

# SUMMARY OF BENEFITS<sup>1</sup>

For Medicare-Eligible Retired Inside Journeyman Wireman  
Employees and Their Eligible Dependents

Benefit Period (Calendar Year): January 1 through December 31

| Prescription Drug Benefits<br>(In-Network Benefit Only)   | Retail Network Pharmacy<br>(34-day supply) <sup>2</sup>     | Mail Order Pharmacy<br>(90-day supply) <sup>2</sup>         |
|---|---|---|
| <b>Annual Prescription Drug<br/>Out-of-Pocket Maximum</b><br>(maximum amount you pay annually)        |   | \$3,050 per person<br>\$5,800 per family                    |
| <b>Annual Deductible</b><br>(amount you pay annually, which must<br>be met before Plan pays benefits) |   | \$50 per person   |
| Coverage Per Drug Type  | Plan Covers   | You Pay   |
| Generic Drug  | 90%   | \$10 copay  |
| Formulary Brand Name Drug   | 80%   | \$20 copay  |
| Non-Formulary Brand Name Drug   | 60%   | \$30 copay  |
| Specialty Drug  | 90%, 80% or 60% (\$5 minimum),<br>depending on type of drug | 90%, 80% or 60% (\$5 minimum),<br>depending on type of drug |

## Death Benefit

**Benefit Payable** \$5,000

## Accidental Death and Dismemberment Benefit

### Benefit Payable:

|                                   |         |
|-----------------------------------|---------|
| Life                              | \$5,000 |
| Both hands or both feet           | \$5,000 |
| Sight of both eyes                | \$5,000 |
| One hand and one foot             | \$5,000 |
| One hand and the sight of one eye | \$5,000 |
| One hand or one foot              | \$2,500 |
| Sight of one eye                  | \$2,500 |

## Medicare Benefit (For Retirees Age 65 or Older, and Their Spouse, Enrolled in Medicare Parts A and B)

**Medicare Part A (Hospital)** Covers individual Medicare Part A Deductible  
for both you and your eligible spouse

**Medicare Part B (Surgical and Medical)**  
– Covers Medicare Deductible and  
**20% Coinsurance** \$1,000  
Annual Benefit Maximum

<sup>1</sup> The Board of Trustees has authority to change or amend the Schedule of Benefits at any time by amendment or resolution duly executed.

<sup>2</sup> The minimum copay per prescription is \$5. This minimum applies to specialty medications and any prescriptions purchased at a participating retail pharmacy.