul style="list-style-type: none"> • \$20 generic • \$50 formulary brand • \$80 nonformulary | <ul style="list-style-type: none"> • \$20 generic • \$50 formulary brand • \$80 non-formulary | Varies by HMO; go to YBR or contact HMO directly |

**This prescription drug out-of-pocket maximum is separate from any other out-of-pocket maximums that apply to your other healthcare benefits.*

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|---|---|---|---|--|---|----------------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| Non-Medicare-Eligible Mental Health and Chemical Dependency Program | | | | | | | |
| Inpatient | \$25/day; limited to 120 days/year (in- and out-of-network combined) | Plans pays 50% after \$200/individual deductible is satisfied; \$500/admission copayment; limited to 30 days/year (in- and out-of-network combined) | Plan pays 60%; limited to 120 days/year (in- and out-of-network combined) (in- and out-of-network combined) | Plan pays 40% after \$200/individual deductible is satisfied; \$500/admission copayment; limited to 30 days/year (in- and out-of-network combined) | In-Network: \$25/day; limited to 120 days/year (in- and out-of-network combined) Out-of-Network: Plan pays 50% after \$200/individual deductible is satisfied; limited to 30 days per year (in- and out-of-network combined) | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Alternative Care (may include partial hospitalization, residential treatment, and services of a halfway house or group home) | \$25/day; limited to 120 days/year | Not covered | Plan pays 60%; limited to 120 days/year | Not covered | In-Network: \$25/day; limited to 120 days/year Out-of-Network: Not covered | Not applicable | Varies by HMO; go to YBR or contact HMO directly |
| Outpatient | \$25/visit; limited to 50 visits/year (in- and out-of-network combined) | Plan pays 50% after \$200/individual deductible is satisfied; limited to 50 visits/year (in- and out-of-network combined) | Plan pays 60%; limited to 50 visits/year (in- and out-of-network combined) | Plan pays 40% after \$200/individual deductible is satisfied; limited to 50 visits/year (in- and out-of-network combined) | In-Network: \$25/day; limited to 50 visits/year (in- and out-of-network combined) Out-of-Network: Plan pays 50% after \$200/individual | Not applicable | Varies by HMO; go to YBR or contact HMO directly |

| | POS | | Catastrophic POS | | Traditional Indemnity | Rx Only | HMO |
|---|--|----------------|------------------|----------------|--|---------|--|
| Feature | In-Network | Out-of-Network | In-Network | Out-of-Network | | | |
| | | | | | deductible is satisfied; limited to 50 visits/year (in- and out-of-network combined) | | |
| Medicare-eligible Mental Health and Chemical Dependency Benefits | | | | | | | |
| Inpatient | Your coverage is provided under Traditional Indemnity; the Plan is secondary to Medicare and pays up to a total of 80% of the Medicare-approved amount (including any amounts payable by Medicare). Chemical Dependency benefits are limited to 30 days/confinement and 2 confinements/lifetime. | | | | | | Varies by HMO; go to YBR or contact HMO directly |
| Outpatient | Your coverage is provided under Traditional Indemnity; the Plan is secondary to Medicare and pays up to a total of 50% of the Medicare-approved amount (including any amounts payable by Medicare). | | | | | | Varies by HMO; go to YBR or contact HMO directly |

For more information about your POS and Catastrophic POS options, see “A Closer Look at POS.” For additional information about Traditional Indemnity, see “A Closer Look at Traditional Indemnity.” For more information about HMO/Medicare Advantage HMOs, see “A Closer Look at the HMO/Medicare Advantage HMOs.” For specific HMO provisions, log on to *Your Benefits Resources*, or call your HMO’s Member Services phone line.