



October 2013

Dear Fellow Employee:

Attached is your 2014 Open Enrollment information for health insurance. Open Enrollment is your once-a-year opportunity to make changes to your benefits elections. **The deadline to make changes is November 30, 2013.**

In this packet, we have summarized the benefits offered and the new costs that are effective January 1, 2014. If you want to make changes to your benefits elections for 2014 or contribute to the Flexible Spending Account in 2014, please visit Employee Self-Service between November 1<sup>st</sup> and the 30<sup>th</sup>.

With the passage of the Affordable Care Act, employers like us have been forced to explore new ways of controlling costs. Implementing a spousal eligibility provision can help by making sure that each employer is responsible for the health coverage of its own employees.

Therefore, effective January 1, 2014, spouses of employees who are eligible for medical coverage through their employer's health plan will not be eligible to enroll in the ATSG medical plan.

Also effective January 1, 2014, there are several plan changes including increased deductibles, co-payments, out-of-pocket maximums, and employee contributions. These changes are necessary to position our health plans to reflect the new reality of the cost of health care.

Even with these changes, our overall cost is still increasing. You can help mitigate your cost by evaluating which coverage you elect. In addition, if you are not already doing so, you can receive a premium discount for participating in the *Healthy Directions* wellness program

Approximately 39% of the eligible employees are participating in *Healthy Directions* but we would like to see everyone participate. If you are not participating, I encourage you to consider joining the program. Not only will you improve your overall health, ***you will save money as well.***

Also this year, our Group Universal Life Insurance carrier, Prudential, is offering a one-time opportunity to purchase coverage or increase your coverage. See page 10 for more details and watch for a mailing from Prudential about this offer.

If you have any questions about your benefits, please feel free to contact Beth Allen at ext. 62157 or Tina Reed at ext. 63033 in your Human Resources Department.

Sincerely,

A handwritten signature in black ink that reads "Steve Sager". The signature is written in a cursive, flowing style.

Steve Sager  
Director, Human Resources

***Note: If you are currently enrolled in ATSG benefits and are not making changes to your benefits for 2014, you do not need to complete the online elections unless you want to continue or enroll in flexible spending accounts or health savings accounts.*** If you do not make changes you will automatically remain in the same plans with the 2014 changes, with the exception of flexible spending and health savings. You must go online and elect new deductions for those plans.

*Full-time & Part-time*

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# What's New for 2014?

## ***Spouse Eligibility:***

- Effective January 1, 2014, spouses of ATSG employees who are eligible for medical coverage through their employer's health plan will not be eligible to enroll in the ATSG medical plan. If you enroll your spouse in the ATSG medical plan must certify that he or she does not have access to employer-sponsored medical coverage through their job. Failure to disclose other coverage will subject you to possible disciplinary action. If you enroll your spouse, you will be asked to certify his/her eligibility after the close of open enrollment.

## ***Medical Plans (all): (see pages 25-26 for more details)***

- Deductibles and Out of Pocket Maximums have increased.
- Office Co-Pays have been increased.
- Emergency Room and Urgent Care Co-Pays have increased.
- RX (Prescription) co-pays have increased.
- New ID cards will be sent to all participants.

## ***Enhanced PPO Plan:***

- There are new employee contributions for 2014.

## ***Value PPO Plan:***

- There are new employee contributions for 2014.

## ***Health Savings Account PPO Plan:***

- The pretax net individual contribution limits increased to \$2,800 for an individual and \$5,550 for a family.
- There are new employee contributions for 2014.

## ***Dental and Vision Benefits:***

- There are new employee contributions for 2014.

## ***Group Universal Life Insurance:***

- You may be able to enroll or increase your Group Universal Life Insurance during open enrollment this year. Watch your mail for information from Prudential.

# Your 2014 open enrollment guide

Open Enrollment is your once-a-year opportunity to enroll or re-enroll for 2014. This information guide is being provided to you to help you choose your 2014 benefits. All changes are effective January 1, 2014. Please review this information carefully and follow these three easy steps to complete your enrollment. The deadline to complete your enrollment is **November 30, 2013**.

## 1. Review your choices

### Medical Insurance

*These medical options are administered by United HealthCare.*

You have three plans to choose from:

- **Enhanced PPO**
- **Value PPO**
- **Health Savings Account (HSA) PPO**

#### **Enhanced PPO**

*See page 16-19 for more details.*

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 100% after the annual deductible. The annual in-network deductible is \$450 per covered individual and \$900 for families. The plan has an annual out-of-pocket maximum of \$1,800 for individuals and \$3,600 for families. Out-of-network services have lesser coverage.

#### **Highlights of In-Network Coverage:**

- The primary care office visit co-payment is \$25, and the specialist co-payment is \$35 with no deductible.
- The deductible is \$450 for individuals and \$900 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 100% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 18 with no deductible.

