



Summary Plan Description

Addendum

Technicians & Related (IBT)



Inside

2017 Summary Schedule of Benefits

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS - HEALTHY REWARDS PPO**

General Information		
How This Option Works	<ul style="list-style-type: none"> • Eligible in-network <u>and</u> out-of-network expenses are covered. • You are not required to select a primary care physician. • The list of network providers is available on Claims Administrator website. • You may earn your deductible back by completing a biometric screening. If you and a spouse or Qualified Domestic Partner are both enrolled in coverage, you would both need to complete the biometric screening to receive the full amount. 	
	In-Network	Out-of-Network
Annual Deductibles	\$800 single only \$1,600 family	\$1,600 single only \$3,200 family
Annual Out-of-Pocket (OOP) Limits (Medical and Prescription Drug)	Medical: \$3,425 single only; \$6,850 family maximum (includes deductible and coinsurance)	Medical: \$6,850 single only; \$13,700 family maximum (includes deductible and coinsurance)
	Includes cross application of Out-of-Network deductibles and OOP to In-Network Rx: coinsurance applies to medical out of pocket max	
Office Visit Physician	\$15 co-pay	60% coverage after deductible
Office Visit Specialist	80% coverage after deductible	60% coverage after deductible
Preventative Services (annual physical)	100% coverage	60% coverage after deductible
Laboratory, x-ray and diagnostic testing	80% coverage after deductible	
Hospital/Inpatient		
Outpatient Facilities/Surgical		
Urgent Care	80% coverage after deductible	60% coverage after deductible
Emergency Room	80% coverage after deductible	80% coverage after deductible
Inclusions/Exclusions	The Healthy Rewards PPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see below).	

Retail Generic Drugs	Tier 1 - 90% covered after deductible, min-max \$5-30; 30 day supply; generics preferred; step therapy applies; up to 3 fills at retail allowed for maintenance drugs
Retail Formulary Brand	Tier 2 - 80% covered after deductible, min-max \$30-100; 30 day supply; generics preferred; step therapy applies; up to 3 fills at retail allowed for maintenance drugs
Retail Non-Formulary Brand	Tier 3 - 50% covered after deductible, min-max \$70-250; 30 day supply; generics preferred; step therapy applies; up to 3 fills at retail allowed for maintenance drugs Tier 4 - 0% covered after deductible
Retail Drug Supply Limit	30 day supply
Mail Order Generic Drugs	Tier 1 - 90% covered after deductible, min-max \$12.50-75; 90 day supply at mail or CVS pharmacy; generics preferred; step therapy applies
Mail Order Formulary Brand	Tier 2 - 80% covered after deductible, min-max \$75-250; 90 day supply at mail or CVS pharmacy; generics preferred; step therapy applies
Mail Order Non-Formulary Brand	Tier 3 - 50% covered after deductible, min-max \$175-625; 90 day supply at mail or CVS pharmacy; generics preferred; step therapy applies; Tier 4 - 0% covered after deductible
Mail Order Drug Supply Limit	90 day supply
Additional Detailed Information Is Available	
Plan Website	Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS - BUILD YOUR OWN EPO**

General Information	
How This Option Works	<ul style="list-style-type: none"> • You may choose among different deductibles, copays, coinsurance amounts and prescription drug benefit options, which will affect the amount of your monthly contribution versus your potential out-of-pocket costs. • This Option provides care through an extensive network of providers. Except for emergency and urgent care services, out-of-network benefits are not covered under this Option. You are not required to select a primary care physician. • If the Claims Administrator offers an enhanced provider network in certain areas, you may receive greater benefits by accessing the enhanced provider network. • The list of EPO Network providers is available on Claims Administrator website.
Annual Deductible	<p>You choose among:</p> <ul style="list-style-type: none"> • \$0 single/family • \$500 single / \$1,000 family • \$1,000 single / \$2,000 family
Special Copay	<p>If you choose the \$0 deductible option, special copays may apply to certain types of inpatient and/or outpatient services.</p>
Coinsurance (Medical)	<p>You choose between 80/20% coinsurance and 90/10% coinsurance.</p>
Annual Maximum Out of Pocket (Medical and Prescription Drug)	<p>80/20% coinsurance option:</p> <ul style="list-style-type: none"> • Medical: \$2,600 single / \$5,200 family maximum out of pocket • Rx: \$4,000 single / \$8,000 family maximum out-of-pocket <p>90/10% coinsurance option:</p> <ul style="list-style-type: none"> • Medical: \$1,500 single / \$3,000 family maximum out of pocket • Rx: \$5,100 single / \$10,200 family maximum out-of-pocket
Physician Office Visit Copay	<p>You choose from the following options:</p> <ul style="list-style-type: none"> • \$25 primary care physician / \$40 specialist • \$30 primary care physician / \$60 specialist
Emergency Room Copay	<p>\$200</p>
Mental Health, Substance Abuse or Chemical Dependency	<p>Special rules may apply. See detailed Schedule of Benefits on the Plan Website (<i>see below</i>).</p>

Inclusions/Exclusions	<p>The Build Your Own EPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see <i>below</i>). The Build Your Own EPO, Bronze EPO, and Deductible PPO options all utilize the same Inclusions/Exclusions Schedule.</p>	
Prescription Drugs	Retail (30-Day Supply)	Mail Order (90-Day Supply)
	<ul style="list-style-type: none"> • <i>Copay Option:</i> <ul style="list-style-type: none"> ➢ \$5 copay for generics ➢ \$25 copay for formulary brand ➢ \$50 copay for non-formulary brand • <i>Coinsurance Option:</i> <ul style="list-style-type: none"> ➢ 65/35% coinsurance for formulary brand ➢ 55/45% coinsurance for non-formulary brand ➢ \$100 maximum out-of-pocket for both formulary and non-formulary for retail and mail 	<ul style="list-style-type: none"> • <i>Copay Option:</i> <ul style="list-style-type: none"> ➢ \$12.50 copay for generics ➢ \$62.50 copay for formulary brand ➢ \$125 copay for non-formulary brand • <i>Coinsurance Option:</i> <ul style="list-style-type: none"> ➢ 65/35% coinsurance for formulary brand ➢ 55/45% coinsurance for non-formulary brand ➢ \$250 maximum out-of-pocket for both formulary and non-formulary for retail and mail
Additional Detailed Information Is Available		
Plan Website	<p>Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.</p>	

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – BRONZE EPO**

General Information		
How This Option Works	<ul style="list-style-type: none"> This Option provides care through an extensive network of providers. Except for emergency and urgent care services, out-of-network benefits are not covered under this Option. You are not required to select a primary care physician. If the Claims Administrator offers an enhanced provider network in certain areas, you may receive greater benefits by accessing the enhanced provider network. The list of EPO Network providers is available on Claims Administrator website. 	
Annual Deductible	\$2,000 single / \$4,000 family	
Coinsurance (Medical)	70/30% coinsurance	
Annual Maximum Out of Pocket (Medical and Prescription Drug)	Medical: \$7,150 single / \$14,300 family maximum out-of-pocket Prescription Drug copayments and coinsurances apply to the Medical out-of-pocket maximum	
Physician Office Visit Copay	None	
Emergency Room Copay	None	
Mental Health, Substance Abuse or Chemical Dependency	Special rules may apply. See detailed Schedule of Benefits on the Plan Website (<i>see below</i>).	
Inclusions/Exclusions	The Bronze EPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see below). The Build Your Own EPO, Bronze EPO, and Deductible PPO options all utilize the same Inclusions/Exclusions Schedule.	
Prescription Drugs	Retail (30-Day Supply)	Mail Order (90-Day Supply)
	<ul style="list-style-type: none"> \$10 copay for generics 65/35% coinsurance for formulary brand after deductible 55/45% coinsurance for non-formulary brand after deductible \$100 maximum out-of-pocket 	<ul style="list-style-type: none"> \$25 copay for generics 65/35% coinsurance for formulary brand after deductible 55/45% coinsurance for non-formulary brand after deductible \$250 maximum out-of-pocket for formulary and \$375 maximum

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	for formulary and \$150 maximum out-of-pocket for non-formulary for retail and mail	out-of-pocket for non-formulary for retail and mail
Additional Detailed Information Is Available		
Plan Website	Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.	

