

## **MW ACTIVES Medical Plan – Legacy SBC**

Effective 1/1/2011

### **General:**

Can opt for 1 of two traditional/Co sponsored plans:

BC/BS National PPO/Non PPO or BC/BS HCN.

Both use same set of providers & EE **Must** check to see if Providers are In-Network each time used.

ONA = Home Zip Code is Out of Network Area,  
If Designated ONA – claims paid as if In-Network.

May also choose an HMO if offered in area, but is  
EE responsibility to check benefit levels/prices.  
HMOs not compared or discussed in this document.

Rx is provided thru Caremark if in traditional plan(s).  
Is separate from basic medical which means Rx plan  
has separate out of pocket dollars.

Mental Health/Sub Abuse provided thru Value Options.

Services **Must** be Medically Necessary.

Services **Must** be an eligible expense.

There is no “pre-existing” clause.

Payment made on R&C/reasonable & customary,  
or Network Negotiated Fee basis.

Deductible = payment made up-front, before Co.  
pays any dollars.

OOP Max = total out-of-pocket paid,  
before Co. pays 100%. Includes Coinsurance;  
Excludes: Deductibles, Any separate plans like Rx,  
Penalties, Amounts over and above the R&C, Copays.

Co-Insurance = % of payment made by Co. after  
Deductible is paid and is included in OOP Max.

Medical Plan Co-pay = Fee charged per service  
that does not apply to OOP Max.

R&C = normal charges in that area for that service.

EE – Eligible Employee.

**Eligibility:** (@ no cost)

**MUST** always enroll within 31 calendar days.

**MUST** make Life Changes w/in 31 calendar days,

Like: Add newborn/adopted child, marriage,  
Divorce, Death, etc.

**MUST** enroll self & family or not covered.

Need 6 months or more of seniority.

25 hours/week +.

Employee + Class I = Immediate Family Dependents,

Registered/Legal Domestic Partner (is taxable),

Children to age 26, unless otherwise covered.

Surviving Spouse/RDP for 12 months.

**The Traditional/Company Sponsored Plans,  
Both the PPO/Non-PPO and HCN Plans have:**

Premium/Contribution paid each month for the plan.

\$35/Single and \$75/Family

Deductible:

\$350/Single & \$700 Family In-Network/PPO

\$900/Single & \$1800 Family Non Network/Non PPO

After Coinsurance: 10% In-Network or PPO Network

40% Non-Network/Non PPO

Co-pays: \$0 Except for Rx (see below)

Out-of-Pocket Max (does not include deductible):

\$1000/Single & \$3000/Family In-Network/PPO

\$3000/Single & \$6000/Family Non Network/Non PPO

Life Maximum: \$0

Can Choose In-Network/PPO or Not each time used.

**Some Services Not Covered if Non-Network/Non PPO**

Examples: Preventative Care/Disease Detection, Hospice, Home Health Care, Extended Care, Organ transplants, Well Child, Adult Physicals, etc.

See Summary Plan Description for more Detail.

**Must Call Med-Call or Penalty May Apply:**

Check if Covered when Non-Network/Non PPO.

48 hours after Emergency Hospital Admission.

10 days prior to Voluntary Hospital Admission.

Prior to Home Health Care, Extended Care, Hospice,

Organ Transplants, Air Transport/ambulance.

Second Opinions mandatory certain procedures.

Mandatory Outpatient on certain procedures.

See Summary Plan Description for more Detail.

**Specialist Referrals May Be Required.****Must Call Value Options for Treatment Approval.**

See Summary Plan Description for more Detail.

**HRA/Health Care Reimbursement Account:**

ATT Deposit 2010 = \$450/Single & \$900/Family

ATT Deposit 2011 = \$300/Single & \$600/Family

2012 Success Share Plan Deposit if payable

New Hires/COS generally excluded.

Does not apply to HMO's, but the Success Share

Deposit (if any) does apply to all.

**Rx Plan** (separate dollars from above):

Co-pays:	Retail	Mail
Generic	\$10	\$20
Formulary	\$20	\$40
Non-Formulary	\$40	\$80

Rx OOP Max \$900/Single & \$1800/Family

Co-pays included in OOP Max.

