

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
C.3.	BASIC MEDICAL BENEFIT					
	Plan Year Deductible	\$220 per person		\$220 per person		None
	Plan Year Deductible for a family of 3 or more	\$660		N/A		None
	Deductible for Medicare Part A	Does not apply		Does not apply		Paid in Full
	Deductible for Medicare Part B	Does not apply		Does not apply		Paid in Full
	Out of pocket maximum on essential benefits	\$1500 for individual, \$3000 for two people and \$4500 for family of three or more, applied after the Plan Year deductible has been met		\$1500 for individual		No Out-of- pocket maximum

*When a Participant or his Dependents incurs medical bills, the Plan determines the amount of the bill it will pay. This is a summary chart of the percentage of the “Charges” that the Plan will pay. The term “Charge” may not be the same as your medical bill. The term “Charge” generally means the “Usual, Customary and Reasonable” fee for the medical service and it is determined by the Plan. In the case of a Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage and a benefit covered by Medicare and this Plan, the term “Charge” means the Medicare Allowed Benefit. Any portion of your medical bill not paid by the Plan will be your responsibility. All Charges are generally subject to the Basic Medical Plan Benefit plan year deductible.

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
(A)	INPATIENT HOSPITAL CARE: Precertification, retro-precertification or pre-notification is required for all in-patient admissions. Failure to do will result in a claim being suspended and then denied, which means it becomes the responsibility of the Participant.					
	Room and Board Charge:	The Charges paid by the Plan are based on the average semi-private room rate and the Plan reserves the right to establish the acceptable semi-private rate if not otherwise available.				
	Days 1-20	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	For a benefit covered by Medicare and the Plan, 100% of the Medicare Co-Insurance. For a benefit covered only by the Plan, 80% of Medically Necessary Room and Board Charges (based on average semi-private room rate) and Miscellaneous Charges.
	Days 21+	100% of Charges after deductible	80% of Charges after deductible			
	Miscellaneous Charges:					
	Days 1-20	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	
	Days 21+	100% of Charges after deductible	80% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	
	Ambulance, including Air Ambulance					
	Transportation from home to hospital or Accident to hospital	If emergency, paid 100% of Charges after deductible		If emergency, paid 100% of Charges after deductible		For benefits covered by Medicare and the Plan, 100% of the Medicare Co-Insurance. For a benefit covered only by the Plan, if
	Transportation from Hospital to hospital or Home to hospital	If Medically Necessary, 80% of Charges after deductible		If Medically Necessary, 80% of Charges after deductible		

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
						Medically Necessary, 80% of the Charges.
(B)	OUTPATIENT HOSPITAL CARE: Precertification, retro-precertification or pre-notification is required for all in-patient admissions, outpatient surgical procedures, outpatient IV therapy, and outpatient continuing care therapy. Failure to do will result in a claim being suspended and then denied, which means it becomes the responsibility of the Participant.					
	Hospital Charges for sudden & serious illness	100% of Charges after deductible, but there is a \$50 co-pay on all ER Facility fees if not admitted.		100% of Charges after deductible but there is a \$50 co-pay on all ER Facility fees if not admitted.	80% of Charges after deductible but there is a \$50 co-pay on all ER Facility fees if not admitted.	For benefits covered by Medicare and the Plan, 100% of the Medicare Co-insurance and for benefits only covered by the Plan, 80% of the Medically Necessary Charges.
	Facility fees for outpatient surgery	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	
	Outpatient Physical Therapy	80% of Charges after deductible	80% of Charges after deductible	80% of Charges after deductible	80% of Charges after deductible	
	Miscellaneous Outpatient Care	Depends on Itemized Charge				
	GLOBAL CASE CHARGES	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible	

