

PRESCRIPTION DRUGS 31

CONTRACT PHARMACY NETWORK (Drugs that are not on the Contract Pharmacy Network formulary list are not covered under this Plan.)

Up to a 30-day supply..... \$8 generic copayment..... 31
\$15 brand name copayment

MAINTENANCE DRUG PROGRAM VIA MAIL OR PARTICIPATING RETAIL PHARMACY LOCATIONS (This program is mandatory for maintenance or long-term medications after two (one original fill and one refill) retail pharmacy fills.)

Up to a 90-day supply..... \$15 generic copayment..... 33
\$30 brand name copayment

DENTAL BENEFITS

Annual Deductible

Applies to Types B, C & E Services.. \$50 per person each calendar year 37

Annual Maximum

Applies to Types A, B & C Services.. \$2,500 per person each calendar year 37
(The annual maximum is waived for children up to age 18.)

Services

Type A Services

Preventive..... No deductible; Plan pays 100% 37

Type B & C Services

General and Replacement After deductible, Plan pays 85%; 38
You pay 15%

Type D Services

Orthodontia Plan pays 85%; you pay 15% 39
Lifetime Maximum Benefit of \$2,000 per person.

Type E Services

Implants After deductible, Plan pays 85%; 39
you pay 15%

Lifetime Maximum Benefit of \$3,500 per person.

VISION CARE BENEFITS

Annual Maximum Up to \$300 per person per calendar year 41
(Services include Examination, Frames/Lenses, Contact Lenses.)
(The annual maximum for Examinations is waived for children up to age 18.)

Lasik Surgery Up to \$1,000 per eye per person per lifetime 41
(Coverage for member and spouse only.)

LOSS OF TIME BENEFITS

Active Participants..... 43
\$600 per week for up to a maximum of 26 weeks.

Non-Bargained Participants..... 44
A percentage of the weekly salary, up to a maximum of \$600 per week for up to a maximum of 26 weeks.

DEATH AND ACCIDENTAL DISMEMBERMENT BENEFITS

Death Benefit..... 44

- Less than 5 years of service... \$20,000
- 5-29 years of service \$40,000
- 30 or more years of service.... \$50,000

Dependent Death Benefit 44

- Spouse..... \$3,000
- Child..... \$2,000

Accidental Dismemberment Benefit..... 44

- Up to \$10,000

MEMBER ASSISTANCE PROGRAM..... 46

Up to three (3) visits covered at 100%.