#### **2014 Employee Contributions**

	<b>Bi-weekly Base</b>	<b>Bi-weekly Wellness</b>
Employee Only	\$ 91.71	\$ 76.42
Employee & Child(ren)	\$ 159.48	\$ 132.89
Employee & Spouse	\$ 192.94	\$ 160.78
Employee, Spouse & Child(ren)	\$ 286.01	\$ 238.33

## **Value PPO Plan**

See pages 16-19 for more details.

This plan option offers affordable co-payments for in-network doctor office visits and prescription medications. Most other in-network medical services are covered at 80% after the annual deductible. The annual in-network deductible is \$725 per covered individual and \$1,450 for families. The plan has an annual out-of-pocket maximum of \$3,100 for individuals and \$6,200 for families. Out-of-network services have lesser coverage.

### **Highlights of In-Network Coverage:**

- The primary care office visit co-payment is \$25, and the specialist co-payment is \$35 with no deductible.
- The deductible is \$725 for individuals and \$1,450 for families.
- Coverage for hospital stays, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Prescription drugs are covered with a co-payment as described on page 18 with no deductible.

### **2014 Employee Contributions**

	<b>Bi-weekly Base</b>	<b>Bi-weekly Wellness</b>
Employee Only	\$ 76.29	\$ 63.57
Employee & Child(ren)	\$ 132.67	\$ 110.55
Employee & Spouse	\$ 160.51	\$ 133.76
Employee, Spouse & Child(ren)	\$ 237.94	\$ 198.28

## **Health Savings Account (HSA) PPO**

See pages 16-19 for more details.

This plan uses a Health Savings Account (HSA) to help pay for your medical expenses and puts you in control of your health care cost. A Health Savings Account allows you to save money for medical expenses on a pre-tax basis, reducing your taxable income. If you don't spend the money, it remains in your account for next year.

To help fund your HSA, ATSG will contribute \$500 for single coverage or \$1,000 for family coverage into your account. Contributions are prorated and paid on a bi-weekly basis throughout the year. You can also contribute to your HSA on a pre-tax basis up to \$2,800 annually for individuals and \$5,550 for families. Your account comes with a debit card that you can use to pay for doctor visits, prescriptions, and other medical expenses not covered by the insurance. You also earn interest on your money in the account from the bank.

Along with your HSA, this option includes a catastrophic insurance plan to pay for "big ticket" medical expenses. The plan has a deductible of \$1,550 per person and \$3,100 for families<sup>1</sup> and provides 80% coverage for in-network services.

### **Highlights of In-Network Coverage:**

- Health Savings Account includes annual company contributions of \$500 for individuals or \$1,000 for families. You can contribute up to \$2,800 annually for individuals and \$5,550 for families. If you are age 55 or older, you can contribute an additional \$1,000.
- Deductible is \$1,550 per person and \$3,100 for families (see footnote 1).
- Coverage for hospital stays, doctor visits, x-rays, laboratory services, surgeries, and most other services are covered at 80% after satisfying your annual deductible.
- Out-of-pocket maximum is \$4,300 for individuals and \$8,600 for families.
- Prescription drugs are covered with a co-payment as described on page 18 after the deductible is met.

### **2014 Employee Contributions**

	<b>Bi-weekly Base</b>	<b>Bi-weekly Wellness</b>
Employee Only	\$ 47.29	\$ 39.41
Employee & Child(ren)	\$ 82.23	\$ 68.52
Employee & Spouse	\$ 99.49	\$ 82.90
Employee, Spouse & Child(ren)	\$ 147.49	\$ 122.90

<sup>1</sup> Unlike the Enhanced & Value PPO plans, your entire family must reach the \$3,100 deductible before the plan will pay any benefit.

## Dental Insurance

Both dental options are administered by MetLife.

You have two plans to choose from:

### Enhanced Dental

See page 20 for more details.

This option provides coverage for preventive care, dental treatment, and orthodontia.

### 2014 Employee Contributions

(Includes Vision Benefit)

	<b>Bi-weekly</b>
Employee Only	\$ 8.78
Employee & Child(ren)	\$ 20.47
Employee & Spouse	\$ 17.10
Employee, Spouse & Child(ren)	\$ 28.78

### Basic Dental

See page 20 for more details.

This option provides coverage for preventive care and dental treatment. There is no coverage for orthodontia.

### 2014 Employee Contributions

(Includes Vision Benefit)

	<b>Bi-weekly</b>
Employee Only	\$ 7.32
Employee & Child(ren)	\$ 16.96
Employee & Spouse	\$ 14.17
Employee, Spouse & Child(ren)	\$ 23.81

## Vision Benefits

Vision benefits are administered by EyeMed.

