



Plan Benefit Guide

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Eligibility	Major Medical and MEC plans	Dental and Vision	Supplemental Life	Supplemental AD&D
1.Salaried Employees 2.Full-Time Hourly (*working 30 hours or more)	Eligible after 1 st of month following 60 days of employment	Eligible after 1 st of month following 60 days of employment	Eligible after 1 st of month following 60 days of employment	Eligible after 1 st of month following 60 days of employment
All Employees working 20 hours or more	Eligible for MEC Basic after 1 st of month following 60 days of employment	Eligible after 1 st of month following 60 days of employment	Eligible after 1 st of month following 60 days of employment	Eligible after 1 st of month following 60 days of employment

*As determined and measured by employer.

A completed medical questionnaire is required for employees that are new to the Health+ program or any employee who wishes to add new dependents to their existing coverage.

Please note: Your employer may not offer the dental, vision, supplemental life and/or AD&D plans above. Please check with your employer or call the Health+ Service Center to see if dental, vision, supplemental life and/or AD&D benefits are available.

General Information

Eligible Dependents for Medical, MEC, Dental, Vision, Supplemental Life and AD&D Plans

1. The lawful spouse of an eligible employee; or
2. The married or unmarried child of an eligible employee who has not attained their twenty-sixth (26th) birthday.

The term "lawful spouse," as used above, means an eligible employee's same or opposite-sex spouse, provided that such individual is legally recognized as the eligible employee's spouse in any jurisdiction (such as a State or foreign country), and even if the individual is not recognized as the eligible employee's spouse in the employee's State of residence.

The word "child," as used above, will include an eligible employee's natural child, a legally adopted child (including a child in the custody of the employee under an interim court order of adoption, whether or not a final adoption order is ever issued), a stepchild, a foster child, or a child for whom legal guardianship has been granted, but excludes a child who is eligible for employee coverage under this Plan.

Should an employee have a child covered under the Plan who reaches the age at which the child would otherwise cease to be a covered person and if such child is then mentally or physically handicapped and incapable of earning his own living, the Plan will continue to consider such child as a dependent beyond such age, while such child remains in such condition, subject to all of the terms of the Plan, provided the employee has, within thirty-one (31) days of the date on which the child attained such age, submitted proof of the child's incapacity, as described above.

Coverage Levels

Under this health program, you may choose medical, MEC, dental, vision, supplemental life and AD&D coverage for:

- Yourself only
- Yourself plus your spouse
- Yourself plus dependent child(ren)
- Yourself plus your entire family (spouse and children)

This is a general summary of benefits. If there are discrepancies between this information and the plan document, the information in the plan document prevails.

All employee contributions will be automatically made on a pre-tax basis.

Renewal date of the program will be May 1.

The major medical, MEC and dental benefits are offered through a self-funded program sponsored by your employer. Participating physician, hospital, prescription drug and dental program information can be obtained via <http://provider.bcbs.com/>.

Vision insurance program offered through United HealthCare. Search for providers by calling 800-839-3242 or visiting www.myuhcvision.com.

Life insurance programs offered through CIGNA.



Health Plans

Premiums/Enrollments/Changes

The Health+ Program has established a plan that allows the deductions for health care costs to be made on a pre-tax basis. This is a Flexible Benefits Plan and it effectively decreases your cost of the PPO plans, MEC plans, dental plans, vision plan, and supplemental life and AD&D.

Please read the Flexible Benefits Plan guidelines below.

- When you elect to participate in the PPO plans, MEC plans, dental plans, vision plan, and Supplemental Life and AD&D plans you automatically elect to participate in the Flexible Benefits Plan.
- **Enrollment and changes for these plans are allowed at the following times only:**
 - Within 60 days from date of hire or date you moved into an eligible class.
 - During the annual open enrollment period each year.
 - When a change in the family status occurs—changes to insurance must be received by the Health+ Service Center **within 30 days** of change in family status.
- **IRS recognized changes in family status:**
 1. Marriage or divorce.
 2. Death of spouse or dependent.
 3. Birth or adoption of child.
 4. Termination or commencement of spousal health benefits.
 5. Going from part-time status to full time or from full-time status to part time.
 6. You or your spouse takes an unpaid Leave of Absence.

