Pre-Medicare Coverage Summary of Benefits

The following information summarizes your Pre-Medicare benefits under the Plan as of January 1, 2025.

Medical Benefits	Network	Non-Network[1]
Pre-Certification Penalty (required for Non-Network benefits only)	If you do not call for pre-certification of Non-Network benefits when required, you are responsible for paying the entire cost of those services. See page 14 of the SPD for a description of the benefits that must be pre-certified.	
Annual Deductible	None	$700 per person, up to a family maximum of $2,100
Office Visits (including specialist visits)	Plan pays 100%	After deductible, Plan pays 70%
Coinsurance (unless noted otherwise)	Plan pays 100%	After deductible, Plan pays 70%
Emergency Medical Care	Plan pays 100%, no deductible required	
Hospital Services (including semi-private room and board, surgical, anesthesiology and other medical services)	Plan pays 100%	After deductible, Plan pays 70%
Preventive Care/Wellness	Plan pays 100%, with no deductible	
Annual Out-of-Pocket Maximum (including deductible)	Not Applicable	$2,000 per person, up to a family maximum of $6,000
Lifetime Maximum	None	$500,000 per person (with up to $10,000 yearly restoration)
Chiropractic Care Initial Care Continuing Care Recurrence of Acute Conditions	Plan pays 100% No visit limit No visit limit No visit limit	After deductible, Plan pays 70% Up to 10 visits for first 30 days or 20 visits for first 60 days Up to 1 visit per month Up to 8 visits for first 30 days; up to 10 for next 60 days; 1 per month thereafter
Home Care Services	Limited to 100 visits per calendar year, combined Network and Non-Network	Limited to 100 visits per calendar year, combined Network and Non-Network
Mental Health Benefits Inpatient days Maximum per calendar year Maximum per lifetime Outpatient visits Maximum per lifetime	28 days, Network and Non-Network combined 55 days, Network and Non-Network combined Plan pays 100% 118 visits, Network and Non-Network combined	28 days, Network and Non-Network combined 55 days, Network and Non-Network combined After deductible, Plan pays 70% 118 visits, Network and Non-Network combined
Substance Abuse Benefits Inpatient Maximum per calendar year Outpatient Lifetime limit	Plan pays 100% 30 days, Network and Non-Network and Mental Health and Substance Abuse combined Plan pays 100%, up to 50 visits, Network and Non-Network combined 2 rehabilitation programs, Inpatient and Outpatient, Network and Non-Network combined, up to $25,000	After deductible, Plan pays 70% 30 days, Network and Non-Network and Mental Health and Substance Abuse combined After deductible, Plan pays 70%, up to 50 visits, Network and Non-Network combined 2 rehabilitation programs, Inpatient and Outpatient, Network and Non-Network combined, up to $25,000
Hearing Benefit	Up to $4,000 per Participant every 3 years	
Fitness Benefit	$250 per Participant per year	
Health Reimbursement Account	$750 Single; $1,500 Family	

[1] *Non-Network Covered Services are paid based on Usual and Customary Charges*

Pre-Medicare Coverage Summary of Benefits

Prescription Drug Benefits [2,3]		
Maximum Supply	30-day supply (retail or mail)	90-day supply (retail or mail)
Type of Medication Generic Preferred Brand Non-Preferred Brand	For up to a 30-day supply, you pay: $2 per prescription $15 per prescription $24 per prescription	For up to a 90-day supply, you pay: $4 per prescription $30 per prescription $48 per prescription

[2] *See page 31 of the booklet for information about prescription drugs that require prior approval.*

[3] *Any medications eligible for the mail order program may be obtained at retail for the same copayment as at mail order*

Dental Benefits	
Dental Annual Maximum	$4,000
Coinsurance – Diagnostic/Preventive	100% for participating dentists
Coinsurance – Basic Services (e.g., fillings, root canals, crowns)	100% for participating dentists
Coinsurance – Major Services (e.g., bridges, implants, dentures)	100% for participating dentists
Vision Benefits	
Annual exam	$0 copay for network providers
Frames (once/calendar year)	$0 copay for network providers up to $300 allowance
Standard lenses (once/calendar year)	$0 copay for network providers
Contact lenses (once/calendar year)	$0 copay for network providers up to $200 allowance
Life Insurance Benefits	
Retiree Life Insurance Benefit *Benefit payable to Retiree's Beneficiary*	$20,000
Spouse Life Insurance Benefit *Benefit payable to Spouse's Beneficiary*	$12,500