2002 Group Health Plan Highlights

This sheet is only a summary to answer the most frequently asked questions. It is not a legal document. In all cases, the Summary Plan Description (SPD) for each benefit is the governing document and should always be consulted for specific plan coverage.

PLAN FEATURES	If you use the Network	If you DO NOT use the Network	When the Network is NOT available
MEDICAL SERVICES			
Aetna PPO (Check SPD for exclusions and limitations.)	After $100 per person deductible,* you pay 10% of the balance.	After $300 per person deductible,* you pay 50% of U&C, plus any balance.	After $100 per person, deductible,* you pay 20% of U&C, plus any balance.
	Company pays 90% of the balance.	Company pays 50% of remaining U&C charges.	Company pays 80% of remaining U&C charges.
Out-of-Pocket Max	$2000 + $100 per person deductible.*	Unlimited.	$4000 + $100 per person deductible.*
Lifetime Benefit	$1 million	$1 million	$1 million
Pre-Certification	Consult the SPD, failure to follow pre-certification requirements may result in a penalty.		
Annual Physical Exam (One per year.)	$300 one-time annual max, company pays first $100. After $100 deductible, you pay 10% of balance.	No benefit.	$300 one-time annual max, company pays first $100. After $100 deductible, you pay 20% of U&C, plus any balance.
	Company pays 90% of remaining balance.		Company pays 80% of remaining U&C charges up to $300 annual max.
Office Visits	$15 office visit co-pay See SPD for cost share on lab and x-ray fees.	After $300 deductible, you pay 50% of U&C, plus any balance.	After $100 deductible, you pay 20% of U&C, plus any balance.
	Company pays 100% of the office visit balance.	Company pays 50% of remaining U&C charges.	Company pays 80% of remaining U&C charges.
Well Child Care	$15 office visit co-pay See SPD for cost share on lab and x-ray fees.	After $300 deductible, you pay $50% of U&C, plus any balance.	After $100 deductible, you pay 20% of U&C, plus any balance.
	Company pays 100% of the office visit balance.	Company pays 50% of remaining U&C charges.	Company pays 80% of remaining U&C charges.
	Maximum of three visits per year for dependents through six years of age.		
Immunizations	No co-pay.	After $300 deductible, you pay 50% of U&C, plus any balance.	After $100 deductible, you pay 20% of U&C, plus any balance.
	Company pays 100%.	Company pays 50% of remaining U&C charges.	Company pays 80% of remaining U&C charges.
	Flu Shots – 100%.	Flu Shots – 100% of U&C.	Flu Shots – 100% of U&C.
Chiropractic	$15 co-pay.	After $300 deductible, you pay 50% of U&C plus any balance.	After $100 deductible, you pay 20% of U&C plus any balance.
	Company pays 100% up to $500 per year.	Company pays 50% of U&C up to $500 per year.	Company pay 80% of U&C up to $500 per year.
Mental Conditions (In or Outpatient)	After the $100 deductible, the company pays 50% of the U&C charges, with a maximum payout for three days of inpatient care and five days of outpatient care.		
Stop Smoking	The deductible does not apply to these services. The company pays 50% of these charges. The maximum lifetime payout by the plan is $250.		
DENTAL SERVICES			
Connection Dental Network No Deductible	One exam, routine cleaning and bite wing X-ray per year, with no co-pay. 50% co-pay for all other services. $1000 payout per year. $1000 lifetime orthodontic.	One exam, routine cleaning and bite wing X-ray per year with no co-pay, subject to U&C charges. 50% co-pay for all other services. $1000 payout per year. $1000 lifetime orthodontic.	One exam, routine cleaning and bite wing X-ray per year with no co-pay, subject to U&C charges. 50% co-pay for all other services. $1000 payout per year. $1000 lifetime orthodontic.
VISION SERVICES			
Aetna Vision One Discount Program No Deductible	$100 payout per year. 50% co-pay.	$100 payout per year. 50% co-pay.	$100 payout per year. 50% co-pay.

PHARMACY SERVICES	Co-Pay Level	Retail 30-Day Supply	Mail Order 90-Day Supply
Advance PCS Prescription Drug Plan No Deductible	Level 1 (generic) Level 2 (select brand) Level 3 (non-preferred)	$5 $15 $21	$10 $30 $42

*Footnote: The maximum annual deductible for families of four or more is $300 when using the network and when the network is not available. It's $900, if the network is available and not used. The maximum annual Out-of-Pocket Expense for a family of four is $6,300 when using the network, and $12,300 when the network is not available. Once the maximum is met, the plan will pay 100% of all covered charges for all family members. Please note there is NO out-of-pocket maximum if the network is available and not used.

Effective January 1, 2002 – WAI Form #705