



Plan Year 2006 Medical Comparison Chart For Craft Hourly Participants And Retirees

Medical Plan	CIGNA Open Access Plus (OAP) In-Network	CIGNA Open Access Plus (OAP) Out-of-Network
PCP required	No	No
Domestic partner coverage	Yes	Yes
Dependent adult child coverage	Yes	Yes
Lifetime maximum	Med: Unlimited MH/SA: Unlimited	Med: \$500,000 MH/SA: \$500,000
Calendar-year deductible: Individual Family	Med: \$300; MH/SA: \$300 Med: \$600; MH/SA: \$600	Med: \$300; MH/SA: \$300 Med: \$600; MH/SA: \$600
Calendar-year out-of-pocket maximum:	Excluding deductibles, OOP expenses for out-of-network services, penalties, and amounts exceeding UCR cost	Excluding deductibles, OOP expenses for in-network services, penalties, and amounts exceeding UCR cost
Individual Family	Med: \$3,000; MH/SA: \$3,000 Med: \$6,000; MH/SA: \$6,000	Med: \$4,500; MH/SA: \$4,500 Med: \$6,000 ; MH/SA: \$6,000
Office visits: Primary care Specialist	80% after deductible (100% before deductible if preventive) 80% after deductible	60% of UCR charges after deductible (No out-of-network coverage for preventive) 60% of UCR charges after deductible
Emergency care (for hospital)	80% after deductible	60% of UCR charges after deductible
Inpatient hospital services	80% after deductible	60% of UCR charges after deductible; \$250 penalty if not pre-certified
Outpatient surgery	80% after deductible	60% of UCR charges after deductible
Maternity: Prenatal and postnatal visits Delivery and newborn charges	80% after deductible Covered under Inpatient hospital services	60% of UCR charges after deductible Covered under Inpatient hospital services
Mental health treatment: Inpatient Outpatient	80% after deductible; CIGNA Behavioral Health authorization required 80% after deductible/visit or group therapy session	60% of UCR charges after deductible; \$250 penalty if not pre-certified; 30 days/year limit 50% of UCR charges after deductible; 30 visits/year limit
Substance abuse treatment: Inpatient Outpatient	80% after deductible; CIGNA Behavioral Health authorization required 80% after deductible/visit or group therapy session	60% of UCR charges after deductible; \$250 penalty if not pre-certified; 30 days/year limit 50% of UCR charges after deductible; 30 visits/year limit
Prescription drugs:	Administered by Caremark 1-866-862-0758	
Retail pharmacy Generic Brand Non-formulary	\$10; 30 day supply \$20; 30 day supply \$40; 30 day supply	If using non-participating pharmacy, submit claim to Caremark for reimbursement based on network pricing less applicable co-pay
Mail Order Generic Brand Non-formulary	2 times retail Co-pay for 90 day supply	
Customer service	1-800-633-1110	1-800-633-1110

Plan Year 2006 Medical Comparison Chart For Craft Hourly Participants And Retirees

Medical Plan	CIGNA Point of Service (POS) In-Network	CIGNA Point of Service (POS) Out-of-Network
PCP required	Yes	No
Domestic partner coverage	Yes	Yes
Dependent adult child coverage	Yes	Yes
Lifetime maximum	Med: Unlimited MH/SA: Unlimited	Med: \$500,000 MH/SA: \$500,000
Calendar-year deductible: Individual Family	Med: None; MH/SA: None Med: None; MH/SA: None	Excluding OOP expenses for in-network services Med: \$300; MH/SA: \$300 Med: \$600; MH/SA: \$600
Calendar-year out-of-pocket maximum:		Excluding deductibles, OOP expenses for in-network services, penalties, and amounts exceeding UCR cost
Individual Family	Med: None; MH/SA: None Med: None; MH/SA: None	Med: \$3,000; MH/SA: \$3,000 Med: \$6,000; MH/SA: \$6,000
Office visits: Primary care	\$10 Co-pay	80% of UCR charges after deductible
Specialist – referral	\$10 Co-pay	80% of UCR charges after deductible
Emergency care (for hospital)	\$25 Co-pay (waived if admitted)	\$25 Co-pay (waived if admitted)
Inpatient hospital services	\$100 Co-pay/admission (must be authorized by PCP)	80% of UCR charges after deductible; 60% if not pre-certified
Outpatient surgery	\$50 Co-pay	80% of UCR charges after deductible; 60% if not pre-certified
Maternity: Prenatal and postnatal visits Delivery and newborn charges	\$10 Co-pay for first visit Covered under Inpatient hospital services	80% of UCR charges after deductible Covered under Inpatient hospital services
Mental health treatment: Inpatient	\$100 Co-pay; CIGNA Behavioral Health authorization required	80% of UCR charges after deductible; 60% if not pre-certified, 30 days/year limit
Outpatient	\$10 Co-pay/visit or group therapy session	50% of UCR charges after deductible; this does not apply to the OOP max
Substance abuse treatment: Inpatient	\$100 Co-pay when authorized by CIGNA Behavioral Health	80% of UCR charges after deductible; 60% if not pre-certified, 30 days/year limit; 2 confinements/lifetime
Outpatient	\$10 Co-pay/visit or group therapy session	50% of UCR charges after deductible; this does not apply to the OOP max
Prescription drugs:	Administered by Caremark 1-866-862-0758	
Retail pharmacy Generic Brand Non-formulary	\$7; 30 day supply \$15; 30 day supply \$35; 30 day supply	If using non-participating pharmacy, submit claim to Caremark for reimbursement based on network pricing less applicable co-pay
Mail Order Generic Brand Non-formulary	2 times retail Co-pay for 90 day supply	
Customer service	1-800-633-1110	1-800-633-1110