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – DEDUCTIBLE PPO**

General Information				
How This Option Works	<ul style="list-style-type: none"> You may choose among three different levels of benefits, which will affect the amount of your monthly contribution versus your potential out-of-pocket costs. Eligible in-network <u>and</u> out-of-network expenses are covered. You are not required to select a primary care physician. If the Claims Administrator offers an enhanced provider network in certain areas, you may receive greater benefits by accessing the enhanced provider network. The list of PPO Network providers is available on Claims Administrator website. 			
Annual Deductible (Individual / Family)	In-Network \$350 Option	In-Network \$750 Option	In-Network \$1,250 Option	Out-of Network
	\$350 / \$1,050	\$750 / \$2,250	\$1,250 / \$3,750	\$3,000 / \$9,000
Coinsurance (Medical)	In-Network \$350 Option	In-Network \$750 Option	In-Network \$1,250 Option	Out-of Network
	80/20% coinsurance	80/20% coinsurance	80/20% coinsurance	60/40% coinsurance
Annual Individual / Family Maximum Out-of-Pocket (Medical and Prescription Drug)	In-Network \$350 Option	In-Network \$750 Option	In-Network \$1,250 Option	Out-of Network
	<ul style="list-style-type: none"> Medical: \$2,500 single / \$5,000 family maximum out-of-pocket Rx: \$4,100 single / \$8,200 family maximum out-of-pocket 	<ul style="list-style-type: none"> Medical: \$2,500 single / \$5,000 family maximum out-of-pocket Rx: \$4,100 single / \$8,200 family maximum out-of-pocket 	<ul style="list-style-type: none"> Medical: \$3,500 single / \$7,000 family maximum out-of-pocket Rx: \$3,100 single / \$6,200 family maximum out-of-pocket 	<ul style="list-style-type: none"> Medical: \$6,000 single / \$12,000 family maximum out-of-pocket Rx: None
Physician Office Visit Copay	In-Network \$350 Option	In-Network \$750 Option	In-Network \$1,250 Option	Out-of Network
	<ul style="list-style-type: none"> \$20 primary care physician \$25 specialist 	<ul style="list-style-type: none"> \$20 primary care physician \$25 specialist 	<ul style="list-style-type: none"> \$30 primary care physician \$35 specialist 	N/A

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Emergency Room Copay	In-Network \$350 Option	In-Network \$750 Option	In-Network \$1,250 Option	Out-of Network
	\$125	\$125	\$125	\$125
Mental Health, Substance Abuse or Chemical Dependency	Special rules may apply. See detailed Schedule of Benefits on the Plan Website (<i>see below</i>).			
Inclusions/Exclusions	The Deductible PPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (<i>see below</i>). The Build Your Own EPO, Bronze EPO, and Deductible PPO options all utilize the same Inclusions/Exclusions Schedule.			
Prescription Drugs	Retail (30-Day Supply)		Mail Order (90-Day Supply)	
	<ul style="list-style-type: none"> • \$5 copay for generics • \$25 copay for formulary brand • \$50 copay for non-formulary brand 		<ul style="list-style-type: none"> • \$12.50 copay for generics • \$62.50 copay for formulary brand • \$125 copay for non-formulary brand 	
Additional Detailed Information Is Available				
Plan Website	Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.			

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS - CORE PPO**

General Information		
How This Option Works	<ul style="list-style-type: none"> Eligible in-network <u>and</u> out-of-network expenses are covered. You are not required to select a primary care physician. The list of PPO Network providers is available on Claims Administrator website. 	
	In-Network	Out-of-Network
Annual Deductibles	\$300 single/\$600 family	\$600 single/\$1,200 family
Annual Out-of-Pocket (OOP) Limits (Medical and Prescription Drug)	Medical: \$2,000 single/\$4,000 family maximum out-of-pocket (includes medical coinsurance, deductible, and copays)	Medical: \$4,000 single/\$8,000 family maximum out-of-pocket (includes medical coinsurance, deductible, and copays)
	Rx: \$5,150 single/\$10,300 family maximum out-of-pocket	Rx: None
	Includes cross application of Out-of-Network deductibles and OOP to In-Network	
Office Visit PCP	\$25 co-pay	60/40% coinsurance after deductible
Office Visit Specialist	\$40 co-pay	
Preventative Services	100% preventative	
Laboratory, x-ray and diagnostic testing	80/20% coinsurance after deductible	
Hospital/Inpatient		
Outpatient Facilities/Surgical		
Urgent Care Center	\$50	
Emergency Room	\$200 flat copay, waived if admitted	
Inclusions/Exclusions	The Core PPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see below). The Core PPO, Core EPO, and Core HDHP w/ HSA all utilize the same Inclusions/Exclusions Schedule.	
Retail Generic Drugs	\$10 co-pay Mandatory Mail – Limit 3 retail fills for maintenance drugs	
Retail Brand Preferred Drugs	\$30 co-pay Mandatory Mail – Limit 3 retail fills for maintenance drugs- only if less expensive than retail	

Retail Brand Non-Preferred Drugs	\$50 co-pay Mandatory Mail – Limit 3 retail fills for maintenance drugs - only if less expensive than retail
Retail Drug Supply Limit	30 day supply
Mail Order Generic Drugs	\$25 co-pay
Mail Order Brand Preferred Drugs	\$75 co-pay
Mail Order Brand Non-preferred	\$125 co-pay
Mail Order Drug Supply Limit	90 day supply
Lifetime Maximum	Unlimited
Additional Detailed Information Is Available	
Plan Website	Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – CORE EPO**

General Information	
How This Option Works	<ul style="list-style-type: none"> • This Option provides care through an extensive network of providers. • Except for emergency and urgent care services, out-of-network benefits are not covered under this Option. • You are not required to select a primary care physician. • The list of EPO Network providers is available on Claims Administrator website.
	In-Network
Annual Deductibles	\$200 single / \$400 family
Coinsurance	90/10% coinsurance
Annual Out-of-Pocket (OOP) Limits (Medical and Prescription Drug)	<ul style="list-style-type: none"> • Medical: \$1,500 single / \$3,000 family maximum out-of-pocket (includes medical coinsurance, deductible, and copays) • Rx: \$5,650 single / \$11,300 family maximum out-of-pocket
Office Visit PCP	\$25 co-pay
Office Visit Specialist	\$40 co-pay
Preventative Services	100% preventative
Laboratory, x-ray and diagnostic testing	90/10% coinsurance after deductible
Hospital/Inpatient	90/10% coinsurance after deductible
Outpatient Facilities/Surgical	90/10% coinsurance after deductible
Urgent Care Center	\$50 co-pay
Emergency Room	\$200 co-pay, waived if admitted
Inclusions/Exclusions	The Core EPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see below). The Core PPO, Core EPO, and Core HDHP w/ HSA all utilize the same Inclusions/Exclusions Schedule.
Retail Generic Drugs	\$10 co-pay Mandatory Mail – Limit 3 retail fills for maintenance drugs (Workaround for lower costs Rx at Target/Costco)

