

GREAT-WEST HEALTHCARE HSA QUALIFIED HDHP COVERAGE

MEDICAL BENEFIT SUMMARY FOR REGIONAL TRANSPORTATION DISTRICT

EFFECTIVE: JANUARY 1, 2010

Network: Open Access Network

GENERAL SERVICES	NETWORK SERVICES	NON-NETWORK SERVICES
Physician Office and Urgent Care Visits	0% after calendar year deductible	40% after calendar year deductible
Coinsurance	0%	40%
Calendar Year Deductible	\$2,500 Individual \$5,000 Per Family	\$5,000 Individual \$10,000 Per Family
Preventive Care <ul style="list-style-type: none"> Immunizations Routine physicals Basic Gynecological care Lab and X-ray charges for preventive care are paid at 100% regardless of provider and may be subject to Usual and Customary charges. 	0%	40% after calendar year deductible
Med Pharmacy Plan (includes contraceptives)	0% after calendar year network deductible Mail Order Drugs for a 90 day supply at the coinsurance % after calendar year network deductible For Medicare Part D purposes, this drug plan is considered Non-Creditable	
Durable Medical Equipment <ul style="list-style-type: none"> \$10,000 maximum per lifetime 	0% after calendar year deductible	40% after calendar year deductible
Lab & X-ray Services – Office and Independent Lab	0% after calendar year deductible	40% after calendar year deductible
Emergency Room Care Lab & X-Ray paid at network coinsurance level	Subject to 0% after calendar year network deductible and UCR charges	
High Cost Radiology <ul style="list-style-type: none"> CT, PetScan, MRI 	0% after calendar year deductible	40% after calendar year deductible
Ambulance	Subject to 0% after calendar year network deductible and UCR charges	
Out of Pocket Annual Maximum <ul style="list-style-type: none"> Calendar Year and Per Confinement Deductibles accumulate to Out of Pocket Maximum 	\$2,500 Individual \$5,000 Per Family	\$10,000 Individual \$20,000 Per Family
Lifetime Maximum	Unlimited Maximum	\$1,000,000 Maximum
Out-of Area Services <ul style="list-style-type: none"> ER and Ambulance paid same as Network/Non-Network 	For all other services the member pays: 20% Coinsurance and Network Deductibles	

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HOSPITAL SERVICES		
Inpatient Hospital Services <ul style="list-style-type: none"> • Including anesthesia • Requires pre-certification • Lab & X-Ray paid based on Facility Network Status 	0% after calendar year deductible	40% after calendar year deductible
Skilled Nursing Facility Care <ul style="list-style-type: none"> • 100 days per calendar year maximum • Requires pre-certification 		
Outpatient Hospital Services <ul style="list-style-type: none"> • Outpatient Surgery • Including anesthesia • Requires Precertification • Ambulatory Surgery • Lab & X-Ray paid based on Facility Network Status 		
Hospice Care		
Home Health Care <ul style="list-style-type: none"> • Up to 1 visit per day/100 visits per calendar year maximum 	0% after calendar year deductible	40% after calendar year deductible
Office Surgery	0% after calendar year deductible	40% after calendar year deductible
MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES		
Inpatient Mental Health <ul style="list-style-type: none"> • Unlimited Days per Lifetime • Services require pre-certification • Coverage for Serious Mental Illness Only 	0% after calendar year deductible	40% after calendar year deductible
Inpatient Chemical Dependency <ul style="list-style-type: none"> • Unlimited Days per Calendar Year • Unlimited Days per Lifetime • Services require pre-certification 	0% after calendar year deductible	40% after calendar year deductible
Outpatient Mental Health <ul style="list-style-type: none"> • Unlimited Visits per Calendar Year • Coverage for Serious Mental Illness Only 	0% after calendar year deductible	40% after calendar year deductible
Outpatient Chemical Dependency <ul style="list-style-type: none"> • Unlimited Visits per Calendar Year 	0% after calendar year deductible	40% after calendar year deductible
THERAPY SERVICES		
Outpatient Physical Therapy <ul style="list-style-type: none"> • \$2000 Per Calendar Year Maximum 	0% after calendar year deductible	40% after calendar year deductible
Outpatient Speech Therapy, Hearing Therapy and Occupational Therapy <ul style="list-style-type: none"> • \$2000 Per Calendar Year Maximum 	0% after calendar year deductible	40% after calendar year deductible
Chiropractic Services <ul style="list-style-type: none"> • \$1000 Per Calendar Year Maximum 	0% after calendar year deductible	40% after calendar year deductible

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ADDITIONAL SERVICES

Family Planning

- Tubal Ligations and Vasectomies
- Requires pre-certification
- Includes infertility testing for diagnosis only

0% after calendar year deductible

40% after calendar year deductible

More highlights of your Great-West Healthcare Health Plan are listed below. This list is not all inclusive; the Summary Plan Description provides detailed information about your plan, exclusions, and coverage limitations. In the event of a conflict between this document and your Summary Plan Description or Master Plan Document, the Summary Plan Description or Master Plan Document will control.