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
(C)	SURGICAL CARE: Precertification, retro-precertification or pre-notification is required for all surgical care and procedures. Failure to do will result in a claim being suspended and then denied, which means it will become the responsibility of the Participant.					
	Surgeon Charges, whether in-patient or out-patient	100% of Charges after deductible	80% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	For benefits covered by the Plan and Medicare, 100% of the Medicare Co-insurance and for benefits covered only by the Plan, 80% of the Medically Necessary Charges.
	Assistant Surgeon Charges	50% of Charges after deductible	50% of Charges after deductible	50% of Charges after deductible	50% of Charges after deductible	
(D)	Anesthesia Charges	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	
	Physician Charges: Inpatient visit, outpatient visit, home visit or telehealth visit	100% of Charges after deductible subject to \$10 co-pay per visit.	80% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	
(E)	DIAGNOSTIC EXAMS:					
	Independent Labs	100% of Charges after deductible, subject to \$10 co-pay per visit	70% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	
	X-ray Examinations	100% of Charges after deductible	70% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
(F)	DURABLE MEDICAL EQUIPMENT (DME) , including oral appliance therapy for sleep apnea if certain conditions are met and the purchase of a breast pump if certain conditions are met.	80% of Charges after deductible, subject to receipt of a letter of Medical Necessity and precertification if \$1,000 or higher.		80% of Charges after deductible subject to receipt of a letter of Medical Necessity and precertification if \$1,000 or higher		For benefits covered by Medicare and the Plan, 100% of the Medicare Co-insurance, subject to review if \$1000 or higher. For benefits covered only by the Plan, 80% of the Charges, subject to Medical Necessity letter and review if \$1,000 or higher.
(G)	HEARING AIDS for defect or disease of Active Employee Participant, subject to specific Plan criteria and \$1,000 lifetime limit.	80% of Charges after deductible		0%		0%
	HEARING AIDS for routine hearing loss of covered Participant and Spouse, subject to specific Plan criteria and \$4,500 limit every three years. (\$4,000 limit in 2023 and 2024 and \$2500 limit in 2021 and 2022)	100% of Charges and not subject to deductible		100% of Charges and not subject to deductible		100%
(H)	HOME HEALTH CARE Charges for RN and LPN, subject to a limit of 100 visits per Plan Year	100% of Charges after deductible	80% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	If the benefit is covered by Medicare and the Plan, 100% of the Medicare Co-insurance and if the benefit is

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
						covered only by the Plan, 80% of the Medically Necessary Charges, limited to 100 visits per plan year.
(I)	HOSPICE CARE limited to 180 day lifetime maximum	100% of Charges after deductible	80% of Charges after deductible	100% of Charges after deductible	80% of Charges after deductible	100% of the Medicare Co- insurance
(J)	EXTENDED CARE/SKILLED NURSING FACILITY Charges, limited to certain number of days per Plan Year. The maximum number of covered days is based on total PPO and Non-PPO days:					
	Days 1-20	100% of Charges after deductible	100% of Charges after deductible	100% of Charges after deductible		100% of the Medicare Co- insurance
	Days 21-50	100% of Charges after deductible	80% of Charges after deductible	50% of Charges after deductible		50% of the Medicare Co- insurance
	Days 51-180	100% of Charges after deductible	80% of Charges after deductible	0%	0%	0%
(K)	ORTHOTICS , subject to an annual maximum of \$700. Effective 12.14.2023, no annual maximum on covered Dependent Children under age 19.	70% of Charges after deductible	70% of Charges after deductible	70% of Charges after deductible	70% of Charges after deductible	70% of the Medicare Co- insurance
(L)	WELL BABY CARE TO AGE 24 MONTHS	100% of Charges after	80% of Charges	100% of Charges	80% of Charges	For a benefit covered by Medicare and the

