

PLAN ADMINISTRATOR: PLAN: PARTICIPANTS ELIGIBLE: NETWORK:	AETNA MPS PPO/INDEMNITY ACTIVE & NON-MEDICARE ELIGIBLE RETIREES IN-NETWORK PPO*	AETNA MPS PPO/INDEMNITY ACTIVE & NON-MEDICARE ELIGIBLE RETIREES OUT-OF-NETWORK PPO*
ANNUAL PLAN DEDUCTIBLE (per calendar year; applies before co-insurance is paid)	\$100 Individual* \$300 Family*	\$100 Individual* \$300 Family*
ANNUAL COINSURANCE LIMIT (excludes annual deductible)	\$200 Individual* \$600 Family*	\$500 Individual* \$1,500 Family*
LIFETIME MAXIMUM – Combined limit paid by any MPS self-funded health plan	\$2,582,000**** per covered individual in calendar year 2007*** \$2,686,000 calendar year 2008***	\$2,582,000**** per covered individual in calendar year 2007*** \$2,686,000 calendar year 2008***
HOSPITAL SERVICES Inpatient Coverage Outpatient Coverage Emergency Room – including in- and out-of-network physician services Non-Emergency Use of Emergency Room	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 100% after \$50 co-pay 50% after deductible	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 100% after \$50 co-pay 50% after deductible
PHYSICIAN SERVICES Office Visits (non-surgical) Routine Physicals/ Immunizations	100% after \$10 co-pay 100% after \$10 co-pay Immunizations at 100% with co-pay waived for children, birth to age 6. Well baby care to age 2 (up to 10 routine exams annually); children age 2+ to age 7 (2 routine exams annually); children age 7+ to adult (1 routine exam annually); adults (1 routine exam annually)	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year. Immunizations at 100% with deductible waived for children, birth to age 6. Well baby care to age 2 (up to 10 routine exams annually); children age 2+ to age 7 (2 routine exams annually); children age 7+ to adult (1 routine exam annually); adults (1 routine exam annually)
ROUTINE OB/GYN EXAM	100% after \$10 co-pay - 1 routine exam per calendar year; including 1 pap smear and related fees	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – 1 routine exam per calendar year; including 1 pap smear and related fees
ROUTINE MAMMOGRAPHY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – 1 mammogram per calendar year for covered females age 40 and over	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – 1 mammogram per calendar year for covered females age 40 and over

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ANNUAL PLAN DEDUCTIBLE (per calendar year; applies before co-insurance is paid)	\$100 Individual \$300 Family	None
ANNUAL COINSURANCE LIMIT (excludes annual deductible)	\$500 Individual \$1,500 Family	\$150 Individual \$450 Family
LIFETIME MAXIMUM – Combined limit paid by any MPS self-funded health plan	\$2,582,000***** per covered individual in calendar year 2007 *** \$2,686,000 calendar year 2008***	\$2,582,000***** per covered individual in calendar year 2007 \$2,686,000 calendar year 2008
HOSPITAL SERVICES Inpatient Coverage Outpatient Coverage Emergency Room – including in- and out-of-network physician services Non-Emergency Use of Emergency Room	80% - subject to deductible, co-insurance, and Medicare coordination 80% - subject to deductible, co-insurance, and Medicare coordination 100% after \$50 co-pay and Medicare coordination 50% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 100% after \$50 co-pay 50%
PHYSICIAN SERVICES Office Visits (non-surgical) Routine Physicals/ Immunizations	80% - subject to deductible, co-insurance, and Medicare coordination 80% - subject to deductible, co-insurance, and Medicare coordination. Immunizations at 100% with deductible waived for children, birth to age 6. Well baby care to age 2 (up to 10 routine exams annually); children age 2+ to age 7 (2 routine exams annually); children age 7+ to adult (1 routine exam annually); adults (1 routine exam annually)	100% after \$10 co-pay Physicals - 100% with co-pay waived Immunizations – 100% after \$10 co-pay (co-pay waived for children, birth to age 6) Well baby care to age 2 (up to 10 routine exams annually); children age 2+ to age 7 (2 routine exams annually); children age 7+ to adult (1 routine exam annually), adults (1 routine exam annually)
ROUTINE OB/GYN EXAM	80% - 1 routine exam per calendar year; including 1 pap smear and related fees Subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay (Note: \$10 co-pay is waived if this is your annual routine exam)
ROUTINE MAMMOGRAPHY	80% - 1 mammogram per calendar year for covered females age 40 and over Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year