Plan Year 2006 Medical Comparison Chart For Craft Hourly Participants And Retirees

Medical Plan	CIGNA Indemnity (OOA)	CIGNA Network Kentucky, North Carolina, and Virginia
PCP required	No	Yes
Domestic partner coverage	Yes	Yes
Dependent adult child coverage	Yes	Yes
Lifetime maximum	\$1,000,000 for you and each covered dependent	Unlimited
Calendar-year deductible: Individual Family	Does not include MH/SA \$150 \$300	None, except for prosthetic appliances and/or durable medical equipment
Calendar-year out-of-pocket maximum: Individual Family	\$1,000 \$3,000	Excludes PCP/Specialist and drug Co-pays \$1,500 \$3,000
Office visits: Primary care	Once every 2 years, 100% with no deductible for covered exam, \$200 max for covered employee and spouse. Well child care: 100% of UCR charges with no deductible to age 5	\$15 Co-pay
Specialist – referral	80% of UCR charges after deductible	\$25 Co-pay
Emergency care (for hospital)	100% of UCR charges with no deductible when rendered on the day of or the day following a non-occupational accident	\$75 Co-pay (waived if admitted)
Inpatient hospital services	80% of UCR charges after deductible; 60% of UCR charges if not pre-certified	\$250 Co-pay/admission
Outpatient surgery	80% of UCR charges after deductible; 60% of UCR charges if not pre-certified	\$100 Co-pay
Maternity: Prenatal and postnatal visits Delivery and newborn charges	80% of UCR charges after deductible Covered under Inpatient hospital services	\$15 Co-pay for first visit only Covered under Inpatient hospital services
Mental health treatment: Inpatient	CIGNA Behavioral Health authorization required In-Network: \$150 Co-pay/course of treatment; Out-of-Network: 80% of UCR charges after deductible; 60% if not pre-certified, 30 days/calendar year and 2 substance abuse confinements/lifetime	CIGNA Behavioral Health Regional Care Center provides service \$250/admission, up to 30 days/year
Outpatient	In-Network: \$10 Co-pay/visit or group therapy session Out-of-Network: 50% of UCR charges after deductible; this does not apply to the OOP max	\$15/visit, up to 30 visits/year
Substance abuse treatment: Inpatient	CIGNA Behavioral Health authorization required In-Network: \$150 Co-pay/course of treatment; Out-of-Network: 80% of UCR charges after deductible; 60% if not pre-certified, 30 days/year limit; 2 confinements/lifetime	CIGNA Behavioral Health Regional Care Center provides service \$250/admission, up to 30 days/year
Outpatient	In-Network: \$10 Co-pay/visit or group therapy session Out-of-Network: 50% of UCR charges after deductible; this does not apply to the OOP max	\$15 up to 60 visits/year with 2 structured programs
Prescription drugs: Retail pharmacy Generic Brand Non-formulary	Administered by Caremark 1-866-862-0758 \$7; 30 day supply \$15; 30 day supply \$35; 30 day supply	Administered by Caremark 1-866-862-0758 \$10; 30 day supply \$20; 30 day supply \$40; 30 day supply
Mail Order Generic Brand Non-formulary	2 times retail Co-pay for 90 day supply	2 times retail Co-pay for 90 day supply
Customer service	1-800-633-1110	1-800-633-1110

Plan Year 2006 Medical Comparison Chart For Craft Hourly Participants And Retirees

