

# St. Louis Graphic Arts Joint Health and Welfare Fund

## 1/1/2010 Non-Medicare Retiree Benefits (Value Plan)

(This is a brief comparison of benefits. It does not cover all details of the Value Plan. For more information, refer to your November 1, 2006 Summary Plan Description and subsequent Summaries of Material Modifications.)

| <b><u>Benefit Category</u></b>  | <b><u>1/1/2010</u></b>   |
|---|--|
| <b>MEDICAL BENEFITS (a)</b>   |  |
| Calendar Year Deductible  |  |
| Individual  | \$1,000 per year per individual                                |
| Family Maximum  | None   |
| Percentage Paid by Plan Each Calendar Year                                    | 50% of first \$5,000; 90% of next \$65,000;<br>100% thereafter |
| Out-of-Pocket Maximum Per Calendar Year                                       |  |
| Individual  | \$10,000   |
| Family  | \$20,000   |
| Overall Maximum Lifetime Medical Benefit                                      | \$1,000,000  |
| Routine Physicals for Adults  | Not Covered  |
| Well Child Care Including Immunizations                                       | Not Covered  |
| Routine Vision Exams  | Not Covered  |
| Chemical Dependency   |  |
| Lifetime Maximum  | 120 days   |
| Calendar Year Maximum   | 30 days  |
| <b>PRESCRIPTION DRUG BENEFITS</b>   |  |
| At Local Pharmacy (Maximum 30-day supply)                                     |  |
| Generic Drugs   | 50% Co-pay after \$200 calendar year deductible                |
| Single Source Brand Name Drugs  | 50% Co-pay after \$500 calendar year deductible                |
| Non-Preferred Brand   | Not Covered (no exceptions)                                    |
| By Mail or at Local Pharmacy (Maintenance Drugs Only – Maximum 90-day supply) |  |
| Generic Drugs   | 50% Co-pay after \$200 calendar year deductible                |
| Single Source Brand Name Drugs  | 50% Co-pay after \$500 calendar year deductible                |
| Non-Preferred Brand   | Not Covered (no exceptions)                                    |
| Out-of-Pocket Maximum Per Calendar Year                                       |  |
| Individual  | None   |
| Family  | None   |
| <b>Monthly Self-Pay Premium Per Person</b>                                    | <b>\$445.88</b>  |

- (a) HealthLink providers must be used. Non-participating providers are NOT COVERED. The only exception is if you reside or travel outside the HealthLink service area; then USA MCO providers can be used and non-participating providers are subject to usual and customary fee limitations.