Retail Brand Preferred Drugs	\$30 co-pay Mandatory Mail – Limit 3 retail fills for maintenance drugs- only if less expensive than retail (Workaround for lower costs Rx at Target/Costco)
Retail Brand Non-Preferred Drugs	\$50 co-pay Mandatory Mail – Limit 3 retail fills for maintenance drugs - only if less expensive than retail (Workaround for lower costs Rx at Target/Costco)
Retail Drug Supply Limit	30 day supply
Mail Order Generic Drugs	\$25 co-pay
Mail Order Brand Preferred Drugs	\$75 co-pay
Mail Order Brand Non-preferred	\$125 co-pay
Mail Order Drug Supply Limit	90 day supply
Lifetime Maximum	Unlimited
Additional Detailed Information Is Available	
Plan Website	Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS - CORE HIGH DEDUCTIBLE HEALTH PLAN
WITH HEALTH SAVINGS ACCOUNT (HDHP)**

General Information		
How This Option Works	<ul style="list-style-type: none"> • Eligible in-network <u>and</u> out-of-network expenses are covered. • A high deductible health plan is coupled with a Health Savings Account. • The Health Savings Account is your own account that can be used to pay for qualifying medical expenses. • You are not required to select a primary care physician. • The list of network providers is available on Claims Administrator website. 	
	In-Network	Out-of-Network
Annual Deductibles	\$2,500 single only \$5,000 true family deductible	\$5,000 single only \$10,000 true family deductible
Health Savings Account (HSA) Seed Amount	\$750 single / \$1500 family (prorated per paycheck; annual amount is prorated based on your beginning participation date)	
Annual Out-of-Pocket (OOP) Limits (Medical and Prescription Drug)	Medical: \$3,000 single only; \$6,000 true family maximum (includes deductible and coinsurance)	Medical: \$6,000 single only; \$12,000 true family maximum (includes deductible and coinsurance)
	Includes cross application of Out-of-Network deductibles and OOP to In-Network	
Office Visit PCP	95/5% coinsurance after deductible	60/40% coinsurance after deductible
Office Visit Specialist		
Preventative Services (comprehensive array)	100% preventative	
Laboratory, x-ray and diagnostic testing		
Hospital/Inpatient		
Outpatient Facilities/Surgical	95/5% coinsurance after deductible	
Urgent Care Center		
Emergency Room		
Inclusions/Exclusions	The Core HDHP includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (see below). The Core PPO, Core EPO, and Core HDHP all utilize the same	

	Inclusions/Exclusions Schedule.
Retail Generic Drugs	Covered at 100% after deductible
Retail Brand Preferred Drugs	95/5% coinsurance after deductible
Retail Brand Non-Preferred Drugs	95/5% coinsurance after deductible
Retail Drug Supply Limit	30 day supply
Mail Order Generic Drugs	Covered at 100% after deductible (plan provides coverage for drugs that are allowed to be covered pre-deductible)
Mail Order Brand Preferred Drugs	95/5% coinsurance after deductible
Mail Order Brand Non-preferred	95/5% coinsurance after deductible
Mail Order Drug Supply Limit	90 day supply
Lifetime Maximum	Unlimited
Additional Detailed Information Is Available	
Plan Website	Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.

**MEDICAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – TRADITIONAL PPO**

General Information		
How This Option Works	<ul style="list-style-type: none"> • Eligible in-network <u>and</u> out-of-network expenses are covered. You are not required to select a primary care physician. • If the Claims Administrator offers an enhanced provider network in certain areas, you may receive greater benefits by accessing the enhanced provider network. • The list of PPO Network providers is available on Claims Administrator website. 	
Annual Deductible	\$250 single / \$500 family	
Coinsurance	In-Network	Out-of Network
	80/20% coinsurance	60/40% coinsurance
Annual Maximum Out-of-Pocket (Medical and Prescription Drug)	In-Network	Out-of Network
	<ul style="list-style-type: none"> • Medical: \$1,500 single / \$3,000 family maximum out-of-pocket (includes retail Rx coinsurance) • Rx: \$5,100 single / \$10,200 family maximum out-of-pocket (mail order copays only) 	<ul style="list-style-type: none"> • \$1,500 single / \$3,000 family maximum out-of-pocket (includes retail Rx coinsurance) • Rx: \$5,100 single / \$10,200 family maximum out-of-pocket (mail order copays only)
Physician Office Visit Copay	None, subject to coinsurance above	
Emergency Room Copay	None, subject to coinsurance above	
Mental Health, Substance Abuse or Chemical Dependency	Special rules may apply. See detailed Schedule of Benefits on the Plan Website (<i>see below</i>).	
Inclusions/Exclusions	The Traditional PPO includes an extensive schedule of services that are covered (inclusions) and those that are not covered (exclusions). The schedule also describes the preventative services that are covered at 100%. The Inclusions/Exclusions Schedule is available on the Plan Website (<i>see below</i>).	

Prescription Drugs	Retail (30-Day Supply)	Mail Order (90-Day Supply)
	80% covered after deductible	<ul style="list-style-type: none"> • \$28 copay for generics • \$89 copay for formulary or non-formulary brand <p>These amounts are subject to change from time to time.</p>
Additional Detailed Information Is Available		
Plan Website	<p>Additional detailed information on this medical plan option and each of the other medical plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan’s Claims Administrators and service providers. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.</p>	

**DENTAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – CORE/TRADITIONAL PLAN**

General Information		
How This Option Works	Dental PPO coverage option. You may receive dental care from any dentist but greater benefits are provided if you use an in-network dentist.	
Covered Benefit	In-Network (Based on In-Network Negotiated Fee)	Out-of-Network (Based on Reasonable and Customary Fee)
Preventive (Oral exams, cleanings, fluoride, X-rays)	100%	100%
Minor Care (Root canals, fillings, simple extractions)	80%	80%
Major Care (Crowns, surgery, inlays and onlays)	50%	50%
Deductible (Applies to Minor, Major and Orthodontia)		
Individual	\$50	\$50
Family (2 members must each satisfy)	\$100	\$100
Annual Maximum	\$2,000	\$2,000
Orthodontic Treatment		
Adult and Child	50%	50%
Orthodontic Lifetime Maximum	\$2,000	\$2,000
Additional Detailed Information Is Available		
Plan Website	Additional detailed information on this dental plan option and each of the other dental plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information Sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.	

**DENTAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – DENTAL PPO PLUS PLAN**

General Information		
How This Option Works	Dental PPO coverage option. You may receive dental care from any dentist but greater benefits are provided if you use an in-network dentist.	
Covered Benefit	In-Network (Based on In-Network Negotiated Fee)	Out-of-Network (Based on Reasonable and Customary Fee)
Preventive (Oral exams, cleanings, fluoride, X-rays)	100%	85%
Minor Care (Root canals, fillings, simple extractions)	80%	60%
Major Care (Crowns, surgery, inlays and onlays)	50%	40%
Deductible (Applies to Minor, Major and Orthodontia)		
Individual	\$50	\$100
Family (2 members must each satisfy)	\$100	\$200
Annual Maximum	\$2,000	\$1,000
Orthodontic Treatment		
Adult and Child	50%	40%
Orthodontic Lifetime Maximum	\$2,000	\$1,000
Additional Detailed Information Is Available		
Plan Website	Additional detailed information on this dental plan option and each of the other dental plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information Sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.	

**DENTAL PROGRAM
SUMMARY SCHEDULE OF BENEFITS – DENTAL PPO PLAN**

General Information		
How This Option Works	Dental PPO coverage option. You may receive dental care from any dentist but greater benefits are provided if you use an in-network dentist.	
Covered Benefit	In-Network (Based on In-Network Negotiated Fee)	Out-of-Network (Based on Reasonable and Customary Fee)
Preventive (Oral exams, cleanings, fluoride, X-rays)	100%	85%
Minor Care (Root canals, fillings, simple extractions)	80%	60%
Major Care (Crowns, surgery, inlays and onlays)	50%	40%
Deductible (Applies to Minor, Major and Orthodontia)		
Individual	\$75	\$150
Family (2 members must each satisfy)	\$150	\$300
Annual Maximum	\$1,500	\$750
Orthodontic Treatment		
Adult and Child	Excluded	Excluded
Orthodontic Lifetime Maximum	Excluded	Excluded
Additional Detailed Information Is Available		
Plan Website	Additional detailed information on this dental plan option and each of the other dental plan options described in this SPD is available on the Plan Website. This includes detailed Schedules of Benefits, FAQs, and Contact Information for all of the Plan's Claims Administrators and service providers. Consult the Contact Information Sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to access the Plan Website. You can download and print the various documents available on the Plan Website. However, a printed copy of any of the documents on the website is available upon request.	

