

## UNITEDHEALTHCARE PPO MEDICAL PLAN

### EFFECTIVE 1/1/2014

BENEFITS	INSIDE NETWORK	OUT-OF-NETWORK
<b>Plan Deductible—Per Calendar Year (PCY)</b>	Individual deductible: \$325 Family deductible: \$650	Individual deductible: \$425 Family deductible: \$850
<b>Plan Co-insurance</b>	Plan pays 80%, you pay 20%	Plan pays 60%, you pay 40%
<b>Out-Of-Pocket Limit</b>	Individual out-of-pocket limit: \$1,350 Family out-of-pocket limit: \$2,700	Individual out-of-pocket limit: \$3,500 Family out-of-pocket limit: \$7,000
<b>Lifetime Maximum</b>	No lifetime maximum effective 1/1/2011	No lifetime maximum effective 1/1/2011
<b>Office Visit/Urgent Care</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Outpatient Services</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Hospital Services Inpatient And Outpatient</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Prescription Drugs</b> Covered through Express Scripts, Inc.	<b>Retail: (for a 30-day supply)</b> Generic: \$10 Brand name preferred: \$35 Brand name non-preferred: \$50 <b>Mail Order: (for a 90-day supply)</b> Generic: \$20 Brand name preferred: \$70 Brand name non-preferred: \$100 <b>Out-of-Pocket Max: \$1,500</b>	Contact Express Scripts, Inc. for reimbursement details
<b>Acupuncture</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to 20 visits per calendar year.	Plan pays 60%, you pay 40%, deductible applies. Limited to 20 visits per calendar year.
<b>Ambulance (True Emergency)</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 80%, you pay 20%, deductible applies.
<b>Chemical Dependency</b>	See summary plan description.	See summary plan description.
<b>Chiropractic Services</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to 20 visits every calendar year.	Plan pays 60%, you pay 40%, deductible applies. Limited to 20 visits every calendar year.
<b>Devices, Medical Equipment (DME), and Supplies (Prosthetics)</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Diagnostic Laboratory and X-Ray Services (Outpatient)</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Emergency Services</b>	\$125 co-pay per visit, then Plan pays 80%, you pay 20%, and deductible applies.	\$125 co-pay per visit, then Plan pays 80%, you pay 20%, and deductible applies.

## UNITEDHEALTHCARE PPO MEDICAL PLAN (CONT'D)

### EFFECTIVE 1/1/2014

BENEFITS	INSIDE NETWORK	OUT-OF-NETWORK
<b>Hearing Exam</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to one exam every 12 months.	Plan pays 60%, you pay 40%, deductible applies. Limited to one exam every 12 months.
<b>Hearing Aids</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to \$300 every 36 months.	Plan pays 60%, you pay 40%, deductible applies. Limited to \$300 every 36 months.
<b>Home Health</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to 40 visits per calendar year.	Plan pays 60%, you pay 40%, deductible applies. Limited to 40 visits per calendar year.
<b>Infertility Services</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Maternity Services</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Mental Health</b>	See summary plan description.	See summary plan description.
<b>Naturopathy Services</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Obesity Surgery</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Organ Transplants</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Preventive Care</b>	Covered at 100%.	Plan pays 60%, you pay 40%, deductible applies.
<b>Rehabilitation Services (Occupational, Speech and Physical Therapies)</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to 30 visits per calendar year, 20 visits for Cardiac and Pulmonary.	Plan pays 60%, you pay 40%, deductible applies. Limited to 30 visits per calendar year, 20 visits for Cardiac and Pulmonary.
<b>Skilled Nursing</b>	Plan pays 80%, you pay 20%, deductible applies. Limited to 60 days per calendar year.	Plan pays 60%, you pay 40%, deductible applies. Limited to 60 days per calendar year.
<b>Sterilization (Vasectomy, Tubal Ligation)</b>	Plan pays 80%, you pay 20%, deductible applies.	Plan pays 60%, you pay 40%, deductible applies.
<b>Vision Care</b>	<b>Annual Exam:</b> \$10 co-pay <b>Optical Hardware:</b> Lenses covered every 12 months: \$10 co-pay. Frames every 24 months.	<b>Annual Exam:</b> 85% of contracted charges. Maximum reimbursement in a calendar year is \$165 for exam and hardware combined. <b>Optical Hardware:</b> Frames and lenses every other year up to \$165 total, including exam.