PRESCRIPTION INJECTABLE MEDICATIONS

Covered under the Prescription Drug Program when dispensed by a pharmacist with prior authorization (pre-certification).

When dispensed and/or administered in a Physician's office or by a Home Health Care provider, injectable and intravenous prescription medications (other than insulin) are covered under the applicable benefit through the medical plan, see benefits listed elsewhere (i.e.; allergy injections and serum, chemotherapy).

PREVENTIVE CARE (WELLNESS) BENEFIT

PPO 100%, copay and deductible waived; Non-PPO is not covered

NOTE: The Plan does not cover the use of Gardasil vaccines for treatment of males, regardless of diagnosis.

Plan Year Maximum Benefit is $2,000. Unless coverage is mandated by law, the participant is responsible for any expenses incurred that exceed this maximum. However, any covered services for colorectal screenings above the Benefit Year maximum will be covered at the applicable benefit percentage after the applicable deductible is met.

Wellness care including but not limited to physical exam and screening lab and x-rays, prostate screening (e.g., PSA blood test), routine sigmoidoscopy, adult immunizations, screening mammogram (in the absence of a diagnosis), pelvic exam and pap smear lab test, medically supervised weight loss program, osteoporosis screening, hypertension screening, skin cancer screening, routine hearing exam, HPV vaccination, stress management programs, well-child examinations and immunizations.

Outpatient newborn, well child visits, and routine childhood immunizations (e.g., DPT, Polio, MMR, Hib, hepatitis, chicken pox, tetanus), TB skin tests, and PKU Tests.

Interpretation by a separate PPO provider is covered at 100%. Interpretation by a separate Non-PPO provider is not covered.

Benefits are payable for medically supervised weight loss treatment programs under the wellness benefit and are subject to the Plan Year maximum benefit. The weight loss benefit does not include programs such as Weight Watchers, Jenny Craig, Slim Fast or the rental or purchase of exercise equipment.

Weight loss program benefits are NOT payable if provided out-of-network.

Prescription and over-the-counter tobacco/smoking cessation products are covered under the prescription drug program (prescription deductible and copay are waived). Over-the-counter smoking cessation products must be accompanied by a prescription written by the participant. Benefits for over-the-counter products are limited to recommendations by the Surgeon General, refer to SPD for these limitations.

PRIVATE DUTY NURSING

Inpatient private duty nursing by a licensed nurse (RN, LVN, LPN) is covered only when care is medically necessary and not custodial and the hospital's intensive care unit is filled or the hospital has no intensive care unit.

RADIAL KERATOTOMY/ORTHOKERATOLOGY

Not Covered

11/1/09

Note: This benefit reference guide (BRG) is not nor is intended to be a plan document. The information/benefits shown reflect the information/benefits listed in the most current document as approved and amended. This BRG is intended for use as a Quick Reference Guide.

UMR – Use pursuant to company regulations

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