

Catastrophic Medical Plan: Medical Coverage

(This plan is now available only to Pre-Medicare Eligible Retirees
and is not offered in Massachusetts.)

Aetna: 800-7DOWDOW (736-9369); www.aetna.com

	Catastrophic Medical Plan In-Network Pre-Medicare Eligible	Catastrophic Medical Plan Out-of-Network ¹ Pre-Medicare Eligible
Individual Annual Deductible	\$2,500	\$3,000
Family Annual Deductible	\$5,000	\$6,000
Individual Out-of-Pocket Maximum Per Year (Including Deductible)	\$5,000	\$6,000
Family Out-of-Pocket Maximum Per Year (Including Deductible)	\$10,000	\$12,000
Inpatient Hospital	Covered at 80% after Deductible	Covered at 50% after Deductible
Outpatient Surgery: Hospital	Covered at 80% after Deductible	Covered at 50% after Deductible
Physician Services: Office Visit	Covered at 80% after Deductible	Covered at 50% after Deductible
Chiropractic Benefit and Maximum	Covered at 80% after Deductible; \$500/person maximum	Covered at 50% after Deductible; \$500/person maximum
Emergency Room	Covered at 80% after Deductible	Covered at 50% after Deductible
Outpatient X-Ray	Covered at 80% after Deductible	Covered at 50% after Deductible
Outpatient Lab	Covered at 80% after Deductible	Covered at 50% after Deductible
Allergy Injections	Covered at 80% after Deductible	Covered at 50% after Deductible
Allergy Serum	Covered at 80% after Deductible	Covered at 50% after Deductible
Durable Medical Equipment and Maximum	Covered at 80% after Deductible	Covered at 50% after Deductible
Home Health Care	Covered at 80% after Deductible, 50 visits per calendar year	Covered at 50% after Deductible, 50 visits per calendar year
Mental Health: Inpatient Benefit	Covered at 80% after Deductible	Covered at 50% after Deductible
Mental Health: Outpatient Benefit	Covered at 80% after Deductible	Covered at 50% after Deductible
Substance Abuse: Inpatient Benefit	Covered at 80% after Deductible	Covered at 50% after Deductible
Substance Abuse: Outpatient Benefit	Covered at 80% after Deductible	Covered at 50% after Deductible
Prescription Coverage²: Generic Drug Coinsurance	Deductible combined with medical; In-Network Pharm: 80% after Deductible	Deductible combined with medical; Out-of-Network Pharm: 50% after Deductible
Prescription Coverage²: Brand-Name Drug Coinsurance	Deductible combined with medical; In-Network Pharm: 80% after Deductible	Deductible combined with medical; Out-of-Network Pharm: 50% after Deductible
Prescription Coverage²: Mail Order Coinsurance	Deductible combined with medical, 80% after Deductible	Deductible combined with medical, 80% after Deductible

See the following page for Catastrophic Medical Plan Out-of-Area.

Footnote

¹Benefits paid based on Plan Allowable Amount after annual Deductible.

²If a Generic Drug is available, you are responsible for paying the Generic Copay and the difference in cost between the brand-name and Generic Drug, plus any Deductible.

This plan is not subject to the partial premium holiday because it is not available for Medicare-Eligible Retirees.

	Catastrophic Medical Plan Out-of-Area ¹ Pre-Medicare Eligible
Individual Annual Deductible	\$2,500
Family Annual Deductible	\$5,000
Individual Out-of-Pocket Maximum Per Year	\$5,000
Family Out-of-Pocket Maximum Per Year	\$10,000
Inpatient Hospital	Covered at 80% after Deductible
Outpatient Surgery: Hospital	Covered at 80% after Deductible
Physician Services: Office Visit	Covered at 80% after Deductible
Chiropractic Benefit and Maximum	Covered at 80% after Deductible; \$500/person maximum
Emergency Room	Covered at 80% after Deductible
Outpatient X-Ray	Covered at 80% after Deductible
Outpatient Lab	Covered at 80% after Deductible
Allergy Injections	Covered at 80% after Deductible
Allergy Serum	Covered at 80% after Deductible
Durable Medical Equipment and Maximum	Covered at 80% after Deductible
Home Health Care	Covered at 80% after Deductible, 50 visits per calendar year
Mental Health: Inpatient Benefit	Covered at 80% after Deductible
Mental Health: Outpatient Benefit	Covered at 80% after Deductible
Substance Abuse: Inpatient Benefit	Covered at 80% after Deductible
Substance Abuse: Outpatient Benefit	Covered at 80% after Deductible
Prescription Coverage: Generic Drug Coinsurance	Deductible combined with medical; In-Network Pharmacy: 80% after Deductible; Out-of-Network Pharmacy: 50% after Deductible
Prescription Coverage: Brand-Name Drug Coinsurance	Deductible combined with medical; In-Network Pharmacy: 80% after Deductible; Out-of-Network Pharmacy: 50% after Deductible
Prescription Coverage: Mail Order Coinsurance	Deductible combined with medical, 80% after Deductible

Footnote

¹Benefits paid based on Plan Allowable Amount after annual Deductible.

IMPORTANT NOTE

Under the Catastrophic Medical Plan, the prescription Drug and Mental Health and Substance Abuse annual Deductible and Out-of-Pocket Maximum are combined with the medical annual Deductible and Out-of-Pocket Maximum. Most Claims, including those for prescription Drugs and Mental Health and Substance Abuse, will be applied to your medical annual Deductible and Out-of-Pocket Maximum. Your medical annual Deductible must be met before any Claims will be paid by Aetna. Your Deductible will count toward your Out-of-Pocket Maximum.