SCHEDULE OF BENEFITS FOR LONG TERM DISABILITY (LTD) PROGRAM

<p>Coverage Effective Date</p>	<p>You will be eligible to enroll in the LTD Program after six months of continuous service as an employee effective on the first day of your seventh month of employment. If you are not actively at work on this date, then your coverage (including any increase in your coverage) will take effect when you return to active full-time work for one day.</p> <p>If you are a newly eligible employee, unless you make a different coverage election, you will be automatically enrolled in the 60%/180-Calendar day elimination period coverage option described below.</p> <p>If you timely enroll when you first become eligible, your coverage will be effective on that date. If you request to enroll more than 45 calendar days after the day you first become eligible you must provide evidence of good health. If you enroll during a subsequent Annual Enrollment Period, your coverage will become effective the later of January 1 following the Annual Enrollment Period during which you elected to participate or the date your evidence of good health is approved.</p>
<p>Declining Coverage</p>	<p>If you do not wish to be enrolled in the LTD coverage, you can cancel your LTD enrollment by going to the Plan Website to cancel coverage or you can call the United Airlines Benefits Center (UABC) to cancel your LTD benefit coverage. If you cancel your LTD coverage and you wish to participate at a later date, you will be required to submit evidence of your good health.</p>
<p>When LTD Coverage Ends</p>	<p>Your LTD benefit coverage will end when the first of the following events occurs:</p> <ul style="list-style-type: none"> • The date the group policy ends; or • The date insurance ends for your employee group; or • The end of the period for which the last premium has been paid for you; or • The date you cease to be in an eligible employee group. You will cease to be in an eligible employee group on the last day of the calendar month in which you cease active work in an eligible class, if you are not disabled don that date; or • The last day of the calendar month in which your employment ends; or • The date you retire in accordance with the last day of the calendar month in which your employment ends.
<p>Reinstatement</p>	<p>If your LTD benefit coverage ends because you stop active work you may reinstate the coverage you previously had without having to complete a new eligibility waiting period (as described above) if you return to active work within three months of the date your coverage ended.</p>
<p>Contributions</p>	<p>To participate in the LTD Program, you must make contributions to the Plan through payroll deductions. These contributions are made on an after-tax basis.</p> <p>You may contact the United Airlines Benefits Center (UABC) or via the web at flyingtogether.ual.com to obtain the cost of the coverage. The contribution rate is subject to change.</p>

	<p>During any period in which you are receiving LTD Benefits, you are not required to make contributions to the Plan to continue to receive coverage.</p>								
<p>Elimination Period Before Benefits Begin</p>	<p>Your elimination period begins on the day you become Totally Disabled. It is a period of time during which no benefits are payable. You must be under the continuous care of a doctor during your elimination period. The doctor must be legally qualified, practicing within the scope of his or her medical license, not related to you, and must prescribe treatment and care consistent with established medical guidelines. If the disability is consistent with a mental health or psychiatric condition, the doctor must specialize in psychiatry.</p> <p>You may temporarily recover from your Total Disability during your elimination period. "Temporary recovery" means you cease to be Totally Disabled. During a period of temporary recovery you will not qualify for any change in coverage caused by a change in the rate of earnings used to determine your Predisability Earnings. If you then become Totally Disabled again due to the same or related condition within six months of continuous active work, you may not have to begin a new elimination period.</p> <p>If you return to work for 45 calendar days or less during your elimination period, those days will not count towards your elimination period but will extend your elimination period by the number of days you return to work. However, if you return to work for more than 45 calendar days before satisfying your elimination period, you will have to begin a new elimination period.</p>								
<p>Coverage Options</p>	<p>You may select one of three coverage options that vary by benefit amount and the length of elimination period:</p> <table border="1" data-bbox="464 978 1395 1257"> <thead> <tr> <th data-bbox="464 978 943 1073">Option/Benefit Amount</th> <th data-bbox="943 978 1395 1073">Elimination Period (Before Payments Begin)</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 1073 943 1131">60% of Predisability Earnings</td> <td data-bbox="943 1073 1395 1131">120 Calendar days</td> </tr> <tr> <td data-bbox="464 1131 943 1190">60% of Predisability Earnings</td> <td data-bbox="943 1131 1395 1190">180 Calendar days</td> </tr> <tr> <td data-bbox="464 1190 943 1257">50% of Predisability Earnings</td> <td data-bbox="943 1190 1395 1257">180 Calendar days</td> </tr> </tbody> </table> <p>The maximum monthly LTD benefit is \$10,000. The minimum monthly LTD benefit is the <u>greater</u> of:</p> <ul style="list-style-type: none"> • \$100; or • 10% of your scheduled monthly benefit. 	Option/Benefit Amount	Elimination Period (Before Payments Begin)	60% of Predisability Earnings	120 Calendar days	60% of Predisability Earnings	180 Calendar days	50% of Predisability Earnings	180 Calendar days
Option/Benefit Amount	Elimination Period (Before Payments Begin)								
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<p>Total Disability</p>	<p>"Totally Disabled" or "Total Disability" means that, due to sickness or accidental injury, you are receiving appropriate care and treatment from a doctor on a continuing basis, <u>and</u></p> <ul style="list-style-type: none"> ○ During the first 24 month period following your elimination period, you are not able to perform the material duties of your own occupation because of illness, injury or disabling pregnancy-related condition, and your earnings during that period are 80% or less of your Predisability Earnings (as defined below); or ○ After the first 24 month period following your elimination period, you are not able to earn more than 80% of your Predisability Earnings from any employer in your local economy at any gainful occupation for which you are reasonably qualified because of illness, injury or disabling pregnancy- 								

	<p>related condition.</p> <p>For purposes of the above provisions, the term “adjusted Predisability Earnings” means your Predisability Earnings, increased annually for purposes of determining whether you continue to be Totally Disabled and for calculating any return to work assistance benefits. Increases will be applied after you have been Totally Disabled and have received LTD benefits for 12 months. The amount of the annual increase will be equal to the percentage increase in the Consumer Price Index (i.e., the CPI-W published by the U.S. Department of Labor) for the prior year, up to a maximum increase of 10% per year.</p> <p>The Claims Administrator, in its sole discretion, will determine whether you are Totally Disabled and when you are eligible to commence or otherwise continue to receive LTD benefit payments. For purposes of determining whether a disability is the direct result of an accidental injury, the disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes. If Your occupation requires a license, the fact that you lose your license for any reason will not, in itself, constitute Total Disability.</p> <p>If, after the earlier of (i) the 24 month period following your elimination period or (ii) the date described in the “Duration of LTD Benefits” section below, the Claims Administrator determines that your Total Disability is primarily caused by a mental health or psychiatric condition (including physical manifestations of these conditions, but excluding conditions with demonstrable, structural brain damage, alcohol or drug abuse, neuromuscular disorder, musculoskeletal disorder, soft tissue disorder, or chronic fatigue syndrome), you will no longer be considered Totally Disabled unless you are confined as an inpatient in a hospital or licensed treatment facility. If inpatient confinement lasts less than 30 calendar days, you will no longer be Totally Disabled once your confinement ends. If your inpatient confinement last 30 calendar days or more, you will be considered Totally Disabled until 90 calendar days after the date your confinement ends.</p>
<p>Predisability Earnings</p>	<p>The LTD Benefit provides you with a monthly payment based on your Predisability Earnings.</p> <p>For salaried Employees, “Predisability Earnings” means your base annual earnings as of your last day of active work before your disability began, excluding bonuses, overtime, contributions made by the Company to any deferred compensation arrangement, revenue sharing, allowances, stipends, relocation incentives, buyouts of unused vacation, professional fees, or non-qualified income.</p> <p>For hourly Employees, “Predisability Earnings” means your hourly rate of pay multiplied by the number of hours you are regularly scheduled to work per month during the last 12 calendar months but not more than 173 hours per month.</p>
<p>Offsets</p>	<p>Your monthly LTD benefit amount is reduced by any amounts you may receive from certain other sources, including:</p> <ul style="list-style-type: none"> • benefits under the federal Social Security Act (except as provided below) and Railroad Retirement Act; • a Company insurance policy; • a government compulsory benefit plan or program which provides payment for loss of time from your job due to your disability, whether such payment is made directly by the plan or program, or through a third party; • any sick pay, vacation pay or other salary continuation from the Company; • workers’ compensation;

