Program of Insurance Benefits III
Summary of Benefits
Effective 1/1/09

Benefit	Network	Non-Network
MEDICAL		
Premiums (Per Month)	No Premiums for Active Employees	
Deductible (annual)		
Individual	$200	$250
Family	$300	$350
Coinsurance/copayment	10% hospital and ambulatory/free-standing surgical facility, 20% all other after deductible	30% hospital and ambulatory/free-standing surgical facility, 20% all other after deductible
Out-of-Pocket Limits		
Individual	All-inclusive for Individual and Family	
Family	$700	$1,000
Lifetime Maximum	$5,000,000 $1,000,000 organ and tissue transplant services	
Preventive Care and Wellness	No deductibles, co-pays, or coinsurance if in-network	Deductibles, co-pays, and coinsurance applies
	All preventive care and wellness services, office visits, tests, and diagnostic procedures are subject to the established 2008 Preventive Care Schedule	
Hospital Services		
Inpatient	10%	30%
Outpatient	10%	30%
Pre-Admission Review	All inpatient hospital stays of participants under age 65 or not Medicare eligible must be certified prior to admission or within 48 hours after an emergency admit. Call the pre-certification administrator at 1-800-499-1688	
Ambulatory/Free-Standing Surgical Facilities	10%	30%
Outpatient Diagnostic Services	20% after deductible	30% after deductible
Emergency Care		
Hospital Emergency Room	10% after deductible	30% after deductible
Emergency Room Physician	20% after deductible	30% after deductible
Urgent Care Facility/Center	20% after deductible	30% after deductible
Physician Services		
In-Office	20% after deductible	30% after deductible
Hospital Inpatient/Outpatient and Other Facility Services	20% after deductible	30% after deductible
Spinal Manipulations (Chiropractic)	20% after deductible	30% after deductible
	18 visits per year combined Network and Non-Network	
Physical & Occupational Therapy	20% after deductible	30% after deductible
	Occupational therapy not covered	
Speech Therapy (Professional)	20% after deductible	20% after deductible
Skilled Nursing Facility Services	20% after deductible	20% after deductible
	365 days	
	Prior to starting a confinement is a skilled nursing facility, the pre-certification administrator must be contacted. A determination will be made if the charges for services will be covered under the Plan and for how long if approved. The pre-cert requirement applies even if you are eligible for Medicare. Phone: 1-800-499-1688	
Durable Medical Equipment	20% after deductible	20% after deductible
Orthotics	20% after deductible	20% after deductible
Prosthetics	20% after deductible	20% after deductible
Home Health Care	20% after deductible	20% after deductible

Benefit	Network	Non-Network
Hospice	$150/day room and board All other services paid at 100%	
Transplant Services	20% after deductible	20% after deductible
Ambulance Services	20% after deductible	20% after deductible
Hearing Aids	$1,500 per ear in any period of 3 consecutive years, subject to deductible and coinsurance. Replacement under certain conditions.	
Claim Administrator for Medical Benefits	To confirm eligibility, obtain benefit information, confirm network providers, and file all medical claims: UMR P.O. Box 30781 Salt Lake City, UT 84130-0781 Phone: 1-800-654-6208	
PRESCRIPTION DRUGS		
Maximum supply	Up to 30 days	Up to 30 days
Copayments		
Generic	10% copayment	50% copayment
Formulary Brand	NA	NA
Non-Formulary Brand	NA	NA
Brand No Generic Available	30% copayment	50% copayment
Brand Generic Available	100% copayment	100% copayment
Mail Order		
Maximum supply	60 days	Not covered
Copayments		
Generic	$10.00	Not covered
Brand No Generic Available	$20.00	Not covered
Brand Generic Available	100% copayment	Not covered
Yearly Stop-Loss	$600 per individual/$850 per family mail order only	none
Mandatory Generics	Yes	
Managed Care	Aggressive managed care. Prior auth is criteria based.	
Claim Administrator for Prescription Drug Benefits	For benefit information and to confirm network pharmacies: CVS Caremark Phone: 1-800-925-5795	
MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE		
Mental Health		
Inpatient	Paid at 100%	$100 per person deductible. 50% co-insurance. $1,000 annual stop-loss. Limited to 30 days/year
Alternate Care (Inpatient or Outpatient)	Paid at 100%	Not covered
Outpatient	$10/visit	$100 per person deductible. 50% co-insurance.
Ofice Visits	$10/visit	$100 per person deductible. 50% co-insurance.
Alcohol/Substance Abuse		
Inpatient	Paid at 100%	$100 per person deductible. 50% co-insurance. $1,000 annual stop-loss. 3 days/year detox. 28 days /year rehab. 2 stays/lifetime
Alternate Care (Inpatient or Outpatient)	Paid at 100%	Not covered
Outpatient	$10/visit	$100 per person deductible. 50% co-insurance.
Ofice Visits	$10/visit	$100 per person deductible. 50% co-insurance.
Claim Administrator for Mental Health and Alcohol/Substance Abuse Benefits	To obtain benefit information, access mental health/substance abuse services, obtain a referral and file all mental health/substance abuse claims: ValueOptions Attn: ArcelorMittal USA Claims P.O. Box 1347 Latham, NY 12110-8847 Phone: 1-800-332-2214	

Benefit	Network	Non-Network
Dental		
Deductible		
Individual	None	NA
Family	None	None
Coinsurance		
Preventive Services	Paid at 100%	
Diagnostic Services	Paid at 100%	
Basic Restorative	15%	
Periodontal	15%	
Oral surgery	15%	
Prosthetics	50%	
Crown, Inlay, and Onlay restoration	15%	
Orthodontics	15%	
Benefit Maximum	$2,000/year	$1,500/year
Orthodontic Benefit Maximum	$2,500	
Claim Administrator for Dental Benefits	For benefit information and to confirm network dentists: Guardian/First Commonwealth P.O. Box 2459 Spokane, WA 99210-2459 Phone: 1-866-302-4542	
Vision		
Exam	$60.00	
Lens (per lens)		
Single	$50.00	
Bifocal	$55.00	
Trifocal	$60.00	
Lenticular	$65.00	
Contact	$60.00	
Frame	$85.00	
Claim Administrator for Vision Benefits	To confirm eligibility, obtain benefit information, confirm network providers, and file all vision claims: UMR P.O. Box 30781 Salt Lake City, UT 84130-0781 Phone: 1-800-654-6208	
HEALTH CARE ELIGIBILITY		
Coverage for over age 19 dependents	Coverage discontinued at the end of the month in which they turn 19 (unless full-time students or disabled)	
Coverage for over age 19 full-time student dependents	Coverage discontinued at the end of the semester the dependent is no longer a full-time student or to the end of the semester in which they turn age 25 if a full-time student	
Waiver of coverage amount	$3,600.00/year	
Spouse premium reimbursement	Premiums paid in excess of $120 per year	
Sickness and Accident		
Benefits begin	On first day of disability from an accident, inpatient hospitalization or outpatient surgery, on eight day of disability from illness or injury when not hospitalized	
Duration of benefits	Less than 6 months continuous service - 1 week/week of service 6 months but less than 2 years - 26 weeks 2 but less than 20 years - 52 weeks 20 or more years - 104 weeks	
Benefit amount	70% of base rate toa max of 40 hours per week	
Life Insurance		
Basic life	$50,000	
AD&D	$50,000	