Can use CVS retail - in lieu of mail.

**Care Plus:**

Separate, supplemental, voluntary health care coverage for conditions not normally covered by the traditional plans. Must be pre-approved & premium is paid by employee/retiree.

**Dental:**

No Premium, \$1300 Annual Maximum.

Orthodontia = \$1600 Life Maximum.

Type A: 2 Cleanings/year paid (6 months apart).

Type B: All other services based on a fee schedule;

See SPD for more details.

Dental PPO may be available.

**Vision:**

No Premium, unless selecting Vision Plus.

Vision exam up to \$30 every 12 months.

Lenses, contacts every 12 months.

Single Lenses up to \$40, Bifocal up to \$55,

Trifocal up to \$65, Contacts up to \$80.

Frames every 24 months.

**Vision Plus:**

Yearly enrollment/Uses a network of providers

Premium: \$12.22/Single, \$22.00/Single +1,

\$34.22/Family (subject annual adjustments)

Exam every 12 months at 100%.

Lenses every 24 months/\$135 allowance,

(Disposables \$125).

**FSA/Flexible Spending Accounts:**

Voluntary, must enroll each year.

Allows pre-tax dollars to be put into account.

\$10,000 Health care + \$10,000 Child Care.

If not used in same year, dollars are Forfeited.

Health Care Reform may change maximums.

**Pension:**

Defined plan based on age & years of service.

Age:	Service:
Any Age	30+ years
50	25 years *
55	20 years
65	10 years

\* 6% reduction for each year under age 55.

Disability Pension 15 years + at any age.

Allows choice of annuity or lump sum. Lump sum based on age, mortality and GATT rate until 3/31/12. PPA blend used afterwards.

New Hires have new Cash Balance Plan.

**Savings/401k/ASSP Plan:**

EE contributions with Co. match feature.

Eligible upon hire but 80% match is after 1 year service. Loan feature available.

Both pre and post tax allowable.

New Hires have new ARSP plan that includes a Roth Provision and the 80% match.

**Life Insurance(s):**

Basic Life = 1 year of basic wage – no EE cost.

Wage level frozen 12/31/09/for Retirement

New Hire Retiree is \$15,000 max.

Supplemental Life: 1-6x basic wage/EE paid.

Accidental/Job related = 3 years basic pay/no cost.

AD&D Supplemental: 1-6 x/EE paid.

Dependent Life: Spouse up to \$150,000/EE paid.

Child up to \$15,000/EE paid.

**Death Benefit:** 1 year basic wage limited to those

Hired before 1/1/93 and wage frozen 1/1/95 level.

New hires not eligible for.

**Other Insurances:**

Long Term Care: Nursing/Elder Care/EE paid.

Marsh Plans: Various optional insurances/EE paid.

**Adoptions:** Up to \$5000 per child.  
Approval required.

**Commuter:** Pre-tax/EE paid/for mass transit use.

**Disability:** Eligibility 6 months service, RFT, RLT, Regular Part Time, no Enrollment required. **Must** apply, **Must** qualify & If approved; can be full or half pay depending on NCS, up to 52 weeks. **Must** be disabled for 8 consecutive days. First 7 days pay is paid based on contract language. DB Pay =  
6 months to 2 years = up to 52 weeks half pay.  
2-5 years = up to 4 weeks full & 48 weeks half pay.  
5-15 years = up to 13 weeks full & 39 wks half pay.  
15-25 years = up to 39 wks full & 13 wks half pay.  
25 + years = up to 52 weeks full pay.

**IMPORTANT NOTE(s):**

1. New Hires are those who hired/rehired or are Reclassified from RLT to RFT on or after 8/8/09. Recalled EE's are considered current EE's.
2. New Hire Health Benefits (Medical/Dental) after retirement (pre-medicare) is retiree paid @50%. Not entitled to at all after becoming Medicare Elig.

**DISCLAIMER:**

This information is a brief summary, was provided for training only, was written for easy readability and is not intended to replace Summary Plan Descriptions or the Plan Documents. In call cases official Plan Documents govern and are the final authority on the terms of the plans, subject to the Collective Bargaining Agreement(s).