

## Medical Plan Update

January 1<sup>st</sup> marks the renewal date of our group benefit plans. We are committed to providing a high quality benefit program to our employees and their families.

Our PPO network is Aetna and our self-funded health plan is administered by Meritain Health. Due to the size of Aetna’s network, provider directories will not be distributed. You may look up participating providers at <http://www.aetna.com/docfind/custom/mymeritain/>. Although most physicians in your area are participating providers, it is recommended that you verify with your doctor that they participate in the Aetna network every time you make an appointment.

**Below is a brief summary of your 2012 medical plan options:**

| Plan Feature  | 70/30 Plan  | 80/20 Plan   |
|---|---|--|
| Office Visits (in-network):<br>PCP Visit<br>Specialist Visit<br>Urgent Care   | Deductible & Coinsurance<br>Deductible & Coinsurance<br>Deductible & Coinsurance  | \$25 Copay<br>\$40 Copay<br>\$50 Copay   |
| Preventive Care Exam  | Covered at 100%<br>No Deductible  | Covered at 100%<br>No Deductible   |
| Prescription Drugs<br>Retail:<br>Tier 1 - Generics<br>Tier 2 - Name Brands<br>Tiers 3 & 4 –<br>Non-Preferred & Specialty<br><br>*Mail Order:<br>Tier 1 - Generics<br>Tier 2 - Name Brands<br>Tiers 3 % 4 –<br>Non-Preferred & Specialty | \$10 Copay<br>\$40 Copay<br>\$40 + 25% Copay<br>(Max \$200 Per Script)<br><br>\$20 Copay<br>\$80 Copay<br>\$80 + 25 % Copay<br>(Max \$400 Per Script) | \$10 Copay<br>\$25 Copay<br>\$25 + 25% Copay<br>(Max \$100 Per Script)<br><br>\$20 Copay<br>\$50 Copay<br>\$50 + 25% Copay<br>(Max \$200 Per Script) |
| Deductible (in-network)   | \$500 Single<br>\$1,000 Family  | \$500 Single<br>\$1,000 Family   |
| Coinsurance (in-network)  | 70%   | 80%  |
| Out-of-Pocket (in-network)<br>(includes deductible)   | \$4,500 Single<br>\$9,000 Family  | \$2,500 Single<br>\$5,000 Family   |

**\*Maintenance drugs must be filled through the mail order program**

Note: The above is a brief overview of the in-network benefits only. Please refer to the summary of benefits for more detailed benefit information.

## Dental and Vision Plan Updates

Our Dental and Vision plans will also be administered by Meritain Health. There is no network for these services and you can visit the provider of your choosing.

Below is a brief summary of your 2012 dental plan option:

| Type of Service  | Amount Covered by the Plan                                   |
|--|--|
| <b>Annual Calendar Year Deductible</b>   | None   |
| <b>Diagnostic / Preventive Services –</b><br>(Exams, Cleanings, Fluoride Treatment for Dependent Children, Space Maintainers to Age 19, X-Rays, Bitewings, Emergency Pain Treatment) | Covered at 100%  |
| <b>Basic Services –</b><br>(Restorative, Endodontics, Periodontics, Oral Surgery)  | Covered at 75%   |
| <b>Major Services –</b><br>(Prosthodontics, Bridges and Repairs)   | Covered at 50%   |
| <b>Orthodontics for children to age 19</b>   | Covered at 50% with a \$1,000 Maximum Lifetime Reimbursement |
| <b>Annual Maximum per person</b><br>(Not including orthodontia)  | \$1,000  |

Below is a brief summary of your 2012 vision plan option:

| Vision Care Benefits  | Amount Reimbursed by the Plan Available Once Every 12 Months      |
|---|---|
| Vision Examination  | Reimbursed up to \$50   |
| Spectacle Lenses (pair)<br>Standard Single Vision<br>Lined Bifocal<br>Lined Trifocal<br>Lenticular Lenses | Reimbursed up to \$150<br>*Combined with Frame Reimbursement*     |
| Frame   | Reimbursed up to \$150<br>*Combined with Lense Reimbursement      |
| Elective Contact Lenses   | Reimbursed up to \$150<br>(in lieu of frame and spectacle lenses) |
| Necessary Contact Lenses  | Reimbursed up to \$150  |

## Health Care Reimbursement and Dependent Care Accounts

Arcadia offers our employees Health Care Reimbursement and Dependent Care Reimbursement Accounts. If you would like to contribute to a Flexible Spending and/or Dependent Care Account, please complete the Enrollment Application and Deduction Authorization form. For 2012, employees may contribute up to **\$2,500** pre-tax in a Health Care Reimbursement Account and up to **\$5,000** pre-tax in a Dependent Care Reimbursement Account. Please see your Flex plan guide for additional information.

## Life and AD&D Plan

Arcadia provides employees with Group Term Life and Accidental Death and Dismemberment (AD&D) insurance coverage through Mutual of Omaha. All eligible employees receive a benefit of 1 X annual salary to a maximum of \$200,000.

## Long Term Disability Plan (LTD)

Arcadia provides all eligible employees with Long Term Disability (LTD) benefits through Mutual of Omaha, at no cost to the employee. If you become disabled as defined in the Mutual of Omaha contract, benefits will be paid after you satisfy a 180 day waiting period. The LTD plan pays a benefit of 50% of your monthly income, to a maximum of \$6,000 per month.

## Voluntary Short Term Disability Plan (STD)

Arcadia provides the opportunity for eligible employees to enroll in a voluntary short term disability (STD) plan. The STD plan pays a benefit of 60% of your weekly income, to a maximum of \$1,000 per week. If you enroll in the Short-Term disability plan when you are initially eligible, it is a guaranteed issue. Any employee who waives coverage during this open enrollment and chooses to enroll at a later date will need to provide Evidence of Insurability and be approved by Mutual of Omaha to come onto the plan. Please see the Mutual of Omaha Benefits Summary for more details.

## Dependent Life Insurance

Arcadia provides the opportunity for eligible employees to enroll in a voluntary life insurance plan for their spouse and dependents through Mutual of Omaha. You can elect a \$25,000 life insurance benefit for your spouse and up to \$10,000 for each dependent child. There will be **no** open enrollment opportunity for Voluntary Life Insurance. This coverage is only guaranteed issue at the time of initial eligibility and evidence of insurability will be required, at your own expense, if you decide to not to elect this coverage at that time. Please see the election form for cost information.

*Please note this is a brief overview and is provided for illustrative purposes only. This is Gibson Insurance Group's interpretation of the benefits. Please see the carrier's benefit information and contracts for complete information.*