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SPECIALIST (OFFICE VISITS)	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
SURGERY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
PHYSICIAN IN-HOSPITAL SERVICES	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
ALLERGY TESTING AND TREATMENT	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
ALLERGY INJECTIONS	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
IMMUNIZATIONS AND INJECTIONS	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – immunizations at 100% with deductible waived for children, birth to age 6	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – immunizations at 100% with deductible waived for children, birth to age 6
OTHER PHYSICIAN SERVICES	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
MATERNITY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year - coverage includes voluntary sterilization and voluntary abortion – dependent daughters covered	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – coverage includes voluntary sterilization and voluntary abortion – dependent daughters covered
CONTRACEPTIVES	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year - including injectable contraceptives that are not self-administered and inserted and implanted contraceptive devices	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – including injectable contraceptives that are not self-administered and inserted and implanted contraceptive devices
INFERTILITY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year - artificial insemination (6 cycles lifetime maximum). Advanced reproductive technology including in vitro fertilization to lifetime maximum of \$30,000.	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – artificial insemination (6 cycles lifetime maximum). Advanced reproductive technology including in vitro fertilization to lifetime maximum of \$30,000.

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SPECIALIST (OFFICE VISITS)	80% - subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay
SURGERY	80% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
PHYSICIAN IN-HOSPITAL SERVICES	80% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
ALLERGY TESTING AND TREATMENT	80%- subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay
ALLERGY INJECTIONS	80%- subject to deductible, co-insurance, and Medicare coordination	100% - injection without office visit 100% after \$10 co-pay – injection with office visit
IMMUNIZATIONS AND INJECTIONS	80% - subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay– immunizations at 100% with co-pay waived for children, birth to age 6
OTHER PHYSICIAN SERVICES	80%- subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay
MATERNITY	80% - coverage includes voluntary sterilization and voluntary abortion Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year (\$10 co-pay initial office visit) – coverage includes voluntary sterilization and voluntary abortion
CONTRACEPTIVES	80% - including injectable contraceptives that are not self-administered and inserted and implanted contraceptive devices Subject to deductible, co-insurance, and Medicare coordination	Oral contraceptives covered under prescription drug benefit. Non-self injectable contraceptives and implanted contraceptive devices covered at 90% in doctor offices.
INFERTILITY	80% - artificial insemination (6 cycles lifetime maximum). Advanced reproductive technology including in vitro fertilization to lifetime maximum of \$30,000. Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% up to lifetime maximum of \$2,000 (Any related office visit will be subject to \$10 co-pay.)

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ALCOHOL/DRUG ABUSE Inpatient Coverage	90% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 120 days per calendar year***	80% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 40 days per calendar year***
Outpatient Coverage	90% after deductible** up to 120 visits per calendar year*** (Does not apply to co-insurance limit and expenses continue to be subject to co-insurance.)	80% after deductible** up to 30 visits per calendar year*** (Does not apply to co-insurance limit and expenses continue to be subject to co-insurance.)
Transitional Treatment	Included in outpatient coverage	Included in outpatient coverage
AMBULANCE (medically necessary only)	100% (deductible waived)	100% (deductible waived)
SHORT TERM REHABILITATION	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year (acute conditions only)	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year (acute conditions only)
PHYSICAL/SPEECH/OCCUPATIONAL THERAPY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
ORGAN TRANSPLANTS	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year; in conjunction with National Program for Medical Excellence	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year; in conjunction with National Program for Medical Excellence
RADIATION THERAPY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
CHEMOTHERAPY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
BLOOD/BLOOD PLASMA	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year

