

Recovery Basic Tier Benefit Summary (01/01/2024 - 06/30/2024)

The following chart summarizes the benefits the Welfare Plan will provide for all the eligible participants who are receiving Basic Coverage. It is not intended to interpret, extend or change in any way the provisions of the Summary Plan Description, the carrier's benefit descriptions, or the other official plan documents. In the event of a conflict or inconsistency, the Summary Plan Description, the carrier's benefit descriptions, or other official plan documents will govern in all cases.

Feature	Recovery Tier Coverage	Notes
Medical Deductible	<u>In-Network</u> \$750 for individuals/ \$1,500 for families <u>Out-of-Network</u> \$10,000 for individuals/ \$20,000 for families	The deductible is the amount you pay for covered health care services before the Plan starts to pay. Note that <u>In-Network office visits (primary care and specialist) and diagnostic testing are NOT subject to the deductible.</u> Deductibles will accumulate by Plan Year (07/01-06/30). If you have other family members on the Plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Office Visits (Physician/ Specialist)	<u>In-Network</u> \$50/\$50 copay <u>Out-of-Network</u> \$50/\$65 per visit deductible, then 50% after plan deductible	The copay is the amount you pay at the time of a covered service. It is counted towards your maximum out-of-pocket expenses. Note that <u>Out-of-Network office visits are subject to the deductible (\$10,000/\$20,000), after which you are responsible for 50% of the covered charge.</u>
Inpatient Hospital	<u>In-Network</u> 70% coverage, after \$500 per admission copay and plan deductible <u>Out-of-Network</u> 50% coverage, after \$500 per admission deductible and plan deductible	Coinsurance is the percentage of covered charges you are responsible for after the admission copay and your deductible. For an <u>In-Network</u> hospitalization, there is a \$500 per admission copay, after which you will be responsible for 30% of the covered charges up to your Maximum Out-of-Pocket limits (see below for details). For <u>Out-of-Network</u> , you will be responsible for 50% of those covered charges after the Out-of-Network deductible (\$10,000/\$20,000); maximum Out-of-Pocket does not apply.
Hospital Emergency Room	<u>In-Network</u> \$200 per visit copay, then 70% after plan deductible <u>Out-of-Network</u> \$200 per visit deductible, then 70% after plan deductible	Note that if you visit an emergency room for a true emergency and are subsequently admitted to the hospital, the \$200 copay is <u>waived</u> . Also, if you visit an Out-of-Network emergency room for a true emergency, the services will be covered the same as an In-Network emergency room.
Diagnostic Lab Testing and Imaging	<u>In-Network</u> Lab & X-rays: 100% Complex Imaging: \$50 copay <u>Out-of-Network</u> 50% after deductible	Charges for radiology and lab services are covered at 100%, except that complex diagnostic imaging (e.g. CAT, MRI, PET) requires a \$50 copay. Note that <u>Out-of-Network diagnostic testing charges are subject to the deductible, after which you will be responsible for 50% of charges.</u>
Medical Maximum Out-of-Pocket Expenses	<u>In-Network</u> \$5,350 per individual \$10,700 per family <u>Out-of-Network</u> Unlimited out-of-pocket	The Maximum Out-of-Pocket limit is the most you have to pay for covered services during the Plan Year (07/01-06/30), after which the Plan pays 100%. Medical deductibles, copays, and coinsurance are applied against Out-of-Pocket Maximums, which accumulate by Plan Year. Note that there is NO Maximum Out-of-Pocket protection for Out-of-Network expenses.
Prescription Drugs	Retail purchase at a participating pharmacy: Generic Drugs: \$5 copay (No Brand Name or Non-formulary Drugs) Express Scripts Mail Order Copays (3 mos): \$10	Note that Recovery Basic Tier coverage only covers generic drugs. Brand name and non-formulary drugs are NOT covered.
Prescription Maximum Out-of-Pocket Expenses	<u>In-Network</u> \$1,000 per individual \$2,000 per family <u>Out-of-Network</u> Unlimited Out-of-Pocket	The Maximum Out-of-Pocket limit is the most you have to pay for covered services during the Plan Year (07/01-06/30), after which the Plan pays 100%. Prescription deductibles and copays are applied against Out-of-Pocket maximums, which accumulate by Plan Year. Note that there is NO Maximum Out-of-Pocket protection for Out-of-Network expenses.