

GREAT-WEST HEALTHCARE OPEN ACCESS PPO COVERAGE

MEDICAL BENEFIT SUMMARY FOR FRANK'S CASING COMPANIES

GENERAL SERVICES	NETWORK SERVICES	NON-NETWORK SERVICES
Physician Visit	\$25 Copay	50% after calendar year deductible
Coinsurance	20%	50%
Calendar Year Deductible	\$500 Individual \$1,500 family	\$1,000 Individual \$3,000 family
Per-Confinement Deductible	\$0	\$500
Preventive Care • Immunizations • Routine physicals • Basic Gynecological care • Lab and X-ray charges are subject to payment as listed below	\$25 Copay	50% after calendar year deductible
Performance Pharmacy Plan (includes contraceptives) If you request a brand-name drug when a generic is available, you are liable for the difference between brand-name and generic price in addition to the brand-name copay. The only exception is if the physician writes "Dispense As Written" on the prescription, then you only pay the appropriate brand-name copay.	\$10: Generic Copay \$20: Tier 2 brand \$40: Tier 3 brand Mail Order 2x Retail Copay for a 90 day supply For Medicare Part D purposes, this drug plan is considered Creditable	Appropriate copay level +50% of the full cost of the prescription
Durable Medical Equipment • \$10,000 maximum per lifetime	20% after calendar year deductible	50% after calendar year deductible
Lab & X-ray Services – Office & Independent Labs	20%	50%
Emergency Room Care • Lab & X-Ray paid at the network coinsurance level.	Subject to \$100 Copay and U&C charges, regardless of network status	
GENERAL SERVICES	NETWORK SERVICES	NON-NETWORK SERVICES
Ambulance	20% after in-network calendar year deductible using U&C, regardless of network status.	
Out of Pocket Annual Expense	\$2,000 Individual \$6,000 per family	\$5,000 Individual \$15,000 per family
Lifetime Maximum	\$2,000,000 per member	
PPO Out-of Area Services	Services rendered outside of any PPO geographical area are paid at 80% of U&C, subject to breakpoint and non-network deductibles.	
HOSPITAL SERVICES		
Inpatient Hospital Services • Including anesthesia • Requires pre-certification • Lab & X-Ray based on Facility Network Status.	Facility Charges: 20% after calendar year deductible Non-Facility Charges: 20% after calendar year deductible	Facility Charges: 50% after \$500 per-confinement deductible Non-Facility Charges: 50% after calendar year deductible

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GENERAL SERVICES	NETWORK SERVICES	NON-NETWORK SERVICES
Skilled Nursing Facility Care <ul style="list-style-type: none"> • 100 days per calendar year maximum • Requires pre-certification 	Facility Charges: 20% after calendar year deductible Non-Facility Charges: 20% after calendar year deductible	Facility Charges: 50% after \$500 per-confinement deductible Non-Facility Charges: 50% after calendar year deductible
Outpatient Hospital Services <ul style="list-style-type: none"> • Outpatient Surgery • Including anesthesia • Requires Precertification • Ambulatory Surgery • Lab & X-Ray paid based on Facility Network Status 		
Hospice Care		
Home Health Care <ul style="list-style-type: none"> • Up to 1 visit per day/100 visits per calendar year maximum 	20% after calendar year deductible	50% after calendar year deductible
Office Surgery	20%	50%
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES		
Inpatient: <ul style="list-style-type: none"> • 5 days Maximum per Calendar Year • 10 days Maximum per Lifetime • Requires pre-certification 	Facility Charges: 20% after calendar year deductible Non-Facility Charges: 20% after calendar year deductible	Facility Charges: 50% after \$500 per-confinement deductible Non-Facility Charges: 50% after calendar year deductible
Outpatient: <ul style="list-style-type: none"> • 20 visits Maximum per Calendar Year 	80% after calendar year deductible	50% after calendar year deductible
THERAPY SERVICES		
Outpatient Physical Therapy <ul style="list-style-type: none"> • \$2,000 Per calendar year maximum 	20% after calendar year deductible	50% after calendar year deductible
Speech Therapy, Hearing Therapy and Occupational Therapy <ul style="list-style-type: none"> • \$2,000 Per calendar year maximum 		
Spinal Adjustment Therapy <ul style="list-style-type: none"> • \$500 per calendar year maximum 	20% after calendar year deductible	50% after calendar year deductible
ADDITIONAL SERVICES		
Family Planning <ul style="list-style-type: none"> • Tubal Ligations and Vasectomies • Requires pre-certification • Includes infertility testing for diagnosis only. 	Varies based on the facility in which it is performed	

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More highlights of your Great-West Healthcare Health Plan are listed below. This list is not all inclusive; the Summary Plan Description provides detailed information about your plan, exclusions, and coverage limitations. In the event of a conflict between this document and your Summary Plan Description or Master Plan Document, the Summary Plan Description or Master Plan Document will control.

