

2010 NON-HRA Health Benefits Summary

Coverage becomes effective for eligible employees on the 1st of the month following 90 days of full-time employment.
HRA dollars will be forfeited when selecting the NON-HRA Plan.

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)	\$500 per Individual \$1,000 per Family	Applies toward In-Network deductible
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	\$30 Co-Payment	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	Co-Payment Plan
Prescription Drugs - Retail (30-Day Supply)	10% copay - Generic (\$10 Cap)
	25% copay - Preferred Brand (formulary) (\$30 Cap)
	*50% copay - Non-Preferred Brand (\$100 Cap)
	NOT SUBJECT TO DEDUCTIBLE
Prescription Drugs - Mailorder (90-Day Supply)	10% copay - Generic (\$20 Cap)
	25% copay - Preferred Brand (formulary) (\$60 Cap)
	50% copay - Non-Preferred Brand (\$200 Cap)
	NOT SUBJECT TO DEDUCTIBLE

HEALTH PLAN PREMIUM (Medical, Rx, Dental, Vision)			
Employee Monthly Premium:	Single \$88 / month	Two-Party \$176 / month	Family \$264 / month
Monthly as collected over 7 mos	Single \$151 / month	Two-Party \$302 / month	Family \$453 / 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.