



Medical Plan 2016 Benefits Summary

For Windstream Bargaining Retirees Formerly in CWA 3371 and 3372

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		Choice PPO		Quality PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-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	\$3,000	\$1,500	\$4,000	\$2,000	\$6,000
Family Membership	\$2,400	\$6,000	\$3,000	\$8,000	\$4,000	\$12,000
<b>Deductible + Coinsurance</b> (Maximum annual out-of-pocket expense)						
Single Membership	\$1,500	\$3,300	\$2,000	\$4,500	\$3,000	\$7,000
Family Membership	\$3,000	\$6,600	\$4,000	\$9,000	\$6,000	\$14,000
<b>Lifetime Maximum Benefit</b>	\$1,500,000					
<b>BENEFITS AT A GLANCE</b>						
COINSURANCE REQUIRED (STATED AS % PLAN PAYS)	Select PPO		Choice PPO		Quality PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physician Services</b>						
Office Visits – General Practice, Family, Internal Medicine, or Pediatrician & Routine Physicals	You Pay \$20	*70% of usual and customary	You Pay \$20	*60% 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	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
<b>Psychiatric, Drug, &amp; Alcohol Abuse</b>						
Office Visit	You Pay \$20	*70% of usual and customary	You Pay \$20	*60% 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	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
<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	100% of contracted rate covered	100% of contracted rate covered	100% of contracted rate covered
<b>Inpatient Hospital Services</b> Subject to pre-notification	*80% of contracted rate	*70% of usual and customary	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
<b>Lab Testing Benefit</b>	*80% of contracted rate	*70% of usual and customary	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
<b>X-Ray Benefit</b>	*80% of contracted rate	*70% of usual and customary	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
<b>Outpatient Services</b>						
Outpatient Hospital Services	*80% of contracted rate	*70% of usual and customary	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
Outpatient Mental Health Benefit						
Outpatient Surgery Benefit						
<b>Emergency Room</b>	\$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.	\$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	*70% of usual and customary	*80% of contracted rate	*60% of usual and customary	*70% of contracted rate	*50% of usual and customary
<b>Home Health</b>	*80% of contracted rate Annual Max \$10,000	*70% of usual and customary Annual Max \$10,000	*80% of contracted rate Annual Max \$10,000	*60% 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
<b>Hospice Care</b>	*80% of contracted rate Lifetime Max of \$20,000	*70% of usual and customary Lifetime Max of \$20,000	*80% of contracted rate Lifetime Max of \$20,000	*60% 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.

