

# Mill Master Agreement Preferred Provider Organization Medical Plan Appendix

Administered by Blue Cross and Blue Shield®

This appendix is effective January 1, 2009.

## Who is Eligible

All regular, active full-time employees who are represented in collective bargaining and participate in the company's Benefits Architecture program or core medical plans.

## Effective Date of Coverage

First day of the month following one month of continuous employment

## Reinstatement of Coverage

If your employment terminates and you are rehired within one year, coverage for you and your eligible dependents can be reinstated without serving the eligibility waiting period. Reinstatement of coverage will be effective on the day you return to work, provided you make application for coverage within 31 days after the date of re-employment. If you do not make application within this 31-day period, you may enroll during annual enrollment, a special enrollment period or if you have a change in status as outlined in the section entitled How to Enroll.

If your employment terminates and you are rehired after one year, you will be considered a new employee and will be required to serve the waiting period before you are eligible to enroll for coverage.

If you are eligible for recall rights as outlined in the applicable collective bargaining agreement and you return to regular full-time employment, coverage for you and your eligible dependents can be reinstated without serving the eligibility waiting period. Reinstatement of coverage will be effective on the day you return to work, provided you make application for coverage within 31 days after the date of your re-employment. If you do not make application within this 31-day period, you may enroll during annual enrollment, a special enrollment period, or if you have a change in status as outlined in the section entitled How to Enroll.

## Collective Bargaining Agreements

The Plan is maintained under a collective bargaining agreement. A copy of such agreement may be obtained by participants upon written request to the plan administrator and is available for examination by participants at various work locations.

## Where Can I Find More Information?

Blue Cross and Blue Shield Customer Service  
1-888-252-1431

Blue Cross and Blue Shield Provider Finder  
1-800-810-2583 [www.bcbsal.com](http://www.bcbsal.com)

Medco Prescription Drug Program  
1-800-309-5564 [www.medco.com](http://www.medco.com)

## Schedule of Medical Benefits

Service	Network Benefits	Out-of-Network Benefits
<b>Deductible</b> The amount of covered medical expenses you pay each calendar year before the Plan begins covering certain medical expenses.	\$350 per person or \$700 per family (combined network and out-of-network) per calendar year	
<b>Out-of-Pocket Maximum<sup>1</sup></b> Total amount you pay toward covered medical expenses in one calendar year (includes deductibles)	\$2,000 per person or \$4,000 per family (combined network and out-of-network)	
<b>Lifetime Maximum</b>	\$1,500,000 per person (combined network and out-of-network)	

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<p><b>Preventive Care<sup>4</sup></b> The Plan offers coverage for preventive care services according to the Blue Cross and Blue Shield guidelines for preventive care services. There is no annual dollar limit on benefits for preventive care services. For a complete list of covered preventive care services, please contact Blue Cross and Blue Shield. <b>Note:</b> For preventive lab, X-ray and diagnostic services performed outside of the physician's office, refer to the Lab, X-ray and Diagnostic Services portion of this appendix. These preventive care services also are subject to the Blue Cross and Blue Shield guidelines for preventive care services.</p>	Plan pays 100% of PPO allowance after \$30 copayment per office visit.	Plan pays 60% of allowed amount after calendar year deductible.
<p><b>Allergy Shots</b> (injections in a physician's office)</p>	Plan pays 100% of PPO allowance.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Chiropractic Care and Services Performed by a Chiropractor</b> Coverage is limited to 30 visits per person per calendar year (combined network and out-of-network)</p>	Plan pays 80% of allowed amount after calendar year deductible subject to out-of-pocket maximum.	
<p><b>Durable Medical Equipment</b> Including (but not limited to) wheelchairs, hospital beds, artificial limbs and braces.</p>	Plan pays 80% of allowed amount after calendar year deductible subject to out-of-pocket maximum.	
<p><b>Emergency Ambulance Service</b></p>	Plan pays 100% of allowed amount, no deductible.	
<p><b>Emergency Room Care</b></p>	Plan pays 100% of allowed amount after \$50 copayment per visit. <sup>2</sup>	
<p><b>Extended Care Facility</b> Confinement for skilled nursing services in a hospital or specialized facility. Limited to 120 days per calendar year (combined network and out-of-network).</p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Home Health Care</b> Services provided in the home by an R.N., L.P.N. or contracted therapist.</p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Hospice Care</b> Room and board in a licensed facility or services in your home; services of medical personnel; other services and supplies.</p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Inpatient Hospital Services</b> (Nonemergency Care) Semiprivate room and board, intensive care, cardiac care and nursery care</p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum. <sup>3</sup>	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum. <sup>3</sup>
<p><b>Inpatient Hospital Services</b> (Emergency Care) Includes all covered services directly related to the emergency and received during the confinement.</p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum. <sup>3</sup>	Plan pays 90% of allowed amount after deductible subject to out-of-pocket maximum. <sup>3</sup>
<p><b>Inpatient Mental Health Care</b> Limits are combined network and out-of-network total.</p>	Plan pays 90% of PPO allowance after deductible. Coverage is limited to 30 days per calendar year. Out-of-pocket maximum does not apply. <sup>3</sup>	Plan pays 60% of allowed amount after deductible. Coverage is limited to 30 days per calendar year. Out-of-pocket maximum does not apply. <sup>3</sup>
<p><b>Inpatient Substance Abuse Treatment</b> Limits are combined network and out-of-network total.</p>	Plan pays 90% of PPO allowance after deductible. Coverage is limited to 30 days per calendar year and 60 days per lifetime. Out-of-pocket maximum does not apply. <sup>3</sup>	Plan pays 60% of allowed amount after deductible. Coverage is limited to 30 days per calendar year and 60 days per lifetime. Out-of-pocket maximum does not apply. <sup>3</sup>