Any change in coverage that is due to a change in family status must be necessary or appropriate as a result of that change in family status.

- **When coverage ends**

Medical, dental and vision coverage for you and your covered dependents normally ends on the date following:

 1. Termination of your employment for any reason.
 2. Loss of eligibility for you or your dependents.
 3. Your dependent child's 26th birthday.
 4. The cessation of your contributions.
 5. Cancellation of coverage by the company.

2016-2017 Health+ Major Medical PPO Plans



BRONZE BASIC		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$5,500	\$11,000
Family	\$11,000	\$22,000
Prescription Drug Deductible		
Individual	\$200	Not Covered
Family	\$400	
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$1,150	\$2,700
Family	\$2,300	\$5,400
Health Care Out-of-Pocket Maximum		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
COPAYMENTS/COINSURANCE:		
Coinsurance	50%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	Combined total of 1 visit @ 100% coinsurance, then 50% coinsurance after deductible	50% coinsurance after deductible
Urgent Care Services		50% coinsurance after deductible
Specialist Office Visit		50% coinsurance after deductible
Inpatient Hospital Services	\$400 copayment, then 50% coinsurance after deductible	\$400 copayment, then 50% coinsurance after deductible
Emergency Room	\$350 copayment, then 50% coinsurance after deductible	\$350 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$50 copayment for initial visit, then 50% coinsurance after deductible	50% coinsurance after deductible
Prescription Drug Copays		
Generic	50% coinsurance after \$200 prescription deductible	Not Covered
Preferred Brand Drug		
Non-Preferred Brand Drug		
Mail Order Generic/Preferred/Non-Preferred		
Basic Term Life Insurance	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

2016-2017 Health+ Major Medical PPO Plans



BENEFITS	BRONZE PREFERRED	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Prescription Drug Deductible		
Individual	\$50	Not Covered
Family	\$100	
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$2,800	\$5,700
Family	\$5,600	\$11,400
Health Care Out-of-Pocket Maximum		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
COPAYMENTS/COINSURANCE:		
Coinsurance	70%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	\$40	50% coinsurance after deductible
Urgent Care Services	\$75	50% coinsurance after deductible
Specialist Office Visit	\$60	50% coinsurance after deductible
Inpatient Hospital Services	\$400 copayment, then 70% coinsurance after deductible	\$400 copayment, then 50% coinsurance after deductible
Emergency Room	\$300 copayment, then 70% coinsurance after deductible	\$300 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$60 copayment for initial visit, then 70% coinsurance after deductible	50% coinsurance after deductible
Prescription Drug Copays		
Generic	\$25	Not Covered
Preferred Brand Drug	\$55	
Non-Preferred Brand Drug	\$80	
Mail Order Generic/Preferred/Non-Preferred	\$50/\$110/\$160	
Basic Term Life Insurance	\$10,000 employee-only	

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2016-2017 Health+ Major Medical PPO Plans



BENEFITS	SILVER BASIC	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Prescription Drug Deductible		
Individual	\$75	Not Covered
Family	\$150	
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$3,775	\$7,700
Family	\$7,500	\$15,400
Health Care Out-of-Pocket Maximum		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
COPAYMENTS/COINSURANCE:		
Coinsurance	70%	50%
Adult and Child Preventive Services	100%	50% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	\$30	50% coinsurance after deductible
Urgent Care Services	\$75	50% coinsurance after deductible
Specialist Office Visit	\$60	50% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 70% coinsurance after deductible	\$300 copayment, then 50% coinsurance after deductible
Emergency Room	\$250 copayment, then 70% coinsurance after deductible	\$250 copayment, then 50% coinsurance after deductible
Prenatal and Postnatal Care	\$60 copayment for initial visit, then 70% coinsurance after deductible	50% coinsurance after deductible
Prescription Drug Copays		
Generic	70% coinsurance after \$75 prescription deductible	Not Covered
Preferred Brand Drug		
Non-Preferred Brand Drug		
Mail Order Generic/Preferred/Non-Preferred		
Basic Term Life Insurance	\$10,000 employee-only	