If you elect one of the Dental options, vision benefits are included.

### Vision Plan

See page 20 for more details.

The cost of the vision benefits is included in the cost of the dental plans. The plan pays up to \$50 for one eye exam per year per covered person and up to \$100 per year per covered person toward the purchase of glasses or contacts.

## **Flexible Spending Account (FSA)**

*This plan is administered by United HealthCare.*

### **Medical FSA**

The Medical FSA allows you to contribute pre-tax dollars to an account that you can then use to pay for medical, dental, and vision expenses that are not covered by insurance. Examples include: deductibles, co-insurance, co-payments, and other out-of-pocket expenses. For a complete list of eligible expenses see IRS publication 502 at [www.irs.gov](http://www.irs.gov). By using a FSA, you reduce your taxable income for the year by the amount you contribute to the program which saves you money. As a result of Affordable Care Act the annual contribution limit for flexible spending accounts is \$2,500.

Due to federal rules, if you elected the Health Savings Account PPO, you are not eligible for the Medical FSA..

### **Use it or lose it!**

You need to carefully budget for 2014. Any leftover 2014 money that is not used by March 15, 2015, will be forfeited to the Company.

## **Health Savings Accounts**

*This plan is administered by United HealthCare.*

If you elected the HSA PPO for your medical insurance, ATSG will contribute \$500 per year for single coverage or \$1,000 per year for family coverage to help offset the cost of the high deductible. The contribution is 1/26<sup>th</sup> of the \$500 or \$1,000 over each pay period of the year. You also may contribute up to \$2,800 for single or \$5,550 for families to the Health Savings Account each year.

**IMPORTANT:** If you elect this option, you must open a Health Savings Account with Optum Health Bank. If you are electing this benefit for the first time or if you are already enrolled in this option and have not yet opened an Optum Health Bank Health Savings Account, please visit [www.optumhealthbank.com](http://www.optumhealthbank.com) to open your account. Once your account is opened, you will receive a debit card to pay for medical expenses that are subject to the deductible or not covered by insurance, such as orthodontia, hearing aids, Lasik surgery, co-payments, etc.

### **The Money is Yours to Keep**

#### ***NO "Use it or lose it"***

Unlike the Flexible Spending Account, any leftover money at year-end is never forfeited but remains in your account until you need to use it. The money earns interest while it is in your account.

You must elect the HSA PPO as your medical insurance to be eligible for the Health Savings Account. If you elected the Enhanced or Value PPO plans you are not eligible for the Health Savings Account.



# Life Insurance, AD&D, STD, & LTD

*These plans are insured by The Hartford.*

## For Full-time Employees Only:

Company-paid Life Insurance and Accidental Death & Dismemberment (AD&D) coverage is paid by the Company. Your benefit is 1.5 times your base annual pay for life insurance and an additional 1.5 times base annual pay for AD&D coverage (up to certain limits).

The Company shares the cost of Short Term Disability with you. Long Term Disability is automatically provided to full time employees with one year of full-time service. If you have not previously elected Short Term Disability, and wish to do so at this time, you will be subject to Evidence of Insurability. Please contact Human Resources for more information.

## Voluntary Accident Insurance

*This plan is insured by CIGNA.*

This plan allows employees to purchase accidental death and dismemberment insurance. This plan pays a benefit if you die, lose a limb or eye sight in an accident (on or off the job). You may purchase from \$25,000 up to \$500,000 in coverage but not more than 10 times your annual salary for amounts over \$250,000. You also may purchase family coverage for your spouse and dependent children.

### **RATES FOR 2014:**

<b>Bi-weekly cost:</b>			
	<b>Employee Principal Amount</b>	<b>Single</b>	<b>Family</b>
\$	25,000	\$0.35	\$0.64
\$	50,000	\$0.69	\$1.27
\$	75,000	\$1.04	\$1.91
\$	100,000	\$1.38	\$2.54
\$	125,000	\$1.73	\$3.18
\$	150,000	\$2.08	\$3.81
\$	175,000	\$2.42	\$4.44
\$	200,000	\$2.77	\$5.08
\$	225,000	\$3.12	\$5.71
\$	250,000	\$3.46	\$6.35
\$	275,000	\$3.81	\$6.98
\$	300,000	\$4.15	\$7.62
\$	325,000	\$4.50	\$8.25
\$	350,000	\$4.85	\$8.88
\$	375,000	\$5.19	\$9.53
\$	400,000	\$5.54	\$10.15
\$	425,000	\$5.88	\$10.79
\$	450,000	\$6.23	\$11.42
\$	475,000	\$6.58	\$12.06
\$	500,000	\$6.92	\$12.69

Family members are covered at these levels of the principal sum if you elect the family coverage:

Spouse	50%
Spouse (if no children)	60%
Children	10%
Children (if no spouse)	15%

## Other Benefits:

### Group Universal Life Insurance

Special Offer

*This plan is insured by Prudential Life and administered by Marsh @ Work Solutions.*

ATSG offers a Group Universal Life (GUL) Insurance program that allows you to purchase up to six times your annual salary in life insurance. While evidence of insurability is normally required for new or increased enrollments in the GUL program, Prudential has agreed to provide a modified open enrollment this year.

