

2011 Summary of Benefits

Hourly Employee Benefits Effective August 1, 2011

The Summary of Benefits is designed to help newly eligible full-time employees review benefit plan options and make educated and appropriate elections for benefits upon the completion of 720 hours billed under the employ of Partner JD.

The effective date of your benefits is:

**Completed forms are due to
Human Resources on:**

Benefit Enrollment Forms:

- **Anthem Medical Enrollment Form**
- **Anthem Dental Enrollment Form**
- **Superior Vision Enrollment Form**
- **Health Savings Administrators HSA Enrollment Form**

MORE INSIDE ON:

- a **Medical Coverage**
- a **Dental Coverage**
- a **Health Savings Accounts**
- a **Vision Coverage**

Medical plan offering—Anthem

You have five medical plan choices: (1) Keycare 25, (2) Healthkeepers Open Access Point of Service (POS 25), (3) Healthkeepers HMO plan with Referrals (HMO), (4) Healthkeepers High Deductible Health Plan with a Health Savings Account (HDHP with HSA), or (5) Lumenos High Deductible Health Plan with a Health Savings Account (PPO HDHP with HSA). Visit www.anthem.com before enrolling to verify physicians, facilities, and pharmacies available for use in their networks.

In-Network Coverage	KeyCare 25 (National Network)	POS 25 Open Access OpenAccess (VA Network)	Healthkeepers 25 OpenAccess (VA Network)	Lumenos PPO w/HSA (National Network)	Healthkeepers HDHP w/ HSA (VA Network)
Annual Deductible					
Individual	\$500	\$0	\$0	\$3,000	\$3,000
Family	\$1,000	\$0	\$0	\$6,000	\$6,000
Annual Out-of-Pocket Maximum					
Individual	\$2,500	\$3,500	\$3,500	\$4,000	\$4,000
Family	\$5,000	\$7,000	\$7,000	\$8,000	\$8,000
Preventive Care	\$0	\$0	\$0	\$0	\$0
Mammograms	\$0	\$0	\$0	\$0	\$0
In Office Lab and X-Ray	20% After Deductible	\$25 or \$50	\$25 or \$50	0% After Deductible	0% After Deductible
Office Visit					
Primary Care Physician	\$25	\$25	\$25	\$0% After Deductible	\$0% After Deductible
Specialist	\$25	\$50	\$50		
Urgent Care	\$25	\$25 or \$50	\$25 or \$50	\$0% After Deductible	\$0% After Deductible
Emergency Room	20% After Deductible	\$250	\$250	\$0% After Deductible	\$0% After Deductible
Outpatient Facility (Surgery, etc.)	20% After Deductible	\$300	\$300	\$0% After Deductible	\$0% After Deductible
Vision—Eye Exam	\$15 (Every Year)	\$15 (Every Year)	\$15 (Every Year)	\$15 (Every Year)	\$15 (Every Year)
Vision—Materials	Discount Program	Discount Program	Discount Program	Discount Program	Discount Program
Inpatient					
Per Admission Copay	None	\$350/ day up to \$1,750 Max	\$350/ day up to \$1,750 Max	\$0% After Deductible	\$0% After Deductible
Physician Services	None	None	None		
Hospital	20% After Deductible	None	None		
Rx Supply					
Retail	30	30	30	30	30
Mail Order	90	90	90	90	90
Tier One Drugs (Generic)					
Retail	\$10	\$10	\$10	\$10 After Deductible	\$10 After Deductible
Mail Order	\$10	\$10	\$10	\$10 After Deductible	\$10 After Deductible
Tier Two Drugs					
Retail	\$30	\$30	\$30	\$30 After Deductible	\$30 After Deductible
Mail Order	\$60	\$60	\$60	\$60 After Deductible	\$60 After Deductible
Tier Three Drugs					
Retail	> \$50 or 20%	> \$50 or 20%	> \$50 or 20%	> \$50 or 20% After De- ductible	> \$50 or 20% After De- ductible
Mail Order	> \$150 or 20%	> \$150 or 20%	> \$150 or 20%	> \$150 or 20% After Deductible	> \$150 or 20% After Deductible
2011 Medical Rates	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly	Bi-weekly
Employee Only	\$106.12	\$92.28	\$81.79	\$58.09	\$49.28
Employee + 1 Child	\$184.10	\$165.37	\$150.48	\$116.16	\$103.69
Employee +Children	\$310.40	\$283.75	\$261.73	\$210.17	\$191.79
Employee + Spouse	\$334.54	\$306.36	\$282.97	\$228.14	\$208.62
Employee + Family	\$483.12	\$445.62	\$413.85	\$338.74	\$312.27

What is a Health savings account (HSA)?