	<ul style="list-style-type: none"> • occupational disease laws; • up to 50% of the income received for disability under laws providing for maritime maintenance and cure; or • any income that you receive from working while Totally Disabled to the extent that such income reduces the amount of your monthly LTD benefit as described in the "Adjustments to LTD Benefits if You Work While Totally Disabled" section, including but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source. <p>Income from other sources will <u>not</u> include:</p> <ul style="list-style-type: none"> • cost of living adjustments that are paid under any of the above sources of other income; • reasonable attorney fees included in any award or settlement. If the attorney fees are incurred because of your successful pursuit of Social Security disability benefits, such fees are limited to those approved by the Social Security Administration; • group credit insurance; • mortgage disability insurance benefits; • early retirement benefits that have not been voluntarily taken by you; • veteran's benefits; • individual disability income insurance policies; • benefits received from an accelerated death benefit payment; or • amounts rolled over to a tax qualified plan unless subsequently received by you while you are receiving LTD benefit payments. <p>The Claims Administrator may require proof of other income. The amount of your monthly LTD benefit will not be reduced by any increases in your offsetting benefits arising after your monthly LTD benefit payments begin (other than increases due to (i) the correction of an error, (ii) a change in the number of people in your family, or (iii) a change in the severity of your disability). The Claims Administrator may reduce your LTD benefits if the original calculation was based on estimated Social Security benefits.</p> <p>An overpayment also occurs when a payment is made by the Claims Administrator that should have been made under another group plan. In that case, the Claims Administrator may recover the payment from one or more of the following:</p> <ul style="list-style-type: none"> • any other insurance company; • any other organization; or • any person to or for whom payment was made.
<p>Adjustments to LTD Benefits if You Work While Totally Disabled</p>	<p>The amount of your monthly LTD benefits may also be reduced if, while monthly LTD benefits are payable, you receive income from the Company or any other employer, employment, self-employment, or occupation for compensation or profit. Any income earned by working will be considered income for such purposes only if the sum of: (i) your adjusted benefit, (ii) the amount you earn from working and (iii) other income you receive exceeds 100% of your Predisability Earnings. The minimum monthly benefit will not apply.</p> <p>If you continue to receive such additional income for more than 24 months after your</p>

	elimination period, your monthly LTD benefit will be reduced by 50% of the monthly amount you earn from working.																														
Payment of Benefits	You are entitled to receive LTD benefits only if you become Totally Disabled on or after the effective date of your LTD Program coverage. LTD benefit payments will begin accruing on the day after your elimination period if you are Totally Disabled, provided you are under appropriate doctor’s care. You must file a claim for this benefit no later than 90 days following the end of your elimination period or, if you cannot meet this deadline through no fault of your own, no later than one year (unless you are legally incapacitated).																														
Duration of LTD Benefits	<p><u>50% Coverage Option</u></p> <p>Your benefits will continue according to the following schedule, or until you are no longer Totally Disabled or no longer under a doctor’s care, whichever occurs first:</p> <table border="1" data-bbox="456 709 1385 1062"> <thead> <tr> <th data-bbox="456 709 810 814">Age at Disability</th> <th data-bbox="810 709 1385 814">Maximum Benefit Duration / Maximum Number of Monthly Benefits</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 814 810 919">Less than 65</td> <td data-bbox="810 814 1385 919">Later of to the end of the month in which you reach age 65 or 60 months</td> </tr> <tr> <td data-bbox="456 919 810 968">At least 65 but less than 70</td> <td data-bbox="810 919 1385 968">30 months</td> </tr> <tr> <td data-bbox="456 968 810 1016">At least 70 but less than 75</td> <td data-bbox="810 968 1385 1016">18 months</td> </tr> <tr> <td data-bbox="456 1016 810 1062">75 and over</td> <td data-bbox="810 1016 1385 1062">12 months</td> </tr> </tbody> </table> <p><u>60% Coverage Option</u></p> <p>Your benefits will continue according to the following schedule, or until you are no longer Totally Disabled or no longer under a doctor’s care, whichever occurs first:</p> <table border="1" data-bbox="456 1230 1385 1843"> <thead> <tr> <th data-bbox="456 1230 810 1335">Age at Disability</th> <th data-bbox="810 1230 1385 1335">Maximum Benefit Duration / Maximum Number of Monthly Benefits</th> </tr> </thead> <tbody> <tr> <td data-bbox="456 1335 810 1419">Less than 62</td> <td data-bbox="810 1335 1385 1419">To the end of the month in which you reach age 65</td> </tr> <tr> <td data-bbox="456 1419 810 1476">At least 62 but less than 63</td> <td data-bbox="810 1419 1385 1476">42 months</td> </tr> <tr> <td data-bbox="456 1476 810 1533">At least 63 but less than 64</td> <td data-bbox="810 1476 1385 1533">36 months</td> </tr> <tr> <td data-bbox="456 1533 810 1581">At least 64 but less than 65</td> <td data-bbox="810 1533 1385 1581">30 months</td> </tr> <tr> <td data-bbox="456 1581 810 1629">At least 65 but less than 66</td> <td data-bbox="810 1581 1385 1629">24 months</td> </tr> <tr> <td data-bbox="456 1629 810 1677">At least 66 but less than 67</td> <td data-bbox="810 1629 1385 1677">21 months</td> </tr> <tr> <td data-bbox="456 1677 810 1734">At least 67 but less than 68</td> <td data-bbox="810 1677 1385 1734">18 months</td> </tr> <tr> <td data-bbox="456 1734 810 1791">At least 68 but less than 69</td> <td data-bbox="810 1734 1385 1791">15 months</td> </tr> <tr> <td data-bbox="456 1791 810 1843">69 and over</td> <td data-bbox="810 1791 1385 1843">12 months</td> </tr> </tbody> </table>	Age at Disability	Maximum Benefit Duration / Maximum Number of Monthly Benefits	Less than 65	Later of to the end of the month in which you reach age 65 or 60 months	At least 65 but less than 70	30 months	At least 70 but less than 75	18 months	75 and over	12 months	Age at Disability	Maximum Benefit Duration / Maximum Number of Monthly Benefits	Less than 62	To the end of the month in which you reach age 65	At least 62 but less than 63	42 months	At least 63 but less than 64	36 months	At least 64 but less than 65	30 months	At least 65 but less than 66	24 months	At least 66 but less than 67	21 months	At least 67 but less than 68	18 months	At least 68 but less than 69	15 months	69 and over	12 months
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<p>Survivor Benefit</p>	<p>If you die after receiving (or were eligible to receive) LTD benefits, a benefit equal to three times your monthly LTD benefit amount will be paid in a lump sum to your survivor. If you die before you were eligible to receive a full month of LTD benefits, a benefit equal to three times your monthly LTD benefit amount, not reduced by any other income benefits, will be paid in a lump sum to your survivor. Your survivor is your spouse or your Qualified Domestic Partner, or, if you have no spouse, or Qualified Domestic Partner, your child or children under age 26. If you have no survivors, this benefit will be paid to your estate.</p>
<p>Social Security Assistance Program</p>	<p>If you are approved for LTD benefits, the Claims Administrator offers the following services to assist you with your Social Security disability benefits:</p> <ul style="list-style-type: none"> • Assistance with the Social Security application process; • Guidance through the appeal process by Social Security specialists; and • Referrals to attorneys who specialize in Social Security law. (The Social Security approved attorney's fee will be credited to the LTD overpayment, which results upon receipt of the retroactive Social Security benefits.)
<p>Early Intervention Program</p>	<p>A voluntary Early Intervention Program is offered to all Participants. The Early Intervention Program helps identify early those employees who might benefit from vocational analyses and rehabilitation services before they are eligible for LTD benefits. Early rehabilitation efforts are more likely to reduce the length of your LTD and help you return to work sooner than expected.</p> <p>If you cannot work, or can only work part-time due to a disability, the Company will notify the Claims Administrator, which may provide any of the following services:</p> <ul style="list-style-type: none"> • Reviewing and evaluating your disabling condition, even before a claim for LTD benefits is submitted (with your consent); • Designing individualized return to work plans that focus on your abilities, with the goal of return to work; • Identifying local community resources; • Coordinating services with other benefit providers, including: medical carrier, short term disability carrier, workers' compensation carrier, and state disability plans; • Monitoring return to work plans in progress and modifying them as recommended by the attending physician (with your consent).
<p>Rehabilitation Incentives</p>	<p>If you work while you are receiving LTD benefits, your monthly benefit will be increased by any approved rehabilitation program incentive (as described below) and reduced by other income (as provided above). Your monthly LTD benefit, as adjusted, will not be reduced by the amount you earn from working unless the sum of (i) your adjusted benefit, (ii) the amount you earn from working and (iii) any other income you receive exceeds 100% of your Predisability Earnings. The minimum monthly benefit will not apply.</p> <p><u>Approved Rehabilitation Program.</u> The Claims Administrator retains the right to evaluate you for a rehabilitation program. If the Claims Administrator determines that you are able to participate in a rehabilitation program, the Claims Administrator may require participation. If you refuse to participate, your LTD benefit payments may end.</p> <p>For purposes of the LTD Program, an "approved rehabilitation program" is a program that has been approved by the Claims Administrator for the purpose of helping you return to work. It may include, but is not limited to, your participation in one or more of</p>