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ALCOHOL/DRUG ABUSE Inpatient Coverage	80% up to 40 days per calendar year Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 45 days per calendar year (Prior authorization through UHC Designee is required)
Outpatient Coverage	80%** up to 30 visits per calendar year (Does not apply to co-insurance limit and expenses continue to be subject to co-insurance.) Subject to deductible, co-insurance, and Medicare coordination	90% of eligible expenses up to 45 visits per calendar year (not subject to your annual co-insurance limit) (Prior authorization through UHC Designee is required)
Transitional Treatment	Included in outpatient coverage	Included in outpatient coverage (Prior authorization through UHC Designee is required)
AMBULANCE (medically necessary only)	100% (deductible waived)	100%
SHORT TERM REHABILITATION	80% after deductible (acute conditions only) Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year subject to calendar limits of 20 visits pulmonary rehabilitation therapy and 36 visits cardiac rehabilitation therapy.
PHYSICAL/SPEECH/OCCUPATIONAL THERAPY	80% - subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay subject to calendar year limits of 20 visits physical therapy, 20 visits occupational therapy, and 20 visits speech therapy.
ORGAN TRANSPLANTS	80%; in conjunction with National Program for Medical Excellence Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year. Limited to bone marrow, cornea, liver, kidney, heart, lung, heart/lung, liver/small bowel, pancreas, small bowel, kidney/pancreas, peripheral stem cell, and cornea transplants when authorized in advance by UHC Care Coordination.
RADIATION THERAPY	80% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
CHEMOTHERAPY	80% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
BLOOD/BLOOD PLASMA	80% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year

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CHIROPRACTIC	90% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 50 visits per calendar year***	80% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 50 visits per calendar year***
ORAL SURGERY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year - specific oral procedures covered by Aetna	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – specific oral procedures covered by Aetna
TEMPOROMANDIBULAR JOINT DISORDER	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year - surgical and non-surgical diagnosis and treatment	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year – surgical and non-surgical diagnosis and treatment
PROSTHETIC/ORTHOTIC APPLIANCES	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
PODIATRIST SERVICES	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year. Routine foot care <u>not</u> covered.	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year. Routine foot care <u>not</u> covered.
WEIGHT LOSS	90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
URGENT CARE/WALK-IN CLINIC	100% after \$35 co-pay	80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
SKILLED NURSING FACILITY	90% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 120 days per calendar year***	80% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 120 days per calendar year***
HOME HEALTH CARE	90% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 120 visits per calendar year***	80% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 120 visits per calendar year***

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CHIROPRACTIC	80% up to 50 visits per calendar year*** Subject to deductible, co-insurance, and Medicare coordination	100% after \$10 co-pay
ORAL SURGERY	80% - specific oral procedures covered by Aetna Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year limited to surgical removal of impacted wisdom teeth <u>only</u> .
TEMPOROMANDIBULAR JOINT DISORDER	80% - surgical and non-surgical diagnosis and treatment Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year diagnostic and non-surgical treatments are limited to a maximum of \$1,250 per calendar year.
PROSTHETIC/ORTHOTIC APPLIANCES	80% - subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year for a single purchase of each type of prosthetic device once every three (3) calendar years as specified and approved through UHC Care Coordination. Benefits are limited to \$2,500 per calendar year.
PODIATRIST SERVICES	80%- subject to deductible, co-insurance, and Medicare coordination. Routine foot care <u>not</u> covered.	100% after \$10 co-pay. Routine foot care <u>not</u> covered.
WEIGHT LOSS	80% - subject to deductible, co-insurance, and Medicare coordination	Not covered
URGENT CARE/WALK-IN CLINIC	80% - subject to deductible, co-insurance, and Medicare coordination	100% after \$35 co-pay for designated urgent care centers and physician offices
SKILLED NURSING FACILITY	80% up to 120 days per calendar year Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year maximum of 30 days per inpatient stay for care in conjunction with discharge from hospital and 60 days per calendar year for inpatient rehabilitation facility.
HOME HEALTH CARE	80% up to 120 visits per calendar year Subject to deductible, co-insurance, and Medicare coordination	90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year up to maximum of 60 visits when approved in advance by UHC Care Coordination.