You will be able to enroll for GUL Insurance for the first time or increase your GUL Insurance coverage by one times your base annual earnings without having to answer any health questions. Exception: employees who were previously denied coverage must provide proof of good health satisfactory to Prudential for any coverage amount.

Please watch your mail for information from Prudential, or visit [www.personal-plans.com/abxair](http://www.personal-plans.com/abxair) or call (800) 441-5581 to speak with a customer service representative.

### Capital Accumulation Plan / 401(k)

*Fidelity Investments is the record keeper and trustee of the 401(k) plan.*

Visit [www.401k.com](http://www.401k.com) or call (800) 835-5095 to enroll, make changes, or request more information. This benefit is not subject to Open Enrollment.

## 2. Deciding on your choices

You need to decide which coverage you want for 2014. A number of resources are available to help you make your choices:

- Read pages 16-20 of this brochure for summaries of your options.
- Review the Summary of Benefits and Coverage and a Glossary of Health Coverage and Medical Terms, which is available on the Employee Self Service website.
- Call the Human Resources Department at ext. 62157 or ext. 62380.

### ***Web Resources***

#### **Medical Insurance**

[www.myuhc.com](http://www.myuhc.com)

#### **Dental Insurance**

[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)

#### **EyeMed Vision Care**

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

#### **Group Universal Life Insurance**

[www.personal-plans.com/abxair](http://www.personal-plans.com/abxair)

#### **CAP/401(k) Plan**

[www.401k.com](http://www.401k.com)

# 3. Enrolling for 2014

The deadline is November 30, 2013.

1. Making changes to your enrollment is easy! Go on-line at **EMPLOYEE SELF SERVICE**.
2. After logging in click on **BENEFITS**.
3. Check your **DEPENDENTS** and enter any eligible dependents. Remember that spouses are not eligible for the ATSG medical plan if they are eligible for health insurance through their employer. Refer to page 13 for more information.
4. Click on **OPEN ENROLLMENT** and make your elections. All changes are effective January 1, 2014. **Please note that only base prices will be shown. Wellness prices will apply if you complete the quarterly requirements, but will not show up on Self Service.**
5. Click **SUBMIT**. Once you submit your form, the file is forwarded to the Benefits Administrator for approval or rejection. Enrollment with errors will be rejected. It your responsibility to check on the status of your enrollment and make any corrections. **Do not click on "Save as Draft", as this will NOT submit your election.**
6. Check your enrollment to make sure it has been approved. The Benefits Administrator is committed to processing all enrollments within three business days of submission.

## Helpful Hints

- If you would like Self Service to send you an e-mail when your enrollment has been approved, enter your e-mail address under PERSONAL.
- If you elect more than \$250,000 in Voluntary Accident Insurance, be sure you do not elect more than 10 times your annual base salary.
- If you want to know what your current benefits are, click on MY BENEFITS.
- Make sure you enter any dependents before making other changes.
- Make sure you send proof of dependents to the Human Resources Dept. for any dependents not currently enrolled.

## **How does the Deductible Work?**

The deductible is the amount you pay before the insurance will pay any benefit. For example, the Value PPO Plan has an individual in-network deductible of \$725. Once the deductible has been satisfied for the calendar year, the plan pays the scheduled benefit. You have to satisfy the deductible only once per calendar year.

To help protect families, each plan has a family deductible. For example, the Value PPO Plan has a family deductible of \$1,450. Once the family as a whole reaches \$1,450 the plan will pay the scheduled benefit. This way each family member does not have to reach the individual deductible.

The Health Savings Account PPO deductible works differently from the Value PPO Plan deductible. Under this plan, if you elect family coverage, the entire family must reach the \$3,100 deductible before the plan pays anything. The \$1,550 individual deductible applies only to people electing single coverage. Remember that the Company contributes to your Health Savings Account to help offset the cost of the deductible.

Certain benefits are not subject to the deductible. Doctor office visits and prescription drug co-payments are not subject to the deductible (except in the Health Savings Account PPO where it is required by law).

Each plan we offer has a different deductible, so you should carefully review your options before enrolling.

## **Spouse eligibility:**

With the passage of the Affordable Care Act, employers like ATSG have been forced to explore new ways of controlling costs. Implementing a spousal eligibility provision can help by making sure that each employer is responsible for the health coverage of their own employees.