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
		deductible subject to \$10 co-pay per visit	after deductible	after deductible	after deductible	Plan, 100% of the Medicare Co- insurance and if the benefit is covered only by the Plan, 80% of the Medically Necessary Charges.
(M)	PROSTHETICS , available only for Active Employee Participant and subject to maximum of \$7,500 every 7 years	80% of Charges after deductible	0%	0%	0%	0%
(N)	PRIMARY MAJOR-MEDICAL BENEFIT	80% of Charges after deductible		80% of Charges after deductible		For a benefit covered by Medicare and the Plan, 100% of the Medicare Co- insurance and if the benefit is covered only by the Plan, 80% of the Medically Necessary Charges.
(O)	RECONSTRUCTIVE JAW SURGERY , subject to lifetime maximum of \$20,000.	80% of Charges after deductible		80% of Charges after deductible		80% of the Medicare Co- insurance
(Q)	WELLNESS BENEFIT , subject to a lifetime maximum of \$1,500 on the following three benefits: hair prosthesis (wig) subject to separate lifetime	100% of Charges after deductible		100% of Charges after deductible		For a benefit covered by Medicare and the Plan, 100% of the Medicare Co- insurance and for a benefit covered only by the Plan,

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
	maximum of \$350, nutritional counseling and a maximum of six sessions of Lactation counseling.					80% of the Medically Necessary Charges, subject to lifetime maximums and session limits.
(R)	HABILITATIVE/ REHABILITATIVE THERAPY - ABA, physical and mental health therapy, if certain conditions are met.	80% of Charges after deductible		80% of Charges after deductible		If covered by Medicare and the Plan, 100% of the Medicare Co- insurance and if covered only by the Plan, 80% of the Medically Necessary Charges.
(S)	CELL AND GENE THERAPY	Covered under the Plan in accordance with the Plan provisions applicable to the CPT codes and network status of the billed Charges.				Covered under the Plan in accordance with the Plan provisions applicable to the CPT codes and network status of the billed Charges and the coordination with Medicare.
C.4	SECONDARY MAJOR-MEDICAL BENEFIT					
	Plan Year Deductible	\$200		\$100		None
	Lifetime maximum	\$50,000 as of 12.1.2022		\$50,000 as of 12.1.2022		\$50,000 as of 12.1.2022

SUMMARY OF BENEFITS*

January 1, 2025

This Chart details the amount of “Charges” that will be paid by the Plan. The term “Charges” is generally the usual, customary and reasonable fee for a Medically Necessary service (as determined by the Plan) and the amount may be different from your bill.

SPD section	Charges for the following Benefit Category:	Active Employee Participant and their Dependents		Non-Medicare Eligible Retiree Participant and their Dependent		Medicare Retiree Participant with Part A and Part B Medicare Primary Coverage
		PPO	Non-PPO	PPO	Non-PPO	
	Outpatient acupuncture and chiropractic care visit	80% of Charges after deductible		80% of Charges after deductible		For a benefit covered by Medicare and the Plan, 100% of the Medicare Co- insurance and for a benefit covered only by the Plan, 80% of the Medically Necessary Charges.

SUMMARY OF BENEFITS January 1, 2025			
The following benefits are automatically provided for Active Employee Participants. The benefits are not available for the Dependents of Active Employee Participants, Non-Medicare Eligible Retiree Participants (and their Dependents) and Medicare Retiree Participants with Part A and Part B Primary Coverage (and their Dependents).			
		Active Employee Participant	Dependents of Active Employee Participants, Non-Medicare Eligible Retiree Participants (and their Dependents) and Medicare Retiree Participants with Part A and Part B Primary Coverage (and their Dependents).
C.9.	LIFE INSURANCE, paid only upon death of Active Employee Participant	\$100,000	Not available
C.9.	ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT	\$100,000	Not available
C.9.	SHORT TERM DISABILITY BENEFIT	\$1000 weekly benefit as of 1.1.2025 (\$600 weekly benefit prior to 1.1.2025), for a maximum period of 26 weeks, subject to a 7 day waiting period if the disability caused by sickness and no waiting period if the disability is caused by an accident.	Not available
C.9.	LONG TERM DISABILITY BENEFIT	Monthly indemnity of 60% of base salary subject to maximum monthly payment of \$2500, and a 180 day waiting period and paid until age 65.	Not available