COMPLEMENTARY ALTERNATIVE MEDICINE DISCOUNT PROGRAM

- Receive 20% savings for services received from an ACN Group Inc., network acupuncturist, massage therapist, dietitian, nutritionist, or naturopathic doctor.
- Access www.mygreatwest.com for an overview of the program, examples of services provided by Alternative Care practitioners and information on how to look up a provider.
- ACN Group Inc., and its alternative care providers are solely responsible for the services and products they provide.

ONLINE HEALTH AND WELLNESS TOOLS

- All enrolled members have access to a personalized wellness focused website with information regarding nutrition, lifestyle and fitness.
- Health articles are available and updated daily for many different conditions.
- Pharmaceutical information, including drug interactions and supplement information is available online.
- Through the CareCompare tool, you can compare facilities based on many different criteria including cost, number of treatments provided by category, average length of stay and others.
- Through the secure website, you can also check the status of your claims, find in-network providers, view your benefit specifics and find claim forms.

AWARD WINNING DISEASE MANAGEMENT PROGRAM

- Great-West Healthcare nurses work directly with enrolled members to help manage chronic conditions such as Asthma, Diabetes, Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease, Pain Management, End Stage Renal Disease and Maternity Management.
- You may take online assessments to receive information about chronic diseases and send specific questions to a nurse through the Web site.

OUT OF POCKET MAXIMUM

Once you reach the individual or family out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.

- Calendar Year and Per Confinement Deductibles accumulate to Out of Pocket Maximum

PLAN COVERAGE FOR NON NETWORK PROVIDERS WITHIN A NETWORK AREA

The allowable covered expense for non-network services is based upon the Average Contract Rates (ACR) for network providers in the area where services are rendered. Members are fully responsible for any amount over the ACR as well as any applicable deductibles and coinsurance. With Great-West Healthcare's medical management approval, hospital admissions resulting from an emergency may be exempt from ACR.

PRECERTIFICATION PENALTY

Pre-authorization is required on all inpatient admissions and outpatient surgery not performed in the doctors office. Network providers are contractually obligated to perform pre-authorization on behalf of their clients; the member must verify that a non-network provider performs the pre-authorization procedures. If a non-network provider does not get pre-treatment authorization or if a Member does not follow the recommended care plan, the first \$250 of charges will be considered ineligible

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| * Outpatient Surgery | * Skilled Nursing |
| * Home Health Care | * Renal Dialysis |
| * Air Ambulance | * Durable Medical Equipment over \$500 |
| * High Cost Drug | * Genetic Testing |
| * Transplant Evaluations | |
| * Hospital Admissions (including partial hospitalization programs for mental health) | |
| * High Tech Radiology (examples include CAT scans, PET scans and MRIs) | |

GENERAL NOTICE OF PREEXISTING CONDITION EXCLUSION

- This Plan may impose a Preexisting Condition Exclusion (PCE). This means that if you have a medical condition before coming to our Plan, you might have to wait a certain period of time before the Plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a three-month period. Generally, this three-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the three-month period ends on the day before the waiting period begins. The PCE does not apply to pregnancy or to a child who is enrolled in the Plan within 31 days after birth, adoption or placement for adoption.

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- This exclusion may last up to 12 months from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the PCE if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior Plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.
- All questions about the PCE and creditable coverage should be directed to your HR/Benefits Director.

BASE REIMBURSEMENT METHOD

- Average Contracted Rate (ACR). The allowable covered expense for non-network services is based upon the average contracted rates for network providers in the area where services are rendered. Members are fully responsible for any amount over the ACR as well as any applicable deductibles and coinsurance. With Great-West Healthcare medical management approval, hospital admissions resulting from an emergency may be exempt from ACR.

SPECIAL ENROLLMENT RIGHTS NOTICE

- If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health Plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for the other coverage or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 31 days after your or your dependents' other coverage ends or after the employer stops contributing toward the other coverage.
- In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days of the marriage, birth, adoption or placement for adoption.
- To request special enrollment or obtain more information, contact your HR/Benefits Director.

WHAT'S NOT COVERED (THIS IS NOT ALL INCLUSIVE)

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| * services that aren't medically necessary | * custodial care |
| * experimental or investigational treatments | * sex transformation |
| * accidental injury that occurs while working for pay or profit | * surgical procedures for the improvement of vision that can be corrected through the use of glasses or contact lenses. |
| * sickness for which benefits are paid or payable under any Worker's Compensation or similar law | * vision therapy or orthoptic treatment |
| * services provided by government health plans | * reversal of sterilization procedures |
| * cosmetic surgery, unless it correct deformities resulting from illness, breast reconstruction surgery after a mastectomy, or congenital defects of a newborn or adopted child or child placed for adoption. | * nonprescription drugs or anti-obesity drugs |
| | * gene manipulation therapy |
| | * smoking cessation programs |
| | * Bariatric Surgery |

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to the group business that is underwritten by New England Life Insurance Company and Metropolitan Life Insurance Company which is currently administered by Great-West Life & Annuity Insurance Company. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, White Plains, N.Y.

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