Effective January 1, 2014, spouses of ATSG employees who are eligible for medical coverage through their employer's health plan will not be eligible to enroll in the ATSG medical plan. If you enroll your spouse in the ATSG medical plan you must certify that he or she does not have access to employer-sponsored medical coverage through their job. Failure to disclose other coverage will subject you to possible disciplinary action. If you enroll your spouse for 2014 you will be asked to certify after the close of open enrollment.

## How does the Out-of-Pocket Maximum Work?

The out-of-pocket maximum is designed to protect you and your family from catastrophic claims. For example, in the Value PPO Plan, the in-network out-of-pocket maximum is \$3,100. This means the most you would pay is \$3,100 plus the deductible and any co-payments.

An illustration may help. Suppose you had a catastrophic claim and the hospital bill was \$100,000. You are enrolled in the Value PPO plan and you used an in-network hospital. Here's what you would have to pay and what the plan would pay:

Hospital Claim	\$100,000
Deductible	\$ 725 (you pay)
Remaining	\$ 99,275
Plan Pays @ 80%	\$79,480
20% remaining is	\$19,795; out-of-pocket max is \$3,100
Because out-of-pocket maximum reached at \$3,100	
Plan pays 100%	\$16,695 (\$19,795 - \$3,100)
Total you pay	\$ 3,825
Total plan pays	\$96,075

## Social Security Numbers for Dependents

The Medicare, Medicaid, and SCHIP Extension Act of 2007 requires that health plans such as ATSG's health plan report the social security number of all covered dependents to the Centers for Medicare & Medicaid Services (CMS). This reporting is to allow the CMS to detect potential fraud and cases where a person with Medicare or Medicaid benefits has benefits through an employer.

In order to enroll your dependents in the ATSG health plan, you will need to provide us with your dependents' social security number. The number will only be used to report to the CMS.

If you do not provide your dependents social security number, you cannot cover your dependent under our plan.

You can determine if you have provided us with social security number by clicking on **DEPENDENTS** under **BENEFITS** in Employee Self Service. Click on your dependent's name and click on **CHANGE** to see if the social security number is entered.

# 2014 Employee Contributions

All amounts are bi-weekly.

## Base Medical Premiums

	<u>Enhanced PPO</u>	<u>Value PPO Plan</u>	<u>HSA PPO</u>
Employee Only	\$ 91.71	\$ 76.29	\$ 47.29
Employee and Child(ren)	\$159.48	\$132.67	\$ 82.23
Employee and Spouse	\$192.94	\$160.51	\$ 99.49
Employee, Spouse and Child(ren)	\$286.01	\$237.94	\$147.49

## Wellness Medical Discounted Premiums

**NOTE: The wellness prices will not show up on Self Service. You will automatically get the discounted prices if you complete the quarterly requirements.**

	<u>Enhanced PPO</u>	<u>Value PPO Plan</u>	<u>HSA PPO</u>
Employee Only	\$ 76.42	\$ 63.57	\$ 39.41
Employee and Child(ren)	\$132.89	\$110.55	\$ 68.52
Employee and Spouse	\$160.78	\$133.76	\$ 82.90
Employee, Spouse and Child(ren)	\$238.33	\$198.28	\$122.90

## Dental & Vision Premiums

	<u>Enhanced Dental &amp; Vision</u>	<u>Basic Dental &amp; Vision</u>
Employee Only	\$ 8.78	\$ 7.32
Employee and Child(ren)	\$20.47	\$ 16.96
Employee and Spouse	\$17.10	\$ 14.17
Employee, Spouse and Child(ren)	\$28.78	\$ 23.81

# SCHEDULE OF MEDICAL BENEFITS – 2014

Medical Plan Features	<u>Enhanced</u>		<u>Value</u>		<u>HSA</u>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
NurseLine: Pin 185 1-888-609-5880      A Nurse is available to provide immediate medical info & support 24 hrs/day; 100% covered.						
<b>Preventive Care</b>	100% after \$25 copay/office visit (deductible does not apply)	Not covered	100% after \$25 copay/office visit (deductible does not apply)	Not covered	100% after \$25 copay/office visit (deductible does not apply)	Not covered
Routine physical Immunization Pap test Mammogram						
<b>Well Baby Care</b>	100% after \$25 copay/office visit up to 2 <sup>nd</sup> birthday (deductible does not apply)	Not covered	100% after \$25 copay/office visit up to 2 <sup>nd</sup> birthday (deductible does not apply)	Not covered	Covered under Preventive Care	Not covered
<b>Chiropractic</b>	\$35 copay Limit 12 visits/cal year	60% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)	\$35 copay Limit 12 visits/cal year	50% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)	80% Limit 12 visits/cal year (deductible applies)	60% of MNRP <sup>1</sup> Limit 6 visits/cal year (deductible applies)
<b>Physician Services</b>	100% after \$25 copay/office visit \$35 copay/specialist visit (deductible does not apply)	60% of MNRP <sup>1</sup> (deductible applies)	100% after \$25 copay/office visit \$35 copay/specialist visit (deductible does not apply)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Office Visits						
<b>Hospital Services</b>	100% hospital visits and surgery (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% hospital visits and surgery (deductible applies)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Hospital Visits Inpatient Surgery Outpatient Surgery Hospital Newborn Care						