	<p>the following activities:</p> <ul style="list-style-type: none"> • return to work on a modified basis with a goal of resuming employment for which you are reasonably qualified by training, education, experience and past earnings; or • on-site job analysis; or • job modification/accommodation; or • training to improve job-seeking skills; or • vocational assessment; or • short-term skills enhancement; v • vocational training; or • restorative therapies to improve functional capacity to return to work. <p><u>Work Incentive.</u> You will receive an additional benefit equal to 10% of your monthly LTD benefit for each week in which you participate in an approved rehabilitation program (as determined by the Claims Administrator in its sole discretion on a nondiscriminatory basis).</p> <p><u>Family Care Incentive.</u> If you are a participant in an approved rehabilitation program (as provided in the “Approved Rehabilitation Program Incentive” section above), you may be eligible for an additional benefit of up to \$400 per month for up to 24 months for the following expenses:</p> <ul style="list-style-type: none"> • If you have a dependent child under age 13 who lives with you and is either your biological child, Spouse’s legally adopted child, or child for whom you are legal guardian, you are eligible for an additional child care benefit to cover the costs of a licensed day care provider who does not live in your residence and is not a member of your immediate family. • If you have a dependent family member of any age who lives with you and is incapable of independent living due to a mental or physical handicap, you are eligible for an additional family care benefit to cover the costs of a care provider who is not a member of your immediate family.
<p>When New LTD Benefits May Begin</p>	<p>If you are receiving LTD benefits and return to work for fewer than 180 days, but are again unable to work because of the same or related Total Disability, you will immediately resume LTD benefits.</p> <p>If you return to work before the end of your elimination period for at least 45 consecutive work days from when your prior Total Disability ended, if you return to work after the end of your elimination period for six consecutive months, or if your new Total Disability is from an unrelated cause, you will have to complete a new elimination period before receiving new LTD benefits.</p>
<p>Limitations and Exclusions</p>	<p>LTD benefits are not available for Disabilities caused, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • war, whether declared or undeclared, or act of war, insurrection, rebellion; • your active participation in a riot; • intentionally self-inflicted injury; • attempted suicide; or • commission or attempt to commit a felony.

<p>Preexisting Conditions</p>	<p>A preexisting condition is an illness, injury or pregnancy-related condition, for which you were treated, diagnosed, received treatment/services, or took prescriptions recommended by your physician during the three months prior to the effective date of your coverage or increase in your coverage. The Plan will not pay an LTD benefit for a disability that was caused or contributed to by a preexisting condition if the disability begins within the first 12 months of effective coverage.</p> <p>If your Total Disability was caused by a preexisting condition and you elect to increase coverage, your LTD benefit will be limited to the monthly LTD benefit that was in effect for at least 12 months prior to your election. In other words, you have to be covered for at least 12 months under the increased coverage for the disability to be covered at that new level.</p> <p>If your LTD benefit coverage ends because you stop active work and you return to work within six months of the date your coverage ended, the preexisting condition rules will apply to you as if your coverage had not ended.</p>
<p>Effects of Prior Coverage</p>	<p>“Prior coverage” refers to any group long term disability coverage provided by the Company that has been replaced by coverage under the LTD Program. Coverage under the LTD Program generally replaces and supersedes any prior coverage. However, the LTD Program will not pay benefits for a particular period of Total Disability if you are receiving, are eligible to receive, or would have been eligible to receive long term disability benefits under the prior coverage. Additionally, if you had prior coverage, different terms may apply to you regarding preexisting conditions and if you become Totally Disabled again due to a same or related condition that began while you had prior coverage. Please contact the UABC for additional information.</p>
<p>Workers’ Compensation</p>	<p>The insurance certificate(s) for the LTD Program do not replace or affect any requirement for coverage by workers’ compensation insurance.</p>
<p>Mandatory Disability Income Benefit Laws</p>	<p><u>For Residents of California, Hawaii, New Jersey, New York, Rhode Island and Puerto Rico.</u> The insurance certificate(s) for the LTD Program do not affect any requirement for any government mandated temporary disability income benefits law.</p> <p>Please contact the insurance company identified in the Contact Information Sheet for additional information regarding any government mandated temporary disability income benefits law that may be applicable to you.</p>
<p>Additional Detailed Information Is Available</p>	
<p>Additional detailed information on the LTD Program described in this SPD is available. Consult the Contact Information Sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to contact the insurance company.</p>	

**SCHEDULE OF BENEFITS FOR
LIFE INSURANCE AND PERSONAL ACCIDENT INSURANCE (“PAI”)**

Company-Paid Basic Life Insurance Coverage - Employee	
Waiting Period	None
Contributions	<u>Company pays the entire cost for basic life insurance coverage.</u> No employee contributions are required.
Coverage Amount	1 times base annual salary (monthly rate of pay times 12), rounded to next higher \$1,000
Maximum Benefit	\$500,000
Minimum Benefit	\$10,000
When Coverage Ends	Your coverage ends on the earliest of the following: <ul style="list-style-type: none"> • the date the group policy ends; or • the date you no longer meet the eligibility requirements; or • the date the group policy is amended so you are no longer eligible; or • 31 days (the grace period) after the due date of any premium contribution which is not paid; or • the last day for which premium contributions have been paid following your written request to cease participation under the group policy.
Guaranteed Issue Level	All coverage guaranteed.
Accelerated Benefit Option (“ABO”) – special election for lump sum advance payment for terminal illness	<p><u>Eligibility:</u> Eligible active and disabled employees</p> <p><u>Life Expectancy:</u> 24 months or less</p> <p><u>Minimum:</u> 25% of your company paid life insurance</p> <p><u>Maximum:</u> 100% of your company paid life insurance</p> <p><u>Frequency:</u> Payable only once during employee’s lifetime</p> <p><u>Other Restrictions and Considerations:</u> The ABO is subject to state availability and regulation, including limitations on the amount that may be paid under the ABO feature. The amount of the Company life insurance benefit payable as a death benefit is reduced by the amount paid under the ABO feature. The ABO distribution may be taxable. You should consult with your tax advisor before receiving an ABO distribution.</p>
Continuation of Coverage During Disability	If you become totally disabled, your life insurance coverage may be continued. Contact the UABC for additional information.