A Health Savings Account is an account that allows you to accumulate funds to cover your healthcare expenses. You must enroll in a qualified high-deductible plan in order to contribute to an HSA. Anthem's HSA is a qualified high-deductible plan.

HSA's offer you the following advantages:

Tax Savings. You may contribute pre-tax dollars to the HSA. Contributions are made through easy payroll deductions.

Employee Contribution Adjustments. You can change your per pay period contribution to your account anytime throughout the year.

Out-of-Pocket Costs Reduced. You can use the money in your HSA to pay for eligible medical and prescription expenses and satisfy your plan's annual deductible.

Account Portability. Unused account dollars are yours to keep even if you retire or leave the company. You can also invest your HSA dollars in select funds, so your available healthcare dollars can grow over time.

Long-Term Savings. Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses.

Use It or Keep It!

Unlike a flexible spending account (FSA) where you use it or lose it, HSA money is **YOURS** to keep or spend. If you don't need it for medical reasons, you keep it and let it continue to grow for you!

HSA Contributions

- a Fixed contributions are made pre-tax through payroll deduction.
- a You can change your per pay period contribution to your account anytime throughout the year.
- a Employees participating in an HSA for the 1st time can maximize contributions up to the annual limits for both 2011 & 2012.
- a Employees already participating in the HSA must pro-rate contribution elections so as not to exceed annual limits.

HSA Eligibility requirements

- a Must be covered under a qualified high deductible health plan
- a Must not be covered by any other health plan (i.e. Medicare, Tricare, Group, Individual)
- a Cannot be covered by a spousal medical FSA. If you are enrolled in an FSA, you cannot open an HSA until you disenroll from your FSA.
- a Cannot be claimed as a dependent on another person's tax return

TOTAL Maximum Annual Contribution

<u>2011</u>	<u>2012</u>
Individual: \$3,050	Individual: \$3,100
Family: \$6,150	Family: \$6,250

\$1,000 Catch-up Contribution if you are 55 or older

There is no Lifetime Maximum Contribution!

REMINDER: Your Flexible Spending Account plan year runs on a calendar year. Please be aware of the Anthem plan deductibles, maximum out-of-pocket limits, and prescription copays when planning your elections for January 1, 2012.

TAX Provisions of an HSA

- Contributions to your HSA account are made pre-tax
- Withdrawals from your account for eligible medical expenses are tax free
- Withdrawals for non-eligible expenses are included in gross income, plus **20% penalty** (waived after Medicare eligibility, death or disability).
- Earnings on the account are not taxed
- No lifetime maximum accumulation of your HSA account
- No distribution required at age 70 ½

If you participate in the Health Savings Account, you may enroll in the **Limited FSA**. Under the **Limited Health Care Flexible Spending Account**, medical expenses will not be eligible for reimbursement, however dental and vision expenses may be reimbursed.

Withdrawals from AN hsa

TAX-FREE *Provided expenses not covered by insurance.

- Eligible medical expenses
- Prescription drugs and dental expenses
- Eyeglasses or contact lenses
- All medical expenses as defined by IRC 213(d)

TAXABLE

- Withdrawals for reasons other than eligible medical expenses are subject to income tax
- Withdrawals for reasons other than eligible medical expenses taken before age 65 or disability are subject to additional 20% penalty

HSA ELIGIBLE EXPENSES

The products and services listed below are examples of medical expenses eligible for payment under your HSA, to the extent that such services are not covered by your medical, vision and dental insurance plans. This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations. Please refer to *IRS Publication 213(d)* for a complete description of eligible medical expenses.

Non-prescribed Over-the-Counter Medications are no longer considered a qualified medical expense under your HSA. There is a 20% penalty, for using HSA funds for non-qualified expenses.