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2016-2017 Health + Major Medical PPO Plans



SILVER CHOICE		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Prescription Drug Deductible		
Individual	\$50	Not Covered
Family	\$100	
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$4,800	\$9,700
Family	\$9,600	\$19,400
Health Care Out-of-Pocket Maximum		
Individual	\$6,850	\$13,700
Family	\$13,700	\$27,400
COPAYMENTS/COINSURANCE:		
Coinsurance	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	\$30	60% coinsurance after deductible
Urgent Care Services	\$50	60% coinsurance after deductible
Specialist Office Visit	\$50	60% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible
Emergency Room	\$200 copayment, then 80% coinsurance after deductible	\$200 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$50 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
Prescription Drug Copays		
Generic	\$20	
Preferred Brand Drug	\$50	
Non-Preferred Brand Drug	\$80	Not Covered
Mail Order Generic/Preferred/Non-Preferred	\$40/\$100/\$160	
Basic Term Life Insurance	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

2016-2017 Health + Major Medical PPO Plans



	GOLD BASIC	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Prescription Drug Deductible		
Individual	\$50	Not Covered
Family	\$100	
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$4,700	\$9,500
Family	\$9,400	\$19,000
Health Care Out-of-Pocket Maximum		
Individual	\$5,750	\$11,500
Family	\$11,500	\$23,000
COPAYMENTS/COINSURANCE:		
Coinsurance	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	\$25	60% coinsurance after deductible
Urgent Care Services	\$45	60% coinsurance after deductible
Specialist Office Visit	\$45	60% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible
Emergency Room	\$200 copayment, then 80% coinsurance after deductible	\$200 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$45 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
Prescription Drug Copays		
Generic	\$20	Not Covered
Preferred Brand Drug	\$45	
Non-Preferred Brand Drug	\$75	
Mail Order Generic/Preferred/Non-Preferred	\$40/\$90/\$150	
Basic Term Life Insurance	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

Major medical plans not available in the state of Minnesota.

Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

2016-2017 Health+ Major Medical PPO Plans



BENEFITS	GOLD PREFERRED	
	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Prescription Drug Deductible		
Individual	\$50	Not Covered
Family	\$100	
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$1,200	\$2,500
Family	\$2,400	\$5,000
Health Care Out-of-Pocket Maximum		
Individual	\$2,750	\$5,500
Family	\$5,500	\$11,000
COPAYMENTS/COINSURANCE:		
Coinsurance	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	\$20	60% coinsurance after deductible
Urgent Care Services	\$40	60% coinsurance after deductible
Specialist Office Visit	\$30	60% coinsurance after deductible
Inpatient Hospital Services	\$300 copayment, then 80% coinsurance after deductible	\$300 copayment, then 60% coinsurance after deductible
Emergency Room	\$150 copayment, then 80% coinsurance after deductible	\$150 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$30 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
Prescription Drug Copays		
Generic	\$20	Not Covered
Preferred Brand Drug	\$45	
Non-Preferred Brand Drug	\$75	
Mail Order Generic/Preferred/Non-Preferred	\$40/\$90/\$150	
Basic Term Life Insurance	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1.

Major medical plans not available in the state of Minnesota.

Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

2016-2017 Health+ Major Medical PPO Plans



PLATINUM CHOICE		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES (PER YEAR)		
Medical Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Prescription Drug Deductible		
Individual	\$50	Not Covered
Family	\$100	Not Covered
OUT-OF-POCKET MAXIMUM (PER YEAR):		
Coinsurance/Copay Out-of-Pocket Maximum		
Individual	\$500	\$1,100
Family	\$1,000	\$2,200
Health Care Out-of-Pocket Maximum		
Individual	\$1,050	\$2,100
Family	\$2,100	\$4,200
COPAYMENTS/COINSURANCE:		
Coinsurance (plan pays)	80%	60%
Adult and Child Preventive Services	100%	60% coinsurance after deductible
Office Visit Copays		
Primary Care Physician	\$20	60% coinsurance after deductible
Urgent Care Services	\$40	60% coinsurance after deductible
Specialist Office Visit	\$30	60% coinsurance after deductible
Inpatient Hospital Services	\$200 copayment, then 80% coinsurance after deductible	200 copayment, then 60% coinsurance after deductible
Emergency Room	\$150 copayment, then 80% coinsurance after deductible	\$150 copayment, then 60% coinsurance after deductible
Prenatal and Postnatal Care	\$30 copayment for initial visit, then 80% coinsurance after deductible	60% coinsurance after deductible
Prescription Drug Copays		
Generic	\$10	Not Covered
Preferred Brand Drug	\$30	
Non-Preferred Brand Drug	\$55	
Mail Order Generic/Preferred/Non-Preferred	\$20/\$60/\$110	
Basic Term Life Insurance	\$10,000 employee-only	

The Health+ major medical plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. Major medical plans not available in the state of Minnesota. Health+ Major Medical plan grids shown here offer a summary of the plans. Please refer to the Summary Plan Description (SPD) for further details.

Health+ Vision Plan

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
COPAYS		
Comprehensive Exam	\$10 copay	n/a
Materials	\$10 copay	n/a
BENEFITS		
Eye Exam	Covered in full	\$40 allowance
Lenses		
Single Vision	Covered in full	\$40 allowance
Lined Bifocal	Covered in full	\$60 allowance
Lined Trifocal	Covered in full	\$80 allowance
Lenticular	Covered in full	\$80 allowance
Frames		
Frames	Covered in full	\$45 allowance
Retail	\$150 allowance	\$45 allowance
Contact Lenses (in lieu of lenses and frames)		
Covered Selection Contacts	Up to 6 boxes	Up to \$150
Non-Selection Contacts	Up to \$150	Up to \$150
Necessary Contacts	100%	Up to \$210
FREQUENCY		
Eye Exam		12 months
Lenses		12 months
Frames		24 months
Contact Lenses		12 months

The Health+ vision plan utilizes the UnitedHealthcare Vision network. Participating physician information can be obtained via myuhcvision.com. United Healthcare Vision has partnered with the Laser Vision Network of America (LVNA) to offer members access to discounted laser correction providers. Call 1-877-28-SIGHT.

Health+ Dental Plan

BENEFITS	HIGH OPTION	LOW OPTION
	IN-NETWORK	IN-NETWORK
DEDUCTIBLE		
Applies to classes 1, 2 and 3	\$25 individual \$75 family	\$50 individual \$150 family
COINSURANCE		
Class 1: Preventive Services	100%	100%
Class 2: Basic Restorative Services	80%	80%
Class 3: Major Restorative Services	50%	50%
Class 4: Orthodontic Services	50%	50%
PLAN YEAR BENEFIT MAXIMUM		
Per individual. Applies to classes 1, 2 and 3	\$1,500	\$1,000
LIFETIME ORTHODONTIC BENEFIT MAXIMUM		
Covered benefit up to age 19. Maximum is per individual	\$1,500	\$1,500
CLASS 1: PREVENTIVE SERVICES	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).	Oral Exams, cleanings, x-rays (bitewing – 2x per plan year, full mouth – 1 every 3 plan years, panoramic – 1 every 3 plan years, individual teeth – as needed), sealants (under age 15 – posterior teeth only), fluoride – 2x every plan year (up to age 19).
CLASS 2: BASIC RESTORATIVE SERVICES	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.	Emergent treatment, exams for consultation purposes, lab/diagnostic tests, injection of antibiotic drugs, application of desensitizing medications, fillings, extractions, oral surgery, general and local anesthesia-analgesia, endodontics, periodontics, stainless steel crowns.
CLASS 3: MAJOR RESTORATIVE SERVICES	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.	Gold foil restorations, inlays/onlays, crowns (except stainless steel – see class 2), temporary crowns, dentures, temporary partials and/or dentures, bridges, temporary bridges, maxillofacial prosthetics, precision or semi-precision attachments for dentures or bridgework, repair of prosthetic appliances, replacement of existing partial or full removable denture or fixed bridgework, addition of teeth to an existing partial or removable denture, bridgework to replace extracted teeth.
CLASS 4: ORTHODONTIC SERVICES	Initial exam, charting, appliances, retention.	Initial exam, charting, appliances, retention.