SUMMARY OF BENEFITS January 1, 2025			
C.6.	PRESCRIPTION DRUG BENEFITS – see separate sheets for more detail. Note: Two companies provide prescription benefits under the Plan. Effective 1.1.2025 CVS Caremark provides prescription benefits for: Active Employee Participants (and their covered Dependents) Non-Medicare Eligible Retiree Participants (and their covered Dependents) and Dependents of Medicare Retiree Participants with Part A and Part B Primary coverage. (prior to 1.1.2025, Optum RX provided this benefit) RetireeFirst provides prescription benefits for Medicare Retiree Participants with Part A and Part B Primary Coverage and their covered Dependents who qualify for and are enrolled in Medicare. There are two special rules: (i) If you are a covered Dependent of a Medicare Retiree Participant with Part A and Part B Primary Coverage and you do not qualify for Medicare, you will receive prescription benefits from CVS Caremark if you elect and pay for prescription coverage. (ii) If you are a Dependent of a Medicare Eligible Medicare Retiree Participant with Part A and Part B Primary Coverage or a Non-Medicare Eligible Retiree Participant and you qualify for Medicare but do not enroll, you are not eligible for any Plan benefits, including prescription.		
	Retail and Mail Order Co-Pays	30 day Retail Participant Cost	90 Day Supply Mail or CVS Participant Cost
	Generic	\$10	\$20
	Preferred Brand	\$30	\$48
	Non-Preferred Brand	\$48	\$72
	Value Generics	\$3.33	\$9.99
	Specialty Medications	20% co-pay	20% co-pay
	Out of pocket limit	None	None
C.7.	DENTAL BENEFIT		
	Plan Year Deductible	\$50	
	Calendar year maximum The dental benefit calendar year maximum applies to: •Active Employee Participants, •Non-Medicare Eligible Retirees and •Retirees with Medicare Part A and Part B Coverage; and •covered Dependents of all three groups, except certain dental benefits which qualify as “essential health benefits” for covered dependents under the age of 19 are not subject to the calendar year maximum and instead, are subject to the deductible and co-insurance.	4,000 (\$3,500 in 2023 and 2024 and 3,000 prior to 1.1.2023), but certain Dental benefits for covered Dependent Children under the age of 19 which qualify as “Essential Health Benefits” may not be subject to the calendar year maximum.	
	Preventive services	100%	

	Basic services	80%
	Major services	70% (60% prior to 1.1.2023)
	ORTHODONTIC BENEFIT Lifetime Maximum. The orthodontic benefit is available to <ul style="list-style-type: none"> •Active Employee Participants and their covered spouses; and •Dependent children under the age of 26 of Active Employees and Retirees. The orthodontic benefit is not available to Retirees (non-Medicare or Medicare retirees).	\$ 3,000 (\$2,500 in 2024 and 2023 and \$1,500 prior to 1.1.2023)
	Orthodontic Benefit Covered Charges	80%
C.8.	OPTICAL EXPENSE BENEFIT	Contact the Vision Provider NVA for information
	Calendar year maximum The optical benefit calendar year maximum applies to: <ul style="list-style-type: none"> •Active Employee Participants, •Non-Medicare Eligible Retirees and •Retirees with Medicare Part A and Part B Coverage; and •covered Dependents of all three groups, except optical benefits for covered Dependents under the age of 19 which are essential health benefits are not subject to the calendar year maximum and instead, are subject to the deductible and co-insurance. 	\$ 600 , but charges for Dependent Children under the age of 19 are subject to ACA provisions.
	Lifetime Maximum for LASIK Benefit The LASIK benefit is available only to: <ul style="list-style-type: none"> •Active Employee Participants and their covered dependents. The LASIK benefit is not available to Retirees and their dependents.	\$ 2,500 (prior to 1.1.2025, \$2,000) This benefit is effective August 1, 2023.