

Medical Plans – July 1, 2010

Salaried & Non-Bargaining Unit Hourly

	Plan 1 / HSA	Plan 2 / HRA	Plan 3
Health Risk Assessment completed by Employee	Voluntary	Voluntary	Mandatory
Deductible* (Single/Employee + 1/Family)	**** \$1,250 / \$2,500 / \$2,500 Follows election status	\$1,250 / \$2,500 / \$2,500	\$550 / \$1,100 / \$1,100
Coinsurance* (Company %/Employee %)	80% / 20%	80% / 20%	80% / 20%
Out-of-pocket Maximum* (Single/Employee + 1/Family)	**** \$2,500 / \$5,000 / \$5,000 Follows election status	\$2,500 / \$5,000 / \$5,000	\$1,650 / \$3,300 / \$3,300
Preventive Care (Company %)	100%	100%	100%
Office / Hospital Visit	Deductible / Coinsurance	Deductible / Coinsurance	Deductible / Coinsurance
Prescription Drug	Deductible / Coinsurance	See Chart Below	See Chart Below
HRA / HSA Contribution	Employee Contribution per TAX year Single \$0 - \$3,050** Family \$0 - \$6,150** + \$1,000 catch up if age 55+	Employer Contribution Single \$500 Employee + 1 \$1,000 Family \$1,000	Not Available
FSA Employee Contribution	Limited FSA for Dental and Vision Only 0 - \$5,000	\$0 - \$5,000	\$0 - \$5,000
Annual Employee Contributions via Payroll Deduction***	Single \$795 Employee + 1 \$1,589 Family \$2,224 Opt Out Credits (\$1,000)	Single \$1,382 Employee + 1 \$2,763 Family \$3,869 Opt Out Credits (\$1,000)	Single \$2,021 Employee + 1 \$4,042 Family \$5,659 Opt Out Credits (\$1,000)

* Reflects in-network benefit only; see detailed benefit information for out-of-network benefits.

** 2010 maximum—adjusted for inflation annually.

***Divide by 26 for bi-weekly payroll deductions.

******Note:** Amounts are subject to change based upon announcement of IRS minimum levels for qualified high-deductible health plans.

Prescription Drugs for Plans 2 & 3

Retail (31-day supply)	Tier 1	20%
	Tier 2	\$5+20% to \$60 maximum
	Tier 3	30%, with \$45 minimum
Mail (90-day supply)	Tier 1	20%
	Tier 2	\$5+20% to \$180 maximum
	Tier 3	30%, with \$135 minimum
Out-of-Pocket Drug Maximum	\$900 per individual, \$1,800 for all covered individuals in a family. Only Tier 1 and Tier 2 drugs apply to this maximum.	

In order to promote greater consumerism, three medical programs are offered to Appleton employees. You can decide which plan fits you and your family's needs based on premium contribution, out-of-pocket claim expenses, and the opportunity to save for future health care expenses.

While the three medical plan offerings all include coverage **at 100% for preventive care**, under these plans all other types of care are subject to differing deductibles and features. All the plans are PPO (preferred provider organization) plans with UnitedHealthcare, or Anthem Blue Cross/Blue Shield, depending on where you are located.

Following is a brief summary of the options. Additional details are provided in supplemental materials.

Plan 1/HSA	
Description	Additional Features
<p>This choice offers the highest level of consumerism and, according to government legislation, is identified as a HIGH DEDUCTIBLE HEALTH PLAN (HDHP). This type of plan offers the opportunity to participate in a Health Savings Account (HSA), which is governed by IRS code. All eligible services under this plan are subject to a deductible as described on page 1.</p> <p>Preventive care is covered at 100%.</p> <p>Please note:</p> <ul style="list-style-type: none"> • Drug expenses are purchased at a discount by showing your drug card at the pharmacy, but are paid in full by the employee until the deductible is met. • The deductible for the employee+1 and family coverages differ from traditional programs and from Plans 2 or 3. If you choose employee +1 or family medical coverage, no individual deductible level exists. Under this plan the entire deductible must be met by either one covered person or by any combination of family members. <p>This plan will feature lower employee contributions as compared to the other plans.</p>	<p>Health Savings Account (HSA)</p> <p>You can participate in a Health Savings Account. This is a special savings account that the employee can set up and fund. Contributions to the account are deductible from income when filing taxes and can be used for medical, dental and other expenses now and in the future. The plan and IRS define what services the money can be used for. Interest or investment results accumulate on a tax free basis provided that they are used for the intended purposes of medical and other health care expenses. "Use it or lose it" rules do NOT apply. The account balance carries over from year to year. Funds cannot be withdrawn until they are deposited.</p> <p>Limited Flexible Spending Account (FSA)</p> <p>This functions like a Flexible Spending Account (FSA) but only reimburses for IRS-approved dental and vision expenses.</p>
Plan 2/Healthcare Reimbursement Account	
Description	Additional Features
<p>This plan is considered a step between Plans 1 and 3 as this program offers higher deductibles combined with a Healthcare Reimbursement Account, or HRA, rather than the HSA offered in Plan 1. Money in the HRA is provided by the employer at the beginning of the plan year and can be used towards the deductible. For example, if you have \$500 in HRA money, you would pay claims against the deductible amount and then request reimbursements from the HRA account up to the \$500 in the account. Money left in the HRA at year end may be saved for next year up to the in-network deductible.</p> <p>Preventive care is covered at 100%.</p> <p>This plan also features a drug card program that incorporates copayments based on which of 3 "tiers" the drug falls in.</p>	<p>Flexible Spending Account (FSA)</p> <p>With Plan 2 you can sign up for a normal Flexible Spending Account to be reimbursed for out-of-pocket expenses on a pre-tax basis such as deductibles (excluding the portion paid by the HRA), coinsurance or other services not reimbursed by medical, dental or vision programs. Government regulations define the scope of services that can be reimbursed.</p>

Plan 3

Description	Additional Features
<p>This is a traditional PPO program with lower deductibles and out-of-pocket maximums. This plan also has the highest employee contributions.</p> <p>Employees must complete a Health Risk Assessment to enroll in Plan 3.</p> <p>Preventive care is covered at 100%.</p> <p>This plan also features a drug card program that incorporates copayments based on which of 3 “tiers” the drug falls in.</p>	<p>Flexible Spending Account (FSA)</p> <p>With Plan 3 you can sign up for a normal Flexible Spending Account to be reimbursed for out-of-pocket expenses on a pre-tax basis such as deductibles, coinsurance or other services not reimbursed by medical, dental or vision programs. Government regulations define the scope of services that can be reimbursed.</p>

If you opt out of Appleton’s Medical Plan, you will receive \$1,000 annually.

Proof of other coverage is required.