



2011 Retiree Health Plan Design – Pre & Post 65
(Medicare eligible retirees – Medicare is always primary for health)

Medical Plan Coverage	Retiree HuskyCare 1		Retiree HuskyCare 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-Pocket Max (Individual/Family) (deductible is included)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000
In-Patient Hospitalization/Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Office Visit	35%	35% after deductible	35%	35% after deductible
Lab & X-Ray	10%	30% after deductible	10%	30% after deductible
Mental Health	35%	35% after deductible	35%	35% after deductible
Physical Therapy	35%	35% after deductible	35%	35% after deductible
Chiropractic	35%	40% after deductible	35%	40% after deductible
Massage Therapy	35%	40% after deductible	35%	40% after deductible
Durable Medical Equipment	35%	35% after deductible	35%	35% after deductible
Acupuncture	35%	40% after deductible	35%	40% after deductible
Emergency Room Visit	\$75	\$75	\$75	\$75
Retail Rx	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	25% after deductible	Generic 10% (Min/Max) \$5/\$20 Brand 25% (Min/Max) \$10/\$40	25% after deductible
Mail Order Rx/3 months	Generic – 2x's copay & Brand – 2x's copay		Generic – 2x's copay & Brand – 2x's copay	

DENTAL AND VISION COVERAGE	HuskyDental/Vision 1	HuskyDental/Vision 2
	Contribution Required -Pre-taxed <ul style="list-style-type: none"> • \$65/Month Single • \$141/Month 2 Person 	Contribution Required - Pre-taxed <ul style="list-style-type: none"> • \$54/Month Single • \$118/Month 2 Person
Class I – preventative – Twice a calendar year	0% (paid at 100%)	0% (paid at 100%)
Class II – fillings, extractions, root canals	20%	50%
Class III – crowns, gold fillings, dentures	50%	50%
Class IV – orthodontic – dependents under 19	50% to a lifetime max of \$1,500	Not Available
Dollar Maximum	\$1,500 per person per year	\$1,500 per person per year
Vision Plan	office visit 35% – once every 12 months \$350 allowance for glasses/lenses/contacts – every 24 months	office visit 35% – once every 12 months \$350 allowance for glasses/lenses/contacts – every 24 months

November 3, 2010