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PRIVATE DUTY NURSING	90% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 70 eight-hour shifts per calendar year***	80% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 70 eight-hour shifts per calendar year***
HOSPICE CARE Inpatient Outpatient	90% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 45 days*** 90% after deductible up to maximum benefit of \$10,000***	80% after deductible until your annual co-insurance limit is met; thereafter, 100% of eligible expenses up to 45 days*** 80% after deductible up to maximum benefit of \$10,000***
EYE CARE Routine Accident/Disease	Not covered by Aetna. Vision exams, frames, lenses, and contacts covered through National Vision Administrators (NVA) once every 12 months for active employees only. Discounts on additional services including Lasik surgery are also available. 90% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year	Not covered by Aetna. Vision exams, frames, lenses, and contacts covered through National Vision Administrators (NVA) once every 12 months for active employees only. Discounts on additional services including Lasik surgery are also available. 80% after deductible until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year

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PRIVATE DUTY NURSING	80% up to 70 eight hour shifts per calendar year Subject to deductible, co-insurance, and Medicare coordination	See Home Health Care
HOSPICE CARE Inpatient Outpatient	80% up to 45 days 80% up to maximum benefit of \$10,000 Subject to deductible, co-insurance, and Medicare coordination	Subject to 360 days limit for entire period you are covered under plan: 90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year 90% until your annual co-insurance limit is met; thereafter, 100% for remainder of calendar year
EYE CARE Routine Accident/Disease	Routine eye care not covered 80% - subject to deductible, co-insurance, and Medicare coordination	One eye exam provided every calendar year through a UHC provider Optometrist. Exams, frames, lenses, and contacts covered through National Vision Administrators (NVA) once every 12 months. Discounts on additional services including Lasik surgery are also available. 100% after \$10 co-pay

*The in-network and out-of-network deductibles and co-insurance limits cross apply between in-network and out-of-network. Once both the annual (calendar year) deductible and the co-insurance limit have been reached, all covered medical services received for the remainder of the calendar year are benefited at one hundred percent (100%) (except for: office visits, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse, and non-emergency use of emergency room services; and penalty payments). **Out-of-network services** are subject to payment at “usual and customary” rates as processed by the plan administrator.

**Does not apply to co-insurance limit and expenses continue to be subject to co-insurance.

***Maximums are a combined limit for in-network and out-of-network (indexed to the medical CPI adjusted each January 1 thereafter).

****Lifetime maximum is a combined limit for benefits paid by any MPS self-funded health plan.

***** Except as described in the plan, benefits are provided only for services received from providers in the National United Healthcare Choice EPO Service Area. For Retirees with Medicare Coverage - Retiree Benefits are subject to Medicare coordination. Once the annual (calendar year) co-insurance limit has been reached, all covered medical services received for the remainder of the calendar year are benefited at one hundred percent (100%) (except for: office visits, urgent care, emergency room, and prescription co-pays; co-insurance payments for outpatient mental health, outpatient alcohol/drug abuse, and non-emergency use of emergency room service; and penalty payments).

\$500 OPT-OUT OPTION:

This option is available to all eligible employees except Psychometric Assistants, Board Members, Retirees, and Local 150 – 775 Hours FSA:

You have the option to opt-out of the MPS medical coverage and receive a taxable payment of up to \$500 per year, if you provide verification that you are covered under another (non-MPS) health plan. To take advantage of this option, you must complete the enrollment application by electing the opt-out option and provide verification of other coverage. Additional information can be found on page 26.

NOTE: THIS COMPARISON IS MEANT ONLY AS A SUMMARY DESCRIPTION OF BENEFIT COVERAGE. IT CANNOT ADD TO NOR TAKE AWAY FROM BENEFITS. VARIOUS EXCLUSIONS APPLY TO EACH HEALTH AND DENTAL PLAN. COVERAGE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE MASTER CONTRACT OF EACH HEALTH AND DENTAL PLAN.