COMPLEMENTARY ALTERNATIVE MEDICINE DISCOUNT PROGRAM

- Receive 20% savings for services received from an ACN Group Inc., network acupuncturist, massage therapist, dietitian, nutritionist, or naturopathic doctor.
- Access www.mygreatwest.com for an overview of the program, examples of services provided by Alternative Care practitioners and information on how to look up a provider.
- ACN Group Inc., and its alternative care providers are solely responsible for the services and products they provide.

ONLINE HEALTH AND WELLNESS TOOLS

- All enrolled members have access to a personalized wellness focused website with information regarding nutrition, lifestyle and fitness.
- Health articles are available and updated daily for many different conditions.
- Pharmaceutical information, including drug interactions and supplement information is available online.
- Through the CareCompare tool, you can compare facilities based on many different criteria including cost, number of treatments provided by category, average length of stay and others.
- Through the secure website, you can also check the status of your claims, find in-network providers, view your benefit specifics and find claim forms.

AWARD WINNING DISEASE MANAGEMENT PROGRAM

- Great-West Healthcare nurses work directly with enrolled members to help manage chronic conditions such as Asthma, Diabetes, Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Pain Management, End Stage Renal Disease and Maternity Management.
- You may take online assessments to receive information about chronic diseases and send specific questions to a nurse through the Web site.

PRESCRIPTION DRUG COVERAGE

- The mail order program provides a 90 day supply vs. a retail supply of 30 days for a cost of 2X the appropriate retail copay.

OUT OF POCKET ANNUAL EXPENSE

Your Plan's annual breakpoint is \$10,000. This means that you are responsible for the co-insurance percentage of the breakpoint. This also means that once \$10,000 of covered expenses (for in-network and out-of-network claims) have been paid by GWH, all future covered expenses will be paid at 100% no co-insurance required. This is exclusive of any deductible and/or co-payments.

- Outpatient Mental Health and Chemical Dependency Services do not apply to the breakpoint.

PPO PLAN COVERAGE FOR NON-NETWORK PROVIDERS WITHIN A NETWORK AREA

The allowable covered expense for non-network services is based upon the Average Contract Rates (ACR) for network providers in the area where services are rendered. Members are fully responsible for any amount over the ACR as well as any applicable deductibles and coinsurance. With Great-West Healthcare's medical management approval, hospital admissions resulting from an emergency may be exempt from ACR.

PPO PRECERTIFICATION PENALTY

Pre-authorization is required on all inpatient admissions and outpatient surgery not performed in the doctors office. Network providers are contractually obligated to perform pre-authorization on behalf of their clients; the member must verify that a non-network provider performs the pre-authorization procedures. If a non-network provider does not get pre-treatment authorization or if a Member does not follow the recommended care plan, 50% of charges will be considered ineligible

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| * Outpatient Surgery | * Skilled Nursing |
| * Home Health Care | * Renal Dialysis |
| * Air Ambulance | * Durable Medical Equipment over \$500 |
| * High Cost Drug | * Genetic Testing |
| * Transplant Evaluations | |
| * Hospital Admissions (including partial hospitalization programs for mental nervous) | |
| * High Tech Radiology (examples include CAT scans, PET scans and MRI's) | |

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GENERAL NOTICE OF PREEXISTING CONDITION EXCLUSION

- This Plan may impose a Preexisting Condition Exclusion (PCE). This means that if you have a medical condition before coming to our Plan, you might have to wait a certain period of time before the Plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a three-month period. Generally, this three-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the three-month period ends on the day before the waiting period begins. The PCE does not apply to pregnancy or to a child who is enrolled in the Plan within 31 days after birth, adoption or placement for adoption.
- This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the PCE if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior Plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.
- All questions about the PCE and creditable coverage should be directed to your HR/Benefits Director.

SPECIAL ENROLLMENT RIGHTS NOTICE

- If you are declining enrollment for yourself or your dependants (including your spouse) because of other health insurance or group health Plan coverage, you may be able to enroll yourself and your dependants in this Plan if you or your dependants lose eligibility for the other coverage or if the employer stops contributing towards your or your dependants' other coverage. However, you must request enrollment within 31 days after your or your dependants' other coverage ends or after the employer stops contributing toward the other coverage.
- In addition, if you have a new dependant as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependants. However, you must request enrollment within 31 days of the marriage, birth, adoption or placement for adoption.
- To request special enrollment or obtain more information, contact your HR/Benefits Director.

WHAT'S NOT COVERED (THIS IS NOT ALL INCLUSIVE)

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| * services that aren't medically necessary | * custodial care |
| * experimental or investigational treatments | * sex transformation |
| * accidental injury that occurs while working for pay or profit | * surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses. |
| * sickness for which benefits are paid or payable under any Worker's Compensation or similar law | * vision therapy or orthoptic treatment |
| * services provided by government health plans | * reversal of sterilization procedures |
| * cosmetic surgery, unless it correct deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption. | * nonprescription drugs or anti-obesity drugs |
| | * gene manipulation therapy |
| | * smoking cessation programs |

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to the group business that is underwritten by New England Life Insurance Company and Metropolitan Life Insurance Company which is currently administered by Great-West Life & Annuity Insurance Company. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, White Plains, N.Y

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