Medical Plan	Blue Cross Blue Shield North Carolina	Southern Health Virginia
PCP required	No	Yes, no referral required for specialists
Domestic partner coverage	Yes, but requires written documentation	Yes
Dependent adult child coverage	No	Yes
Lifetime maximum	Unlimited	Unlimited
Calendar-year deductible:		
Individual	\$250	None
Family	\$500	None
Calendar-year out-of-pocket maximum:		
Individual	None	\$2,000
Family	None	\$4,000
Office visits:		
Primary care	\$10 Co-pay	\$10 Co-pay
Specialist	\$20 Co-pay	\$20 Co-pay
Emergency care (for hospital)	\$100 Co-pay (waived if admitted)	\$50 Co-pay (waived if admitted)
Inpatient hospital services	100% after deductible	\$100 Co-pay Gastric Bypass is not a covered benefit
Outpatient surgery	100% after deductible	\$50 Co-pay
Maternity:		
Prenatal and postnatal visits	\$10 Co-pay/pregnancy	\$10 Co-pay for first visit
Delivery and newborn charges	Covered under Inpatient hospital services	Covered under Inpatient hospital services
Mental health treatment:		
Inpatient	Covered in full; Inpatient/Outpatient (combined 30 days/benefit period)	\$50 Co-pay/day; limit of 30 days/year
Outpatient	\$20 office visit – unlimited benefit	Lesser of \$25 or 50% allowable charge; 30 visits/year
Substance abuse treatment:		
Inpatient	Covered in full; Inpatient/Outpatient benefit period max \$8,000, lifetime max \$16,000	\$50 Co-pay/day; limit of 30 days/year; 90 day lifetime limit
Outpatient	\$20 Co-pay/office visit	Lesser of \$25 or 50% allowable charge; 30 visits/year
Prescription drugs:	Administered by Caremark 1-866-862-0758	Administered by Caremark 1-866-862-0758
Retail pharmacy		
Generic	\$10; 30 day supply	\$10; 30 day supply
Brand	\$20; 30 day supply	\$20; 30 day supply
Non-formulary	\$40; 30 day supply	\$40; 30 day supply
Mail Order		
Generic	2 times retail Co-pay for 90 day supply	2 times retail Co-pay for 90 day supply
Brand		
Non-formulary		
Customer service	1-877-258-3334	1-800-627-4872

Plan Year 2006 Medical Comparison Chart For Craft Hourly Participants And Retirees

Dental Plan - CRAFT	CIGNA
Use of network dentist	Not required, but optional for discounted fees
Deductible: Individual Family	\$50 \$150
Preventive and diagnostic	Not subject to deductible Routine Exams: 100%, twice/calendar year Cleanings: 100%, twice/calendar year X-Rays: 100%, every 36 months for full mouth x-rays; 100% twice/calendar year for supplementary bitewing x-rays Fluoride Treatment: 100% for children under age 19
Basic restorative	Fillings: 100% for amalgam, silicate, acrylic, synthetic or porcelain Composite fillings: 100% Periodontic, scaling and root planing: 50%
Major restorative	Crowns/Bridges: 100% for crowns (if cannot be restored with materials listed above) and for repair of existing bridges; 50% for new bridges Dentures: 100% in cases where it is possible to restore dentures to a serviceable condition
Orthodontia	50%; not subject to annual deductible
Calendar-year maximum	\$1,500 (excludes orthodontia benefits)
Orthodontia lifetime maximum	\$2,000 maximum lifetime benefit
Customer service	1-800-633-1110

Vision Plan	CIGNA In-Network	CIGNA Out-of-Network
Physician Selection	Participating Provider	Non-Participating Provider
Exam, once every 24 months	Covered in Full	100% up to \$70
Lenses, one set every 24 months	Covered in Full	Single vision: up to \$60 Bifocal: up to \$80 Trifocal: up to \$110
Frames, once every 24 months	\$100 Allowance	Up to \$60
Contacts, once every 24 months	\$135 Allowance (Therapeutic – covered in full)	Elective: 100% up to \$120; maximum benefit paid applies to either glasses or contact lenses Medically necessary: \$210 if prescribed after cataract surgery or if the vision is not correctable by conventional glasses
Customer service	1-800-633-1110	1-800-633-1110

A summary of these benefits is contained in the Summary Plan Descriptions. Full details are provided in the official plan documents which govern the operation of the plans. This document is not intended to create, constitute, or to be construed as a contract between your Participating Company and any of its participants or former participants. Please note that Fidelity Investments® is not responsible for its content. In the event that this document or any oral representations made by any person regarding any of the plans described, conflict or are inconsistent with the provisions of the plan document, the plan document governs. Your enrollment in the benefit plans is subject to all limitations of the plans, including any eligibility requirements. Each of the plans may be amended, modified or terminated any time in the manner prescribed by each plan.