



Medical Plan 2016 Benefits Summary

Windstream Bargaining Retirees Formerly in CWA 3371 & 3372

When Both Retiree and Spouse are Age 65 and Older\*\*

PARTICIPANT OUT-OF-POCKET EXPENSES	Select	Choice	Quality
	Medicare Network	Medicare Network	Medicare Network
<b>Deductibles and out-of-pocket maximums start over on the first day of each calendar year, unless you meet your entire deductible during the 4th quarter of the previous calendar year</b>			
<b>Calendar Year Deductible</b>			
Single Membership	\$300	\$500	\$1,000
Family Membership	\$600	\$1,000	\$2,000
<b>Calendar Year Coinsurance Maximum</b>			
Single Membership	\$1,200	\$1,500	\$2,000
Family Membership	\$2,400	\$3,000	\$4,000
<b>Deductible + Coinsurance</b> (Maximum annual out-of-pocket expense)			
Single Membership	\$1,500	\$2,000	\$3,000
Family Membership	\$3,000	\$4,000	\$6,000
<b>Lifetime Maximum Benefit</b>	<b>\$1,500,000</b>		

COINSURANCE REQUIRED (STATED AS % PLAN PAYS)	BENEFITS AT A GLANCE		
	Select	Choice	Quality
	Medicare Network	Medicare Network	Medicare Network
<b>Physician Services</b>			
Office Visits – General Practice, Family, Internal Medicine, or Pediatrician & Routine Physicals	You Pay \$20	You Pay \$20	You Pay \$20
All other covered special visit physician services (e.g. Specialists)	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
<b>Psychiatric, Drug, &amp; Alcohol Abuse</b>			
Office Visit	You Pay \$20	You Pay \$20	You Pay \$20
Inpatient Services Subject to pre-notification	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
<b>Well Pediatric Care</b>			
Child Exams from birth to age 18	100% of contracted rate covered	100% of contracted rate covered	100% of contracted rate covered
<b>Inpatient Hospital Services</b> <b>Subject to pre-notification</b>	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
<b>Lab Testing Benefit</b>	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
<b>X-Ray Benefit</b>	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
<b>Outpatient Services</b>			
Outpatient Hospital Services	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
Outpatient Mental Health Benefit			
Outpatient Surgery Benefit			
<b>Emergency Room</b>	\$100 co-pay, then applicable deductible and coinsurance. Waived if admitted	\$100 co-pay, then applicable deductible and coinsurance. Waived if admitted	\$100 co-pay, then applicable deductible and coinsurance. Waived if admitted
<b>Other Covered Expenses</b>			
Organ and tissue transplants (requires pre-notification); occupational, speech, and physical therapy; chiropractic; ambulance service; home medical equipment; maternity and newborn; private duty nursing home	*80% of contracted rate	*80% of contracted rate	*70% of contracted rate
<b>Home Health</b>	*80% of contracted rate Annual Max \$10,000	*80% of contracted rate Annual Max \$10,000	*70% of contracted rate Annual Max \$10,000
<b>Hospice Care</b>	*80% of contracted rate Lifetime Max of \$20,000	*80% of contracted rate Lifetime Max of \$20,000	*70% of contracted rate Lifetime Max of \$20,000

\*Also subject to deductible and count toward out-of-pocket maximum.

This document is intended as an overview of the Windstream Retiree Medical Plan. In the event of a discrepancy between this summary and the official Plan Document, the Plan Document will control. In the event of any misstatement of any fact(s) affecting coverage under the Plan, the Plan shall be used to determine the proper coverage. Coverage means eligibility as well as the amount of any benefit thereunder. Windstream reserves the right, in its sole discretion, to modify, change, revise, amend, or terminate any plan at any time, for any reason, and without prior notice, including company subsidy levels.

\*\* Medicare will pay as the primary insurance for all members and spouses age 65 and older. Claims will automatically be coordinated between Medicare and UMR. UMR will process all claims as if members are enrolled in Medicare Parts A & B.

