

St. Louis Graphic Arts 1/1/2008 Medicare Retiree Benefits Comparison Chart

(This is the general outline of the benefits of each plan. It does not cover all the details of each plan. See the Fund's November 1, 2006 Summary Plan Description and Secure Horizons Summary of Benefits for details.)

If you or your spouse are eligible for Medicare, the only plans available to you through the Fund are the Secure Horizons Medicare Complete HMO or the Open Access Medicare Plan.

<u>Benefit Category</u>	<u>Secure Horizon 2008 Benefits (a)</u>	<u>NEW 2008 Open Access Medicare Benefits</u>	<u>2007 Open Access Medicare Benefits</u>
PCP/Specialist Office Visit	\$10 Copay – PCP \$25 Copay – Specialist	80% (b)	\$20 Copay – PCP \$25 Copay - Specialist 90% PPO benefit level(b)
Retail Rx – Generic	\$4 Copay (d)	20% Copay (minimum \$5)	20% Copay (minimum \$5)
Retail Rx – Brand Non-Preferred	\$28 Copay (d) \$58 Copay (d)	35% Copay (max \$50 certain drugs)	35% Copay (max \$50 certain drugs)
Mail Order Rx (90-day suppl)			
- Generic	\$8 Copay (d)	20% Copay (minimum \$15)	20% Copay (minimum \$15)
- Brand - Non preferred	\$74 Copay (d) \$164 Copay (d)	35% Copay (max \$150 certain drugs)	35% Copay (max \$150 certain drugs)
Outpatient Copayments:			
Medicare Required Part B Drugs	30% Coinsurance	80% (b)	90% PPO benefit level(b)
Durable Medical Equipment	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Annual Routine Eye Exam	\$25 Copay	Not covered benefit	Not covered benefit
Annual Routine Hearing Exam	\$25 Copay	Not covered benefit	Not covered benefit
Hearing Aids	Hearing Aid - \$300 crdt	Not covered benefit	Not covered benefit
Dental	\$25; FFS only	Not covered benefit	Not covered benefit
Diagnostic Lab Services	\$5	80% (b)	90% PPO benefit level(b)
Standard Film X-rays	\$15	80% (b)	90% PPO benefit level(b)
Surgery & Observation	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Other Radiological Services & Therapeutic Lab Procdrs	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Outpatient Therapy OT/PT/ST)	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Ambulance	\$175	80% (b)	90% PPO benefit level(b)
Emergency Room	\$50	80% (b)	90% PPO benefit level(b)
Urgent Care Centers	\$50	80% (b)	90% PPO benefit level(b)
Glucose Testing Supplies	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Routine Annual Eye Exam	\$25 Copayment	Routine Expenses Not Covered	Routine Expenses Not Covered
Glasses Contacts	\$10 standard lenses/\$5 standard frames OR \$70 credit non-standard eyewear OR \$105 credit non-standard contact + post cataract	Routine Expenses Not Covered	Routine Expenses Not Covered
Inpatient Hospital Copayment	\$275 Copayment per day	80% (b)	90% PPO benefit level(b)

<u>Benefit Category</u>	<u>Secure Horizon 2008 Benefits (a)</u>	<u>NEW 2008 Open Access Medicare Benefits</u>	<u>2007 Open Access Medicare Benefits</u>
Inpatient Mental Health & Substance Abuse (190 day lifetime limit) Partial Hospitalization	\$275 Copayment per day \$60 Copayment per day	80% (b)	Refer to Section 4.3.5 of the 1/1/01 Summary Plan Description
OP Mental Health Grp Visit Individual Visit	\$40 Individual \$30 Group	80% (b)	Refer to Section 4.3.5 of the 1/1/01 Summary Plan Description
		80% (b)	
Inpatient Skilled Nursing Facility (100 days each benefit period)	\$85 Copayment per day	80% (b)	90% PPO benefit level(b)
Home Health Care	100% per Medicare guidelines	80% (b)	90% PPO benefit level(b)
Hospice Care	100% per Medicare guidelines	80% (b)	90% PPO benefit level(b)
Radiation Therapy	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Renal Dialysis	30% Coinsurance	80% (b)	90% PPO benefit level(b)
Transplants	\$1,500 Copayment per transplant	80% (b)	90% PPO benefit level(b)
Cardiac Rehabilitation	25% Coinsurance	80% (b)	90% PPO benefit level(b)
Annual Global Out of Pocket Maximum	\$4,200 (c)	Rx-\$1,500 per individual Medical-\$5,000 per individual	Rx-\$1,500 per individual Medical-\$2,000 (family max \$4,000)
Monthly Self-Pay Premiums Per Person (In addition to Medicare Part B Premium)	\$20	\$230.24	\$208.89

- (a) You must reside in Secure Horizon's service area in order to participate in this option. Secure Horizon provides benefits only for Secure Horizon HMO providers and requires a Secure Horizon HMO PCP referral in order to see a Specialist.
- (b) You will receive up to 80% reimbursement of the difference between Medicare eligible charges and the benefits paid by Medicare.
- (c) There is an annual \$4,200 (calendar year) combined Out of Pocket limit for covered services EXCEPT: certain office visit copays; prescription drugs; eyewear; dental; hearing aids; or medical supplies, equipment or devices received through a pharmacy.
- (d) Part D coverage has no deductible. Cost sharing listed is for drugs up to \$2,510. From \$2,510 to \$4,050 participant pays 100% of all brand drug costs (Part D coverage gap does not apply to covered generic drugs). After participant hits \$4,050 OOP threshold, they pay greater of \$2.25 for generics/multisource preferred brands/\$5.60 for all other drugs or 5% coinsurance. Out of Network Rx – participant pays copay plus any difference in cost between in-network contracted rate and OON retail rate.