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<b>Lab, X-ray and Diagnostic Services</b> (other than preventive care) At an independent non-hospital-based or hospital-based facility	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<b>Lab, X-ray and Diagnostic Services</b> (preventive care) <sup>4</sup> The Plan offers coverage for preventive care services according to the Blue Cross and Blue Shield guidelines for preventive care services. There is no annual dollar limit on benefits for preventive care services. For a complete list of covered preventive care services, please contact the Blue Cross and Blue Shield.	Plan pays 100% of PPO allowance.	Plan pays 60% of allowed amount after deductible.
<b>Non-Emergency Ambulance Service</b> Medical necessity required	Plan pays 80% of PPO allowance after calendar year deductible subject to out-of-pocket maximum.	Plan pays 80% of allowed amount after calendar year deductible subject to out-of-pocket maximum.
<b>Nonnotification Penalty</b> The amount you must pay if you do not provide notification prior to hospitalization. Penalty does not apply toward deductible or out-of-pocket maximum	\$500 penalty per admission	
<b>Occupational Therapy and Services Performed by an Occupational Therapist</b> Outpatient	Plan pays 80% of PPO allowance after calendar year deductible subject to out-of-pocket maximum.	Plan pays 80% of allowed amount after calendar year deductible subject to out-of-pocket maximum.
<b>Organ Transplant</b> Physician visits, inpatient surgery and hospital confinement. Benefits for travel, lodging and other special expenses not normally covered limited to \$10,000 per lifetime.	Plan pays 100% of PPO allowance.	Not covered
<b>Outpatient Hospital Services</b>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<b>Outpatient Mental Health Care and Substance Abuse Treatment</b> Visit limits for mental health care and substance abuse treatment are combined.	Plan pays 80% of PPO allowance after deductible. Coverage is limited to 30 visits per calendar year (combined network and out-of-network). Out-of-pocket maximum does not apply.	Plan pays 80% of allowed amount after deductible. Coverage is limited to 30 visits per calendar year (combined network and out-of-network). Out-of-pocket maximum does not apply.
<b>Pharmacy Benefits</b> Up to a 30-day supply is available through a Medco network retail pharmacy; up to a 90-day supply is available through Medco By Mail. Maintenance drugs must be purchased through Medco By Mail after the initial script.  <b>Should you purchase a brand-name or a generic drug under the Medco Prescription Drug Program?</b> If you choose to purchase a brand-name drug instead of the generic equivalent, and the prescribing physician has not indicated in writing that you must take the brand-name drug, you will pay the brand-name copayment plus the difference between the cost of the brand-name drug and the cost of the generic equivalent.	<b>Medco Network Retail Pharmacy Copayments</b> Generic: \$10 Brand-name drug on Medco's preferred formulary or brand-name drug without a formulary equivalent: \$20 Brand-name drug not on Medco's preferred formulary but with a formulary equivalent: \$40.  <b>Medco By Mail Copayments</b> Generic: \$15 Brand-name drug on Medco's preferred formulary or brand-name drug without a formulary equivalent: \$35 Brand-name drug not on Medco's preferred formulary but with a formulary equivalent: \$55.	You pay the out-of-network price less the network price in addition to the prescription drug copayment. No mail order coverage is available except through Medco By Mail.

