



Medical Plan 2016 Benefits Summary Non-Bargaining and 1671, 6171, 7019, 617101, 0463

Medicare will pay primary for all members over age 65. Members and spouses under age 65 will continue to access providers in the United HealthCare Options Network.

PARTICIPANT OUT-OF-POCKET EXPENSES	Select PPO		Quality PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	<i>Deductibles and Out-of-Pocket Maximums Start Over on the First Day of Each Calendar Year</i>			
Single Membership	\$500	\$750	\$1,000	\$1,000
Family Membership	\$1,000	\$1,250	\$2,000	\$2,000
Calendar Year Coinsurance Maximum				
Single Membership	\$1,500	\$3,500	\$4,000	\$6,000
Family Membership	\$3,000	\$7,000	\$6,000	\$12,000
Deductible + Coinsurance (Maximum annual out-of-pocket expense)				
Single Membership	\$2,000	\$4,250	\$3,000	\$7,000
Family Membership	\$4,000	\$8,250	\$6,000	\$14,000
Lifetime Maximum Benefit	\$1,500,000			

COINSURANCE REQUIRED (STATED AS % PLAN PAYS)	BENEFITS AT A GLANCE			
	Select PPO		Quality PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Services				
Office Visits – General Practice, Family, Internal Medicine, or Pediatrician & Routine Physicals	You Pay \$20	*70% of usual and customary	You Pay \$20	*50% of usual and customary
All other covered special visit physician services (e.g. Specialists)	*80% of contracted rate	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
Psychiatric, Drug, & Alcohol Abuse				
Office Visit	You Pay \$20	*70% of usual and customary	You Pay \$20	*50% of usual and customary
Inpatient Services Subject to pre-notification	*80% of contracted rate	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
Well Pediatric Care				
Child Exams from birth to age 18	100% of contracted rate covered	100% of contracted rate covered	100% of contracted rate covered	100% of contracted rate covered
Inpatient Hospital Services Subject to pre-notification	*80% of contracted rate	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
Lab Testing Benefit	*80% of contracted rate	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
X-Ray Benefit	*80% of contracted rate	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
Outpatient Services				
Outpatient Hospital Services Outpatient Mental Health Benefit Outpatient Surgery Benefit	*80% of contracted rate	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
Emergency Room	\$100 co-pay, then applicable deductible and coinsurance. Waived if admitted	\$100 cop-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
Other Covered Expenses				
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	*70% of usual and customary	*70% of contracted rate	*50% of usual and customary
Home Health	*80% of contracted rate Annual Max \$10,000	*70% of usual and customary Annual Max \$10,000	*70% of contracted rate Annual Max \$10,000	*50% of usual and customary Annual Max \$10,000
Hospice Care	*80% of contracted rate Lifetime Max of \$20,000	*70% of usual and customary Lifetime Max of \$20,000	*70% of contracted rate Lifetime Max of \$20,000	*50% of usual and customary 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.