let's talk *highlights....*

The Group Health Plan is self-funded and self-administered by Watkins Associated Industries (WAI). This means the plan is funded solely by employee and individual company premiums, and that WAI reviews and pays all of its own employee claims.

To offer a variety of services at discounted prices, WAI contracts with large nationwide providers. For example:

- **Aetna's PPO Network for health care providers**
- **Advance PCS for prescription drugs**
- **Connection Dental Network for dentists**
- **Cole Managed Vision for eye care**

What Goes Where –

Send medical, dental and vision claims to:
Watkins Associated Industries, Inc.
Employee Health Care Benefits
P.O. Box 1738
Atlanta, GA 30301-1738

Electronic Payer ID - 58082

Plan specifics, eligibility or claims questions should be directed to 1-800-333-3841.

Need To Find A –

Doctor/ Hospital: **Aetna's DocFind**
www.aetna.com

Forms & SPDs **www.WAIBenefits.com**

Pharmacist: **Advance PCS**
www.advancerx.com
800-966-5772

Send all mail-order prescriptions to:
AdvanceRx.com
P.O. Box 961066
Fort Worth, TX 76161

Dentist: **Connection Dental Network**
www.ppousa.com
877-277-6872

Eye Doctor: **Cole Managed Vision**
www.cmvc.com
800-804-4384 (Plan #47081)

Some Helpful Tips...

New Dependents –
New dependents must be enrolled in the Group Health Plan within 30 days of a birth, adoption, marriage or major life event.

Student Dependents –
Dependents who reach age 19, or those who are full-time students and reach age 25, are no longer eligible for Group Health coverage and must be dropped from the plan.

Dependents who are over the age of 19 must submit proof every semester that they are enrolled as a full-time student in order to continue their Group Health coverage.

If You're Not Sure....
a particular treatment is covered or if you need to be pre-certified, consult the Group Health Plan's SPD, or call 800-333-3841.

Claim Forms –
Each person covered under the Group Health Plan must attach a new claim form to the first bill submitted each plan year. After that, send the bills to WAI with the person's name and Social Security number clearly marked. Don't use a highlighter on the form, it interferes with the scanning process – circle anything that needs to be brought to the processor's attention.

2003 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.*
Pre-Authorization	Consult the SPD, failure to follow pre-authorization requirements may result in a penalty.		
Annual Physical Exam (One per year.)	Company pays annual max of up to $200.	No Benefit.	Company pays annual max of up to $200
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 outpatient care visits.		
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-rays per year, with no co-pay.	One exam, routine cleaning and bite wing X-rays per year with no co-pay, subject to U&C charges.	One exam, routine cleaning and bite wing X-rays per year with no co-pay, subject to U&C charges.
	50% co-pay for all other services.	50% co-pay for all other services.	50% co-pay for all other services.
	$1000 payout per year. $1000 lifetime orthodontic.	$1000 payout per year. $1000 lifetime orthodontic.	$1000 payout per year. $1000 lifetime orthodontic.
VISION SERVICES			
Cole Managed Vision 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
GROUP HEALTH PLAN			
Lifetime Benefit	The maximum plan payout is $1 million.		

*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, 2003 – WAI Form #705