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<p><b>Pharmacy Benefits:</b>  <b>Specialty Drugs</b>                      Specialty or biotech drugs are injectable or infused medicines for patients who have been diagnosed with certain chronic diseases or conditions such as hemophilia, growth hormone deficiency, multiple sclerosis, immune disorders, and hepatitis C. Specialty drugs are very expensive, with annual costs ranging from \$10,000 to well over \$500,000 per patient. Specialty drugs are frequently purchased by the patient at his/her physician's office. The list of specialty drugs is determined by and available from Medco.</p>	<p>Specialty drugs purchased under the PPO plan through Medco's specialty care pharmacy, Accredo Health Group, are subject to the same mail service copayments shown under <b>Medco By Mail Copayments</b>.</p> <p>Specialty drugs purchased at an out-of-network pharmacy or through a network or out-of-network physician's office, home health care agency or outpatient IV therapist (after the initial purchase) are not covered under the PPO plan. For the initial purchase through a physician's office, home health care agency or outpatient IV therapist, or if the purchase is part of an inpatient hospital stay, an outpatient hospital visit or an emergency room visit, the Plan pays the appropriate level of benefits, as defined in this appendix and determined by the place and type of service.</p>	
<p><b>Physical Therapy and Services Performed by a Physical Therapist</b>                      Outpatient Rehabilitation</p>	Plan pays 80% of PPO allowance after calendar year deductible subject to out-of-pocket maximum.	Plan pays 80% of allowed amount after calendar year deductible subject to out-of-pocket maximum.
<p><b>Physician Hospital Services</b></p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Physician Office Services and Treatment at Urgent Care Facilities</b>                      Including office visits for the diagnosis and treatment of an illness or injury. <b>Note:</b> For lab, X-ray and diagnostic services performed outside of the physician's office, refer to the Lab, X-ray and Diagnostic Services portion of this appendix.</p>	Plan pays 100% of PPO allowance after \$30 copay per office visit	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Speech Therapy and Services Performed by a Speech Therapist</b>                      Outpatient</p>	Plan pays 80% of PPO allowance after calendar year deductible subject to out-of-pocket maximum.	Plan pays 80% of allowed amount after calendar year deductible subject to out-of-pocket maximum.
<p><b>Surgery and Anesthesia</b>                      Surgery and anesthesia charges including use of an operating room or related facility in a hospital or authorized institution</p>	Plan pays 90% of PPO allowance after deductible subject to out-of-pocket maximum.	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.
<p><b>Temporomandibular Joint Disorder (TMJ)</b>                      (performed in a physician's office; not covered if determined to be dental in nature regardless of whether or not you are enrolled in the company dental plan). <b>Note:</b> For lab, X-ray and diagnostic services performed outside of the physician's office, refer to the Lab, X-ray and Diagnostic Services portion of this appendix.</p>	Plan pays 100% of PPO allowance after \$30 copayment per office visit	Plan pays 60% of allowed amount after deductible subject to out-of-pocket maximum.

The above amounts may change in future years.

- <sup>1</sup> Noncovered expenses, certain expenses for mental health care and substance abuse treatment, nonnotification penalties, and copayments for office visits, emergency room visits and prescription drugs do not apply toward the annual out-of-pocket maximum.
- <sup>2</sup> You must obtain certification immediately following an emergency admission.
- <sup>3</sup> Nonnotification penalty – There is a \$500 penalty per admission that you must pay if you do not comply with medical certification guidelines. The penalty does not apply toward your deductible or out-of-pocket maximum.
- <sup>4</sup> Certain age and frequency limits apply for some preventive care services.