<p>Continuation of Coverage During Leave of Absence</p>	<p>If your active employment ends due to a personal, educational or military leave, you may continue Company life insurance benefit coverage for a specified period as long as you pay 100% of the required premiums. You will be billed directly by the UABC. If your leave continues beyond the specified period, you may convert your coverage to an individual policy if you wish to retain your coverage. Contact the UABC for additional information.</p>
<p>Conversion to Individual Policy</p>	<p>You may convert all or part of your Company life insurance benefit coverage to an individual policy within 45 days after your group coverage:</p> <ul style="list-style-type: none"> • ends because you no longer work for the Company, or • ends after your specified leave of absence coverage period (provided you continued the coverage by making the required premium payments directly to the insurance company). <p>Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate. If you die within the 31-day period after group coverage ends and meet the conversion eligibility requirements, the insurance company will pay a death benefit regardless of whether a conversion application has been made; if you die after 31 days from the date group coverage ends and have not elected conversion, no benefit is payable. Additional restrictions may apply to your conversion rights. Please contact the UABC for additional information.</p>
<p>Company-Paid Life Insurance Coverage – Dependent</p>	
<p>Company-paid life insurance coverage for dependents is <u>not</u> provided to your employee group. See the <i>Employee-Paid Optional Life Insurance Coverage</i> summary below for information regarding your dependent life insurance coverage options.</p>	
<p>Employee-Paid Voluntary Life Insurance Coverage – Employee and Eligible Dependents</p>	
<p>Eligibility</p>	<p>If you reduce or cancel the automatic coverage described below and wish to enroll yourself at a later date, you will be required to submit evidence of good health.</p>
<p>Type of Coverage</p>	<p>Group Term Life</p> <p><u>Grandfathered GUL Coverage:</u> Certain eligible employees may have Group Universal Life (“GUL”) insurance that is “grandfathered” under the Plan. Unlike group term life coverage, GUL coverage allows you to choose to pay only for the cost of the life insurance protection or you can build cash value by also making premium contributions above the cost of the insurance. If you have grandfathered GUL coverage under the Plan, please contact the insurance company shown in the Contact Information Sheet if you have any questions.</p>
<p>Waiting Period</p>	<p>None</p>

Contributions	You make employee contributions by payroll deductions for the full cost of coverage. You may call the UABC to obtain the costs of the required premiums. The premiums are subject to change.
Optional Coverage Amounts That May Be Elected	<p><u>Employee</u>: 1 to 10 times base annual salary, rounded to next higher \$1,000</p> <p><u>Eligible Spouse/Qualified Domestic Partner</u>: \$10,000 increments</p> <p><u>Dependent Child</u>: \$10,000</p>
New Hire Automatic Enrollment	<p><u>Employee</u>: Automatically enrolled in optional life insurance coverage equal to four times your base annual salary (not to exceed \$800,000)</p> <p><u>Eligible Spouse/ Qualified Domestic Partner</u>: No automatic enrollment</p> <p><u>Dependent Child</u>: No automatic enrollment</p> <p>You may cancel or reduce the amount of your automatic coverage within 45 days by sending written notice to the insurance company identified in the Contact Information Sheet. Please contact the insurance company for additional information.</p>
Maximum Benefit	<p><u>Employee</u>: \$3,000,000 (in combination with the Company-Paid Basic Life Insurance Coverage)</p> <p><u>Eligible Spouse/Qualified Domestic Partner</u>: \$250,000</p> <p><u>Dependent Child</u>: \$10,000</p>
Minimum Benefit	<p><u>Employee</u>: 1 times base annual salary, rounded to next higher \$1,000</p> <p><u>Eligible Spouse /Qualified Domestic Partner</u>: \$10,000</p> <p><u>Dependent Child</u>: \$10,000</p>
Automatic Increase Feature	Your coverage will automatically increase (not to exceed the plan maximum) if your salary increases. If your coverage increases, your payroll deduction amount will also increase to cover the additional life insurance protection. If your salary decreases, your coverage will decrease as well.
When Coverage Ends	<p>Your coverage ends on the earliest of the following:</p> <ul style="list-style-type: none"> • the date the group policy ends; or • the date you no longer meet the eligibility requirements; or • the date the group policy is amended so you are no longer eligible; or • 31 days (the grace period) after the due date of any premium contribution which is not paid; or • the last day for which premium contributions have been paid following your written request to cease participation under the group policy. <p>An insured dependent's coverage ends on the earliest of the following:</p> <ul style="list-style-type: none"> • the date the dependent no longer meets the eligibility requirements; or • 31 days (the grace period) after the due date of any premium contribution which is not paid; or • the last day for which premium contributions have been made following your written request that insurance on your eligible dependents be terminated; or • the date you are no longer covered under the group policy; or • the date the Dependents Supplement terminates.

<p>New Hire - Guaranteed Issue Level</p>	<p><u>Employee</u>: 4 times base annual earnings up to \$800,000 <u>Eligible Spouse/Qualified Domestic Partner</u>: \$30,000 <u>Dependent Child</u>: \$10,000</p>
<p>Annual Enrollment - Guaranteed Issue Level</p>	<p>Employee life insurance may be increased by one times annual salary provided the resulting total amount of insurance does not exceed the lesser of 4 times annual salary or \$800,000. Spouse life insurance may be increased by one \$10,000 increment, provided the resulting total amount of insurance does not exceed \$30,000. Child life insurance may be elected. Any increase to a higher level than what is stated above will require evidence of good health.</p>
<p>“Life Event” (See below) – Guaranteed Issue Level</p>	<p>Employee life insurance may be increased by one times annual salary provided the total resulting amount of insurance does not exceed the lesser of 4 times annual salary or \$800,000. Spouse life insurance may be increased by one \$10,000 increment, provided the resulting total amount of insurance does not exceed \$30,000. Child life insurance may be elected. Any increase to a higher level than what is stated above will require evidence of good health.</p>
<p>Life Event Option</p>	<p>When a “Life Event” occurs, you may enroll for or increase coverage without providing evidence of good health, provided the additional coverage is requested within 45 days following a qualified “Life Event.” “Life Event” changes are:</p> <ul style="list-style-type: none"> • Birth or adoption or otherwise acquiring a newly eligible child • Death of a dependent (spouse/Qualified Domestic Partner or child) • Divorce, legal separation or annulment • Dissolution of a qualified domestic partnership • Marriage or creation of qualified domestic partnership • Purchase of a primary home
<p>Late Enrollment</p>	<p>No guaranteed coverage; evidence of insurability is required.</p>
<p>Accelerated Benefit Option (“ABO”)</p>	<p><u>Eligibility</u>: Eligible active, disabled, and retired employees, insured spouses/qualified domestic partner, and children <u>Life Expectancy</u>: 24 months or less <u>Minimum</u>: Employee 25% of optional life insurance; Spouse/QDP \$10,000; Child \$10,000 <u>Maximum</u>: 100% of the amount of optional, Spouse/QDP or Child life insurance <u>Frequency</u>: Payable only once during insured’s lifetime</p>