Medical Plan Features	<b>Enhanced</b>		<b>Value</b>		<b>HSA</b>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
<b>Health Care Facility</b> Hospital Outpatient (minor surgery, radiation therapy) Hospital Inpatient <sup>2</sup> (room and board, x-rays, intensive care, newborn routine nursery care) Skilled Nursing Facility <sup>2</sup> (room & board up to semiprivate room rate, up to 120 days/cal year) Home Health Care <sup>2</sup> (up to 130 visits/cal year) Hospice Care <sup>2</sup> (up to \$5,000 max)	100% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>X-Ray and Lab Anesthesiology</b>	100% (deductible applies)	100% when ordered by network provider (deductible applies) 60% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 50% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)	80% (deductible applies)	80% when ordered by a network provider (deductible applies) 60% of MNRP <sup>1</sup> when ordered by a non-network provider (deductible applies)
<b>Hospital Emergency Room</b>	100% after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  80% after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	100% of MNRP <sup>1</sup> after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  60% of MNRP <sup>1</sup> after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  80% after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% of MNRP <sup>1</sup> after \$90 copay for emergencies (deductible does not apply) (copayment is not waived even if admitted)  50% of MNRP <sup>1</sup> after \$140 copay for non-emergencies (deductible applies) (copayment is not waived even if admitted)	80% for emergencies (deductible applies)  60% for non-emergencies (deductible applies)	80% of MNRP <sup>1</sup> for emergencies (deductible applies)  60% of MNRP <sup>1</sup> for non-emergencies (deductible applies)

Medical Plan Features	<b>Enhanced</b>		<b>Value</b>		<b>HSA</b>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
<b>Urgent Care Centers</b>	100% after \$35 copayment/visit (deductible does not apply)	60% of MNRP <sup>1</sup> (deductible applies)	100% after \$35 copayment/visit (deductible does not apply)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
<b>Other Covered Health Services:</b> Ambulance Service Durable Medical Equipment	80% (deductible applies)	80% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	80% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Rehabilitation Therapy: Physical, Speech, Occupational and Respiratory therapy Infertility Treatment (maximums apply; see Covered Health services –Infertility section)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	50% of MNRP <sup>1</sup> (deductible applies)	80% (deductible applies)	60% of MNRP <sup>1</sup> (deductible applies)
Bariatric Surgery <sup>2</sup>	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	50% of MNRP <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)	80% (deductible applies) (does not count against the out-of-pocket maximum)	60% of MNRP <sup>1</sup> (deductible applies) (does not count against the out-of-pocket maximum)
<b>Outpatient Prescription Drugs</b>  Tiers as determined by the United HealthCare Prescription Drug List (PDL). See <a href="http://www.myuhc.com">www.myuhc.com</a> for the most current list.	Tier 1 - 90% (\$15 min/\$25 max) Tier 2 - 80% (\$30 min/\$55 max) Tier 3 - 60% (\$60 min/\$85 max) <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$25 min/\$45 max) Tier 2 - 80% (\$60 min/\$110 max) Tier 3 - 60% (\$120 min/\$170 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 90% (\$15 min/\$25 max) Tier 2 - 80% (\$30 min/\$55 max) Tier 3 - 60% (\$60 min/\$85 max) <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$25 min/\$45 max) Tier 2 - 80% (\$60 min/\$110 max) Tier 3 - 60% (\$120 min/\$170 max) (deductible/out-of-pocket maximums do not apply)	Not covered	Tier 1 - 80% (\$25 min/\$45 max) Tier 2 - 60% (\$45 min/\$70 max) Tier 3 - 50% (\$70 min/\$95 max) <b>Mail Order</b> (90-day supply) Tier 1 - 80% (\$45 min/\$90 max) Tier 2 - 60% (\$90 min/\$140 max) Tier 3 - 50% (\$140 min/\$190 max) (deductibles/out-of-pocket maximums apply)	Not covered

