

2008 Benefits at a Glance

Contact Information

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Medical

United Healthcare

1-866-527-9597

www.myuhc.com

Dental

United Concordia

1-800-332-0366

www.unitedconcordia.com

Life & Disability

Unum

1-800-421-0344

www.unumprovident.com

United Healthcare Medical Summary of Benefits (Effective October 1, 2007)				
Healthcare Benefits	Core Plan I		Core Plan II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$2,500	\$5,000	\$1,000	\$2,000
Family	\$5,000	\$10,000	\$3,000	\$6,000
Coinsurance	100% after deductible	80% after deductible	100% after deductible	80% after deductible
Office Visit Copay/ Specialist Copay	\$30/\$60	80% after deductible	\$25/\$50	80% after deductible
Out-of-Pocket Maximum <i>(deductible included)</i>				
Individual	\$3,500	\$10,000	\$1,000	\$5,000
Family	\$7,000	\$20,000	\$3,000	\$10,000
Inpatient Services	100% after \$500 copay and deductible	80% after \$500 copay and deductible	100% after deductible	80% after deductible
Outpatient Services	100% after \$250 and deductible	80% after \$250 and deductible	100% after deductible	80% after deductible
Emergency Room Copay	100% after \$250 copay/visit	100% after \$250 copay/visit	100% after \$200 copay/visit	100% after \$200 copay/visit
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
Prescription Drugs				
Tier 1/2/3/4	\$10/\$30/\$50/\$100		\$10/\$30/\$50/\$100	
Mail Order <i>(90 day supply)</i>	2.5x copay		2.5x copay	
Tier 1/2/3/4	\$25/\$75/\$125/\$250		\$25/\$75/\$125/\$250	

United Concordia Dental Summary of Benefits (Effective October 1, 2007)	
Dental Benefits	Advantage Plus
Deductible	
Individual	\$50
Family	\$150
Preventive <i>(Annual Cleanings, X-rays)</i>	100%
Basic <i>(Fillings, Gum Treatment)</i>	80%
Major <i>(Crowns, Bridges)</i>	50%
Calendar Year Maximum	\$1,500
Orthodontia	50% up to \$1,000 lifetime max

Unum Basic Life and AD&D Insurance Summary of Benefits (Effective February 1, 2008)	
Life Benefit	\$25,000
Reduction	65% at age 70 50% at age 75
Employer Contribution	100%

Unum Short Term Disability Summary of Benefits (Effective February 1, 2008)	
Weekly Benefit Percentage	60%
Maximum Weekly Benefit	\$1,200 per week
Benefit Waiting Period	15 days for accident 15 days for sickness
Maximum Benefit Period	13 weeks
Employer Contribution	100%

Unum Long Term Disability Summary of Benefits (Effective February 1, 2008)	
Weekly Benefit Percentage	60%
Maximum Monthly Benefit	\$7,000
Benefit Waiting Period	90 days
Benefit Duration Period	To age 65 or SSNRA
Pre-Existing Condition Limit	3/3/12
Employer Contribution	100%