

2012 MEDICAL PLANS

| | Select | Preferred | VIP | MedOption | Premium |
|---|-----------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| Monthly Premium | \$40 | \$87 | \$125 | \$148 | \$167 |
| Doctor Office Visit | \$30 | \$15 | \$5 | \$0 | \$0 |
| Diagnostic Tests, X-Rays, Lab Services & Radiology Services (separate office visit co-pay may apply) | \$0 to 20% | \$0 to \$15 | \$0 to \$5 | \$0 | \$0 |
| Inpatient Hospital (per admit) | \$700 (90-day benefit period*) | \$450 (unlimited benefit period*) | \$100 (unlimited benefit period*) | \$0 (unlimited benefit period*) | \$0 (unlimited benefit period*) |
| Skilled Nursing Facility (SNF) Days 1-20: \$0/day | Days 21-100: \$100/day | Days 21-100: \$35/day | Days 21-100: \$25/day | Days 21-100: \$15/day | Days 21-100: \$15/day |
| Outpatient Surgery | 20% | \$100 | \$50 | \$0 | \$0 |
| Ambulance (waived if admitted) | \$75 | \$75 | \$50 | \$40 | \$40 |
| Emergency Urgent Care | \$200 \$40 (U.S. only) | \$200 \$40 (Worldwide) | \$100 \$40 (Worldwide) | \$75 \$40 (Worldwide) | \$75 \$40 (Worldwide) |
| Durable Medical Equipment | 20% | 20% | 10% | \$0 | \$0 |
| Routine Vision Exam | Not Covered | \$15 | \$5 | Not Covered | \$0 |
| Eyewear (every 2 years) | Not Covered | \$5 or \$15 | Not Covered | Not Covered | \$5 or \$15 |
| Preventive Dental | Not Covered | Not Covered | Not Covered | Not Covered | Covered |
| Hearing Aids (every 2 years) | Not Covered | Not Covered | Not Covered | 50% up to \$1,000 | 50% up to \$1,000 |
| Out of Pocket Maximum | \$3,400 | \$3,400 | \$3,400 | \$3,400 | \$3,400 |

***A benefit period begins the day you go into a hospital or Skilled Nursing Facility (SNF) and ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.**

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Benefits, formulary, pharmacy network, premium and/or, co-payments/co-insurance, formulary, pharmacy network and optional Medicare Part D prescription plans may change on January 1 2013. Members must use network pharmacies to access their prescription drug benefit except under non-routine circumstances, and quantity limitations and restrictions may apply. You must receive all routine care from plan providers. Members may change plans during the Annual Enrollment Period (October 15 – December 7). Plan changes made during that time will be effective January 1 of the following year. This information is available for free in other languages. Please contact our customer services number at 1-866-334-3141, Monday through Sunday, 8 a.m. to 8 p.m., TTY users call 1-800-735-2989 for additional information. Esta información está disponible para libre en otros idiomas. Contacte por favor nuestro número de servicios de atención al cliente en lunes 1-866-334-3141, por el domingo, 8 de la mañana a 8 de la tarde, usuarios de TTY llaman 1-800-735-2989 para la información adicional.