

2010 HRA Health Benefits Summary

Coverage becomes effective for eligible employees on the 1st of the month following 90 days of full-time employment.

| MEDICAL COVERAGE | | |
|---|---|---|
| | PPO Network | Out-of-Network |
| Service Carrier: Anthem Blue Cross Blue Shield 1-866-309-4315 | Deepest pricing discounts -- You will enjoy the best discounts and most competitive pricing by choosing a <u>Preferred Provider</u> . | No pricing discounts -- Participants using out-of-network providers will receive benefits paid at 80% of HIAA* for the entire billed amount and participants will be <u>subject to balance billing</u> . Out-of-network charges may not apply towards out-of-pocket maximums. |
| Calendar Year Deductible (CYD) | \$1,000 per Individual \$2,000 per Family | Applies toward In-Network deductible |
| Health Reimbursement Arrangement (HRA) Advanced Benefits 1-866-315-1777 www.mybenefits247.com | Employer funds HRA for participating employees each calendar year depending on health plan coverage as follows: Individual Coverage -- \$600 / Year Employee + 1 Dependent OR Family Coverage -- \$1,200 / Year After incurring \$250 Single / \$500 Family per calendar year in eligible deductible charges, plan participant may submit Explanation of Benefits (EOB), and Prescription Receipts to Advanced Benefits Management for reimbursement from the participant's HRA. Balances remaining at the end of 2008 will be carried over into the next calendar year. *HRA reimbursement may be requested for all eligible 213(d) expenses including dental and vision. *HRA accounts will be capped at \$2,100 (Individual) / \$4,200 (Employee + 1 Dependent or Family) | |
| Out-of-Pocket (OOP) Calendar Maximum | \$2,000 per Individual after CYD \$4,000 per Family after CYD | \$3,000 per Individual of eligible charges after CYD \$6,000 per Family of eligible charges after CYD |
| Coverage: Inpatient Services Emergency Room Outpatient Services Lab & X-Ray Maternity | 80% of <u>discounted charges</u> after CYD up to Out-of-Pocket Maximum, then plan pays 100%. | Pays 80% of HIAA* charges after CYD |
| Office Visits | 80% of <u>discounted charges</u> after CYD up to Out-of-Pocket Maximum, then plan pays 100%. | Pays 80% of HIAA* charges after CYD |
| Mental Health | 80% of <u>discounted charges</u> after CYD up to Out-of-Pocket Maximum, then plan pays 100%. | Pays 50% of HIAA* charges after CYD |
| Preventive Care | Plan Pays 100% of Eligible Medical Expenses per calendar year per individual (CYD waived). | Plan Pays 100% of Eligible Medical Expenses up to \$1,000 maximum per calendar year per individual. After \$1,000 maximum, plan pays 80% of HIAA* charges (CYD waived). |
| Lifetime Maximum Benefit | \$2,000,000 per Individual | |

| PRESCRIPTION (Rx) COVERAGE | |
|---|--|
| Service Carrier: Medco/Systemed 1-800-669-3730 | Subject to Calendar Year Deductible, then plan pays 50% or 80% (see below) of discounted charges up to Out-of-Pocket Maximum |
| Retail - 30 Day Supply | After Calendar Year Deductible (CYD) |
| Mail Order - 90 Day Supply | Generic and Preferred Brand -Plan pays 80% Non-Preferred Brand -Plan pays 50% |

| HEALTH PLAN PREMIUM (Medical, Rx, Dental, Vision) | | |
|---|--|---|
| Employee Monthly Premium: | Single \$44 / month | Two-Party \$88 / month Family \$132 / month |
| Monthly as collected over 7 mos | Single \$75 / month | Two-Party \$151 / month Family \$226 / month |
| Spousal Surcharge | \$50 / month | Must complete and sign an Affidavit to opt out. |
| FLEXIBLE SPENDING ACCOUNT (Voluntary Enrollment) | | |
| Flexible Spending Account Advanced Benefits 1-866-315-1777 www.mybenefits247.com | A flexible spending account (FSA) is a plan authorized under Section 125 of the Internal Revenue Code. FSAs allow employees to pay for eligible medical, over-the-counter medicine, dental, and vision expenses on a pre-tax basis. Balances remaining at the year-end cannot be rolled into the next calendar year. Participants may elect to receive a Mysource Debit Card that can be used to pay eligible expenses directly out of your Flexible Spending Account, eliminating the need to file reimbursement claims from Advanced Benefits Management (ABM) on those expenses. No manual reimbursement required and no receipts need to be sent to ABM (receipts should be kept for verification and audit purposes). | |
| Contact | Staker Parson HR/Benefit Office | (888)672-7766 or (801)409-2508 |

*HIAA (Health Insurance Association of America). BCBS uses local average pricing based on zip codes.

**This is a partial summary of benefits only. Please see Summary Plan Description for complete detail of benefits, limitations, and exclusions.