The Health+ dental plans utilize the National BlueCard® PPO Network. All employee contributions should be made on a pre-tax basis. Renewal date of the program will be May 1. Participating physician and hospital information can be obtained via <http://www.cbabluevt.com/dental>.

Health+ Supplemental Life Insurance

ELIGIBILITY	<p>Class 1: All active, full-time salaried employees and full-time hourly employees enrolled in major medical, regularly working the minimum number of hours per week as required.</p> <p>Class 2: All active, full-time hourly employees enrolled in major medical, regularly working a minimum of 30 hours per week, excluding hourly employees.</p> <p>Class 3: All active, full-time salaried employees and full-time hourly employees not enrolled in major medical, regularly working the minimum number of hours per week as required.</p> <p>Class 4: All active, full-time hourly employees not enrolled in major medical, regularly working a minimum of 30 hours per week, excluding hourly employees.</p>
DEPENDENT ELIGIBILITY	Employees must participate in voluntary plan for dependents to participate
BENEFIT AMOUNT	<p>Increments of \$10,000</p> <p>Up to a maximum of \$100,000</p>
MAXIMUM BENEFIT AMOUNT	<p>Class 1 - \$100,000</p> <p>Class 2 - \$50,000</p> <p>Class 3 - \$100,000</p> <p>Class 4 - \$50,000</p>
SPOUSE LIFE BENEFIT	<p>50% of employee-only coverage</p> <p>Increments of \$5,000</p> <p>Up to a maximum of \$50,000</p>
CHILD LIFE BENEFIT	<p>Coverage begins at age 14 days to six months at \$500</p> <p>Six months to 25 years in increments of \$5,000</p> <p>Up to a maximum of \$10,000</p>
GUARANTEED ISSUE	<p>Class 1 - \$50,000</p> <p>Class 2 - \$50,000</p> <p>Class 3 - \$50,000</p> <p>Class 4 - \$50,000</p>
DEPENDENT GUARANTEED ISSUE	<p>Spouse: \$10,000</p> <p>Child: all guaranteed issue</p>
MEDICAL UNDERWRITING REQUIREMENT	At initial eligibility no medical underwriting is required. If you choose to waive coverage at this time, but at a later date decide to enroll, medical underwriting will be required for any amount of supplemental term life insurance and insurer must approve coverage.
AGE REDUCTION SCHEDULE	Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
SUICIDE EXCLUSION	No death benefits will be paid if insured commits suicide during the first two years of coverage. This two-year suicide exclusion also applies to all later increases in coverage.

Health+ Supplemental AD&D Insurance

ELIGIBILITY	<p>Class 1: All salaried and full-time hourly employees may purchase up to \$100,000</p> <p>Class 2: All part-time hourly employees working an average of 20 hours or more per week may purchase up to \$50,000</p>
EMPLOYEE MAXIMUM BENEFIT AMOUNT	<p>Class 1: Increments of \$10,000 up to \$100,000</p> <p>Class 2: Increments of \$10,000 up to \$50,000</p>
SPOUSE MAXIMUM BENEFIT AMOUNT	<p>Class 1: Increments of \$5,000 up to \$50,000</p> <p>Class 2: Increments of \$2,000 up to \$10,000</p>
CHILD MAXIMUM BENEFIT AMOUNT	<p>Class 1: Increments of \$5,000 up to \$25,000</p> <p>Class 2: Increments of \$2,000 up to \$10,000</p>
AGE REDUCTION SCHEDULE	Coverage reduces to 65% of original amount at age 65, 50% of original amount at age 70
LOSS OF LIFE	100% of the principal sum in the event of accidental loss of life occurring within 365 days of a covered accident
LIVING	Up to 100% of the principal sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears
COMA	1% per month for 11 months, then 100% of principal sum after 12 th month
DISMEMBERMENT	<p>One member: 50% of principal sum</p> <p>Two members: 100% of principal sum</p> <p>Thumb and Index: 25% of principal sum</p> <p>All four fingers/same: 25% of principal sum</p> <p>All toes: 20% of principal sum</p>
PARALYSIS	<p>One hand or one foot and sight in one eye: 100% of principal sum</p> <p>Total paralysis of upper and lower limbs (quadriplegia): 100%</p> <p>Total paralysis of both lower limbs (paraplegia): 75%</p> <p>Total paralysis of upper and lower limbs on one side of body (hemiplegia): 50%</p> <p>Total paralysis of one upper or one lower limb (uniplegia): 25%</p>
SIGHT IN ONE EYE	50%
SPEECH AND HEARING	100%
SPEECH OR HEARING	50%