Acne treatment	Glucose monitoring equipment	Menstrual pain relievers	Preventive care screenings
Acupuncture	Hearing aids	Motion sickness pills	Prostheses
Alcoholism treatment	Hospital services	Nicotine gum or patches	Psychiatric care
Allergy medications	Hot/cold packs	Norplant insertion or removal	Psychoanalysis
Antacid	Inclinators	Nursing services provided by a nurse or attendant	Psychologist
Antihistamine	Insect bite creams and ointments	Nutritional supplements – <i>only if they are recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician</i>	Radial keratotomy
Artificial limbs & teeth	Insulin	Obstetrical expenses	Screening tests
Aspirin	Laboratory fees	Occlusal guard to prevent teeth grinding	Sinus medications
Bandages	Language training	Operations	Sleep deprivation treatment
Blood pressure monitoring devices	Laser eye surgery/Lasik	Optometrist	Smoking cessation programs
Blood sugar test kit & test strips	Lead-based paint removal	Organ donors/transplants	Sterilization procedures
Breast reconstruction surgery following mastectomy	Learning disability, instructional fees	Orthodontia	Prescription sunglasses
Co-insurance amounts and deductibles	Lodging at a hospital or similar institution	Osteopath fees	Sunburn cream/ointments
Contact lenses – also materials & equipment	Lodging not at a hospital or similar institution (up to \$50/night)	Ovulation monitor	Taxes on medical services and products
Cough suppressants	Lodging of a companion – <i>yes if accompanying a patient for medical reasons</i>	Oxygen	Toothache/teething pain relievers
Decongestants	Massage therapy – <i>only if recommended by a physician to treat a specific trauma or injury</i>	Pain relievers	Transplants
Dentures and denture adhesives	Meals at a hospital	Patterning exercise \$9.76	Transportation expenses for person to receive medical care
Diabetic supplies	Medic Alert bracelet or necklace	Personal trainer fees \$20.48	Vaccines/Immunizations
Diagnostic items/services	Medical services	Physical exams \$20.48	Vasectomy
Drug addiction treatment		Physical therapy \$19.50	Veterinary fees – <i>for the care of seeing- or hearing-impaired animals</i>
Prescription drugs		Pregnancy test kits \$19.50	Viagra – <i>if prescribed by a physician</i>
Fluoridation device or services		Prescription glasses/sun/reading \$28.80	Weight loss program/drugs – <i>if prescribed by a physician</i>

Dental plan offering—DELTA DENTAL

Visit www.deltadentava.com to find participating dentists available in your area.

Dental Plan Highlights	Low	High
Annual Deductible Individual Family	\$50 per member	\$50 per member
Annual Benefit Maximum Per Individual	\$1,000	\$1,000
Preventive <ul style="list-style-type: none"> • Oral exams and Cleanings • Bitewing x-rays • Space maintainers • Fluoride applications • Sealants 	100% Does not apply to annual benefit maximum or deductible	100% Does not apply to annual benefit maximum or deductible
Basic <ul style="list-style-type: none"> • Fillings • Oral surgery • Sealants • Endodontic services/root canal therapy • Periodontic services 	80% <i>After the Deductible</i>	90% <i>After the Deductible</i>
Major <ul style="list-style-type: none"> • Prosthodontics/dentures/bridges • Crowns • Denture repair and recementation of crowns, bridges and dentures 	Not Covered	60% <i>After the Deductible</i>
Orthodontics (children) <ul style="list-style-type: none"> • \$1,000 lifetime maximum 	Not Covered	50% <i>After the Deductible</i>

Prevention First program allows Diagnostic and Preventive Care services to not apply to your deductible or your annual benefit maximum!

2011 Dental Rates	Bi-weekly	Bi-weekly
• Employee Only	\$9.76	\$15.04
• Employee + Child(ren)	\$20.48	\$31.57
• Employee + Spouse	\$19.50	\$30.06
• Employee + Family	\$28.80	\$45.10

Voluntary vision offering—superior

Visit www.superiorvision.com to find participating providers available in your area. Refer to your Summary of Benefits for Out-of-Network Benefits.

Vision Plan Highlights	In-Network
Services/Frequency Comprehensive Exam Lenses Contact Lenses Frames	12 months 12 months 12 months 24 months
Lenses Single Bifocal Trifocal	Covered in Full
Contact Lenses—Elective	Up to \$120 Allowance (In Lieu of Frames/Lenses)
Frames	Up to \$125 Allowance
Materials Copay	\$25
Exams	\$10
2011 Vision Rates <ul style="list-style-type: none"> • Employee Only • Employee + Child or Children • Employee + Spouse • Employee + Family 	Semi-monthly \$3.70 \$7.15 \$7.30 \$10.85

Employee Assistance Program (EAP)

The Anthem Employee Assistance program provides complementary counseling and consultation services to all **Partner JD** employees and members of their households. Services include personal, financial, legal, and mental health counseling. To contact the Anthem EAP, you can contact the toll-free number 800-346-5484 or visit the website www.AnthemEAP.com. The login will be **“Hot Technology”**.