Medical Plan Features	<b>Enhanced</b>		<b>Value</b>		<b>HSA</b>	
	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .	For NETWORK providers the Plan pays . . .	For NON-NETWORK providers the Plan pays . . .
<b>Mental Health and Substance Abuse<sup>3</sup></b>						
Inpatient Care <sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)	100% (deductible applies / out-of-pocket maximums do not apply)	60% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)	80% (deductible applies / out-of-pocket maximums do not apply)	60% of MNRP <sup>1</sup> (deductible applies / out-of-pocket maximums do not apply)
Outpatient Care <sup>3</sup> (maximums apply; see Mental Health and Substance Abuse section)	100%, after \$25 copayment (deductible / out-of-pocket maximums do not apply)	60% of MNRP <sup>1</sup> (deductible / out-of-pocket maximums do not apply)	80%, after \$25 copayment (deductible / out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible / out-of-pocket maximums do not apply)	80% (deductible applies/ out-of-pocket maximums do not apply)	60% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
Intermediate Care <sup>3</sup>	100% (deductible applies/out-of-pocket maximums do not apply)	60% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/out-of-pocket maximums do not apply)	50% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)	80% (deductible applies/ out-of-pocket maximums do not apply)	60% of MNRP <sup>1</sup> (deductible applies/ out-of-pocket maximums do not apply)
<b>Annual Deductible</b>	\$450/person; \$900/family (applies except where specified)	\$600/person; \$1,200/family (applies except where specified)	\$725/person; \$1,450/family (applies except where specified)	\$1,225/person; \$2,450/family (applies except where specified)	\$1,550 individual plan; \$3,100 total for family plan	\$3,100 individual plan; \$6,200 total for family plan
<b>Out-Of-Pocket Maximum</b>	\$1,800/person; \$3,600/family (except where specified)	\$6,200/person; \$12,400/family (except where specified)	\$3,100/person; \$6,200/family (except where specified)	\$6,200/person; \$12,400/family (except where specified)	\$4,300/person; \$8,600/family	\$6,200/person; \$12,400/family
Non-Notification Penalty	\$200 penalty applies to health facility services requiring pre-notification with UHC \$300 penalty applies to Mental Health/Substance Abuse services requiring UBH pre-notification					
Maximum Lifetime Benefit	NONE					

<sup>1</sup> Maximum Non-Network Reimbursement Program

<sup>2</sup> Pre-notification with UHC is required to receive full plan benefit and avoid penalty.

<sup>3</sup> Pre-notification with UBH is required to receive full plan benefits and avoid penalty.

NOTE: Copayments do not apply towards deductible or out-of-pocket maximum.

Go to [www.myUHC.com](http://www.myUHC.com) to review your claims, check eligibility of your dependents, order an ID card, locate network providers, and research information on many health topics.

## 2014 SCHEDULE OF DENTAL BENEFITS

Plan Feature	Enhanced Dental Plan	Basic Dental Plan
Annual deductible	\$25/person	None
Lifetime deductible	None	\$50/person
Annual maximum benefit	\$2,000 (not including orthodontia)	\$1,500
<b>Diagnostic/preventive services</b> <ul style="list-style-type: none"> <li>• Exams</li> <li>• Cleaning (including periodontal)</li> <li>• Application of fluoride</li> <li>• X-rays</li> <li>• Space maintainers</li> </ul>	100% of R&C* (deductible does not apply)	80% R&C* after deductible
<b>Basic restorative services</b> <ul style="list-style-type: none"> <li>• Fillings/Extractions</li> <li>• Surgery</li> <li>• Endodontics</li> <li>• Periodontal procedures such as bone and gum (gingival) surgery</li> </ul>	80% R&C* after deductible	80% R&C* after deductible
<b>Major restorative services</b> <ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns</li> <li>• Bridges</li> </ul>	50% R&C* after deductible	50% R&C* after deductible
<b>Orthodontia &amp; treatment of Bruxism</b>	50% R&C* up to \$1,000 lifetime maximum (deductible does not apply)	Not covered
<b>Emergency treatment</b>	Same as any other covered expense	Same as any other covered expense

\* The plan pays benefits based on reasonable and customary (R&C) charges.

## 2014 SCHEDULE OF VISION BENEFITS

Plan Feature	In-Network	Out-of-Network
Eye Exam	Up to \$50	Up to \$50
Glasses and Frames or contacts	Up to \$100	Up to \$100

# IMPORTANT NOTICES

*The following notices are mandated by federal law.*

November 1, 2013

## **Grandfathered Health Plan**

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at ABX Plan Administrator, 145 Hunter Drive, Wilmington, OH, 45177 (937) 382-5591. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## **Women’s Health and Cancer Rights Notice**

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas? Call your Plan Administrator (937) 382-5591 for more information.