Health+ MEC Basic Plan

BENEFITS	MEC BASIC PLAN
Daily Hospital Confinement	\$450/day, 2X for ICU
Regular Office Visits (Non-Wellness)	\$40/visit
Specialist Office Visits (Non-Wellness)	\$60/visit
Prescription Drug	
Generic	\$10
Formulary	\$25
Non-Formulary	\$40
Surgery	
Inpatient	\$1,000
Outpatient	\$500
Office Visit	\$100
Anesthesia	\$100/day
Ambulance	\$100 ground / \$500 air
Emergency Room	\$75/visit
Urgent Care	\$40/visit
Diagnostic	
Lab	\$10
X-Ray/Ultrasound	\$50
PET	\$150
CT Scan	\$200
MRI	\$350
Preventive Care see www.yourhealthplus.org for a complete list	100%
Chiropractic	\$25/visit
Physical Therapy	\$25/visit
Inpatient Mental Health	\$100/day
Inpatient Substance Abuse	\$100/day
Extended Care Facility	\$100/day
Basic Term Life Insurance	\$10,000 employee-only

The Health+ MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>. All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. MEC plans are not available in the state of Minnesota. Please refer to the Summary Plan Description (SPD) for further details.

The Health+ MEC Basic plan is minimum essential coverage that allows an individual to satisfy the individual mandate requirement under the Affordable Care Act.

Benefits are paid on an unlimited per diem basis.

Health+ MEC Choice Plan

BENEFITS	MEC CHOICE PLAN
Daily Hospital Confinement	\$2,000/day, 2X for ICU
Regular Office Visits (Non-Wellness)	\$60/visit
Specialist Office Visits (Non-Wellness)	\$80/visit
Prescription Drug	
Generic	\$15
Formulary	\$75
Non-Formulary	\$100
Surgery	
Inpatient	\$3,000
Outpatient	\$2,000
Office Visit	\$175
Anesthesia	\$300/day
Ambulance	\$150 ground / \$750 air
Emergency Room	\$200/visit
Urgent Care	\$60/visit
Diagnostic	
Lab	\$15
X-Ray/Ultrasound	\$75
PET	\$225
CT Scan	\$300
MRI	\$500
Preventive Care see www.yourhealthplus.org for a complete list	100%
Chiropractic	\$35/visit
Physical Therapy	\$35/visit
Inpatient Mental Health	\$200/day
Inpatient Substance Abuse	\$200/day
Extended Care Facility	\$200/day
Basic Term Life Insurance	\$10,000 employee-only

The Health+ MEC plans utilize the National BlueCard® PPO Network. Participating physician and hospital information can be obtained via <http://provider.bcbs.com>.

All employee contributions should be made on a pretax basis. Renewal date of the program will be May 1. MEC plans are not available in the state of Minnesota. Please refer to the Summary Plan Description (SPD) for further details.

The Health+ MEC Choice plan is minimum essential coverage that allows an individual to satisfy the individual mandate requirement under the Affordable Care Act.

Benefits are paid on an unlimited per diem basis.