

Plan XX Benefit Summary

Benefit	Plan XX
Eligibility	<p><u>Waiting Periods</u></p> <p><u>Full Time</u> Group A benefits: First of month following 1200 hours of service plus 60 days Group B benefits: First of month following 12 months employment Group C benefits: First of month following 15 months employment</p> <p><u>Part Time</u> Group A benefits: First of the month following 13 months employment if you have worked at least 28 hours per week during the first 12 months of employment.</p> <p>Group B benefits: First of the month following 18 months employment</p> <p>Group C benefits: First of the month following 30 months employment</p> <p><i>Coverage for Part Time participants will be secondary if the participant has coverage under another group Plan, whether as the primary insured or as a dependent.</i></p>
Dependent Eligibility	Full Time: Available on same date as participant becomes eligible.
Life Insurance	\$5,000 Full Timers \$2,500 Part Timers
Accidental Death & Dismemberment	\$5,000 Full Timers \$2,500 Part Timers
Medical Plan	<p>CareFirst PPO mandatory or no benefits will be paid. Must use LabCorp or Quest lab facilities in order to be covered for laboratory services.</p> <p>\$500 deductible per covered individual per year.</p> <p>75% up to UCR with deductible to the out-of-pocket maximum.</p> <p>Certify all inpatient hospital stays with SHPS/Carewise Health. Call SHPS at (866) 511-1462</p> <p>Emergency Room - \$75 per visit co-pay; waived if admitted to the hospital. Eligible expenses paid at 75% up to UCR with deductible to the out-of-pocket maximum.</p>
Medical Out of Pocket Maximum	\$5,000 per individual per calendar year; \$10,000 per family per calendar year.

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Mental Health/Substance Abuse	Certify all mental health/substance abuse care through Value Options. Call Value Options at (800) 353-3572 .
Preventive Care	Covered at 100% for in-network providers. List of covered services found on Associated's website at associated-admin.com. Go to "Your Benefits," then "FELRA," then "Downloads."
Accident & Sickness	<p>FT: 50% gross straight time pay for 8 weeks and 40% gross straight time for next 4 weeks. 1st day for accident or hospitalization, 4th day for sickness.</p> <p>PT: 40% gross straight time pay for 8 weeks and 30% for the next 4 weeks. 1st day for accident or hospitalization, 7th day for sickness.</p> <p>Eligibility for all benefits continued during sick pay.</p>
Prescription Drug	<p>5% co-pay (with a \$5 minimum) for generic drugs; 15% co-payment (with a \$15 minimum) for brand name drug on the preferred formulary list; 25% co-payment (with a \$25 minimum) for brand name drugs not on the preferred formulary list. Benefits provided through Express Scripts/Medco.</p> <p>Generics mandatory if available (brand name not covered). Oral contraceptives covered for female participant or spouse (not dependent daughters). No annual or lifetime maximum.</p>
Prescription Out of Pocket Maximum	\$1,600 per individual per calendar year; \$3,200 per family per calendar year for prescription drugs.
Optical	Exam, frames, and glasses every 2 years provided through Advantica. Call (866) 425-2323 to locate a provider or participating retail outlet.
Dental	<p>Through Group Dental Service ("GDS"). Covered services are exams, x-rays, cleanings, fillings, and simple extractions only. There is no co-pay for these services.</p> <p>Call GDS at (800) 242-0450 to select a dentist before your first appointment.</p>