	<p>Other Restrictions and Considerations: The ABO is subject to state availability and regulation, including limitations on the amount that may be paid under the ABO feature. The amount of the life insurance benefit payable as a death benefit is reduced by the amount paid under the ABO feature. The ABO distribution may be taxable. You should consult with your tax advisor before receiving an ABO distribution.</p>
Waiver of Premium	<p>If you become totally disabled, your life insurance premiums may be waived. Contact the UABC for additional information.</p>
Portability of Life Insurance Coverage	<p>Yes, the insured may continue his or her coverage by paying the applicable insurance premiums directly to the insurance company. These insurance rates will be higher than the employee group rates. Please contact the UABC for additional information.</p>
Continuation of Coverage During Disability	<p>If you are on an approved disability your optional life insurance benefit will remain in effect for six months from your date of disability as long as you continue to pay the appropriate premium. You will be billed directly by the UABC for the premium.</p> <p>Contact the UABC for additional information.</p>
Continuation of Coverage During Unpaid Leave of Absence	<p>If you are on a Company-approved unpaid leave of absence, your optional life insurance benefit will remain in effect as long as you continue to pay the appropriate premium. You will be billed directly by the UABC for the premium. If your leave continues beyond the specified period, you may port or convert your coverage if you wish to retain your coverage.</p> <p>Contact the UABC for additional information.</p>
Conversion to Individual Policy	<p>You may convert all or part of your Company life insurance benefit coverage to an individual policy within 45 days after your group coverage:</p> <ul style="list-style-type: none"> • ends because you no longer work for the Company, or • ends after your specified leave of absence coverage period (provided you continued the coverage by making the required premium payments directly to the insurance company). <p>Notice of the conversion right will be presented to you or sent to your last known address. Receipt of this certificate will constitute such notice. Nothing contained herein will be construed to continue any insurance beyond the period provided in this certificate. If you die within the 31-day period after group coverage ends and meet the conversion eligibility requirements, the insurance company will pay a death benefit regardless of whether a conversion application has been made; if you die after 31 days from the date group coverage ends and have not elected conversion, no benefit is payable.</p> <p>Additional restrictions may apply to your conversion rights. Please contact the UABC for additional information.</p>
Additional Limitations and Exclusions	<p>The death benefit, or an increase in the death benefit, will be limited to a refund of premiums paid if the insured commits suicide or dies due to intentionally self-inflicted injuries within the first two years of the effective date of the optional life insurance coverage or within two years of the effective date of a requested increase in coverage. Please contact the insurance company identified in the Contact Information Sheet for additional information regarding</p>

	any additional limitations and exclusions.
Personal Accident Insurance (“PAI”) Benefits	
Company-Paid PAI	<p>This benefit provides a benefit if you suffer an accidental dismemberment (the loss of a limb or your eyesight) or you die as a direct result of a non-work-related accident. The benefit is provided under a contract with the insurance company identified in the Contact Information Sheet.</p> <p><u>Contributions:</u> The Company pays the entire cost for PAI insurance coverage. No employee contributions are required.</p> <p><u>Benefit Amounts:</u> \$4,000 benefit for accidental death; lower benefit amounts for accidental dismemberments depending on the type of covered loss.</p>
Voluntary PAI	<p>This benefit pays benefits for certain accidental death, dismemberment and paralysis and injuries that happen either on or off the job. Participation in this coverage is completely voluntary. The benefit is provided under a group insurance contract with the insurance company identified in the Contact Information Sheet.</p> <p><u>Eligibility:</u> You must enroll to receive voluntary PAI coverage. If you do not enroll within 45 days following your date of employment as an eligible employee, you may enroll only during the annual enrollment period or when you have a “change in status event,” as described in the <i>General Plan Information</i> chapter, which permits you to enroll mid-year.</p> <p><u>Contributions:</u> You make employee contributions by payroll deductions for the full cost of coverage. You may call the UABC to obtain the costs of the required premiums. The premiums are subject to change.</p> <p><u>Voluntary coverage amounts that can be elected:</u></p> <p><u>Employee:</u> \$25,000 to \$500,000, in \$25,000 increments</p> <p><u>Eligible Spouse / Qualified Domestic Partner:</u> \$10,000 to \$500,000, in \$10,000 increments</p> <p><u>Dependent Child:</u> \$10,000 to \$100,000, in \$10,000 increments</p> <p>Benefit amounts depend on the type of accidental injury and whether it results in death or a covered loss.</p> <p><u>Conversion:</u> If Voluntary PAI coverage ends because you or your dependent are no longer eligible for coverage or if you leave your job (prior to age 80) for any reason, you may convert your coverage to an individual accidental death and dismemberment policy, subject to plan provisions. Application must be made and the required premium paid within 31 days after the coverage ends. Evidence of insurability is not required. The initial premium for the individual policy will be based on the insured person’s attained age, risk class, and amount of insurance provided, at the time of application.</p>

Additional Detailed Information Is Available

Additional detailed information on the benefits provided under the Life and Accident Insurance Program described in this SPD is available by contacting the insurance company and/or by consulting the Plan Website. Consult the Contact Information sheet at the back of this SPD (or the updated sheet if one has been provided to you) for information on how to contact the insurance company and/or to access the Plan Website.

**SUMMARY SCHEDULE OF BENEFITS FOR
BENEFITS AFTER RETIREMENT PROGRAM**

<p>Benefits After Retirement Program</p>	<p>Retiree Bridge Medical</p>
<p>Eligibility Requirements</p>	<p>See the eligibility requirements in the collective bargaining agreement applicable to your employee group. For your convenience, Article 16.H.3 of the Mechanics' Agreement is reproduced below:</p> <p>“3. Retiree Bridge Medical Plan. Each employee covered by this Agreement shall be eligible to participate in a Retiree Bridge Medical plan, which shall allow such retirees to elect to continue their existing Medical benefits coverage under the following conditions:</p> <p style="padding-left: 40px;">a. Participants must be between the ages of sixty (60) and Medicare eligibility age, be retired, and have at least ten (10) years of Company service at the time of retirement.</p> <p style="padding-left: 40px;">b. At the time of retirement the balance in an employee's sick bank will permit the employee to maintain Medical benefits coverage as a retiree by using eleven (11) hours of sick leave for each month of continued participation. Payment of the eleven (11) hours of sick leave shall be accepted as the retiree's complete payment obligation to the Company for the Company to pay the Retiree Contribution on behalf of such retiree and any eligible dependents for each such month of Medical benefits coverage.</p> <p style="padding-left: 40px;">c. If a retiree has insufficient sick leave remaining in his or her bank to purchase continued participation in Medical benefit coverage for any period of time for which he is eligible and desires such coverage, he may obtain coverage at a non-contributory rate.</p> <p style="padding-left: 40px;">d. Coverage for the retiree terminates when the retiree becomes eligible for Medicare. Spouse/dependent coverage will be available on the same basis, but must terminate when the spouse/dependent becomes eligible for Medicare or the retiree dies (except that upon the retiree's death, the spouse/dependent may elect to use any remaining sick leave in the manner described above, and then will be eligible for COBRA coverage).</p> <p style="padding-left: 40px;">e. Once an employee becomes an eligible retiree and elects to participate in the Retiree Bridge Medical plan, the termination of the Retiree Bridge Medical plan will not affect the retiree's continued eligibility.</p> <p style="padding-left: 40px;">f. For any employee who retires after the end of the ten (10) year period commencing on the Effective Date of this Agreement, coverage under this provision will be available solely at the non-contributory rate (i.e., retiree pays 100% of the retiree medical premium with no use of sick bank to pay premiums).”</p>
<p>Type of Retiree Medical Coverage</p>	<p>Retiree bridge medical providing for participation in the domestic medical plans available to active employees, subject to the rules specified in the collective bargaining agreement applicable to your employee group.</p>