## **HIPAA Privacy Practices**

The Health Plan Notice of Privacy Practices is included in the Benefits Handbook (Summary Plan Description). If you would like a copy of the Health Plan Notice of Privacy Practices, contact the Health Plan’s Privacy Officer, 145 Hunter Drive, Wilmington OH, 45177

## **Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer- sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **1-866-444-EBSA (3272)**.

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – Medicaid</b>	
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid and CHIP</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-800-383-4278
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218

<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392
<b>MAINE – Medicaid</b>	CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid and CHIP</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473

<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethiptexas.com/">https://www.gethiptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security  
Administration [www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877-267-2323, Menu Option 4, Ext. 61565



## Summary of Material Modifications

*Effective January 1, 2014*

- Spouses who are eligible for coverage through his or her own employer are not eligible for coverage under this Plan provided the coverage meets the Minimum Essential Coverage and Minimum Value Standard of the Patient Protection and Affordable Care Act.
- The following changes are made to the Health Plan. All other Plan provision remain in effect .See the Schedule of Benefits for further details.

	<b><u>Enhanced</u></b>		<b><u>Value</u></b>		<b><u>HSA</u></b>	
	<b>NETWORK</b>	<b>NON-NETWORK</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>
<b>Preventive Care</b>	\$25 copay/office visit	Not covered	\$25 copay/office visit	Not covered	\$25 copay/office visit	Not covered
<b>Well Baby Care</b>	\$25 copay/office visit	Not covered	\$25 copay/office visit	Not covered	Covered under Preventive Care	Not covered
<b>Chiropractic</b>	\$35 copay	No change	\$35 copay	No change	No change	No change
<b>Physician Services</b> Office Visits	Primary Care \$25 copay  Specialist \$35 copay	No change	Primary Care \$25 copay  Specialist \$35 copay	No change	No change	No change
<b>Hospital Emergency Room</b>	Emergencies \$90 copay (deductible applies)  Non-Emergencies \$140 copay then 80% (deductible applies)	Emergencies \$90 copay (deductible applies)  Non-Emergencies \$140 copay then 60% (deductible applies)	Emergencies \$90 copay  Non-Emergencies \$140 copay then 80% (deductible applies)	Emergencies \$90 copay then 80% (deductible applies)  Non-Emergencies \$140 copay then 50% (deductible applies)	No change	No change
<b>Urgent Care Centers</b>	\$35 copayment/visit	No change	\$35 copayment/visit	No change	No change	No change

	<b>Enhanced</b>		<b>Value</b>		<b>HSA</b>	
	<b>NETWORK</b>	<b>NON-NETWORK</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>	<b>NETWORK</b>	<b>NON-NETWORK</b>
<b>Outpatient Prescription Drugs</b>  Tiers as determined by the United HealthCare Prescription Drug List (PDL). See <a href="http://www.myuhc.com">www.myuhc.com</a> for the most current list.	Tier 1 - 90% (\$15 min/\$25 max) Tier 2 - 80% (\$30 min/\$55 max) Tier 3 - 60% (\$60 min/\$85 max) <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$25 min/\$45 max) Tier 2 - 80% (\$60 min/\$110 max) Tier 3 - 60% (\$120 min/\$170 max)	Not covered	Tier 1 - 90% (\$15 min/\$25 max) Tier 2 - 80% (\$30 min/\$55 max) Tier 3 - 60% (\$60 min/\$85 max) <b>Mail Order</b> (90-day supply) Tier 1 - 90% (\$25 min/\$45 max) Tier 2 - 80% (\$60 min/\$110 max) Tier 3 - 60% (\$120 min/\$170 max)	Not covered	Tier 1 - 80% (\$25 min/\$45 max) Tier 2 - 60% (\$45 min/\$70 max) Tier 3 - 50% (\$70 min/\$95 max) <b>Mail Order</b> (90-day supply) Tier 1 - 80% (\$45 min/\$90 max) Tier 2 - 60% (\$90 min/\$140 max) Tier 3 - 50% (\$140 min/\$190 max)	Not covered
Mental Health and Substance Abuse Outpatient Care	\$25 copayment/visit	No change	\$25 copayment/visit then 80%	No change	No change	No change
<b>Annual Deductible</b>	\$450/person; \$900/family)	\$600/person; \$1,200/family	\$725/person; \$1,450/family)	\$1,225/person; \$2,450/family	\$1,550 individual plan; \$3,100 total for family plan	\$3,100 individual plan; \$6,200 total for family plan
<b>Out-Of-Pocket Maximum</b>	\$1,800/person; \$3,600/family	\$6,200/person; \$12,400/family	\$3,100/person; \$6,200/family	\$6,200/person; \$12,400/family	\$4,300/person; \$8,600/family	\$6,200/person; \$12,400/family



Human Resources Dept.  
Mailcode 2061-H  
145 Hunter Drive  
Wilmington, OH 45177

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