



Medical Plans 2016 Benefits Summary

Windstream Non-Bargaining and 1671, 0463, 6171, 7019, and 617101

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

PARTICIPANT OUT-OF-POCKET EXPENSES	Select	Quality
	Medicare Network	Medicare Network
Calendar Year Deductible	<i>Deductibles and Out-of-Pocket Maximums start over the first day of each calendar year</i>	
Single Membership	\$500	\$1,000
Family Membership	\$1,000	\$2,000
Calendar Year Coinsurance Maximum		
Single Membership	\$1,500	\$2,000
Family Membership	\$3,000	\$4,000
Deductible + Coinsurance (Maximum annual out-of-pocket expense)		
Single Membership	\$2,000	\$3,000
Family Membership	\$4,000	\$6,000
Lifetime Maximum Benefit	\$1,500,000	

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

