



**Over 65 Projected Rate & Benefit Sheet  
Medical, Rx, Dental, and Vision**

**Carriers: Aetna (Plan F Medical, Dental), Rx-Part D (Express Scripts) and VSP (Vision)**

	<b>Medical*, Rx, Dental, and Premium Vision</b>		
	<b>Plan F Rate*</b>	<b>Rx, Dental, &amp; Vision Rate</b>	<b>Total Rate**</b>
<b>Retiree/ Surviving Spouse/ Spouse (Single Coverage)</b>	<b>Call for rate</b>	<b>\$133.46</b>	<b>\$</b>
<b>Retiree + Spouse (Two Person Coverage)</b>	<b>Call for rates</b>	<b>\$259.10</b>	<b>\$</b>

	<b>Medical*, Rx, Dental, and Basic Vision</b>		
	<b>Plan F Rate*</b>	<b>Rx, Dental, &amp; Vision Rate</b>	<b>Total Rate**</b>
<b>Retiree/ Surviving Spouse/ Spouse (Single Coverage)</b>	<b>Call for rate</b>	<b>\$132.18</b>	<b>\$</b>
<b>Retiree + Spouse (Two Person Coverage)</b>	<b>Call for rates</b>	<b>\$256.54</b>	<b>\$</b>

	<b>Medical* and Rx Only</b>		
	<b>Plan F Rate*</b>	<b>Rx Rate</b>	<b>Total Rate**</b>
<b>Retiree/ Surviving Spouse/ Spouse (Single Coverage)</b>	<b>Call for rate</b>	<b>\$84.74</b>	<b>\$</b>
<b>Retiree + Spouse (Two Person Coverage)</b>	<b>Call for rates</b>	<b>\$158.04</b>	<b>\$</b>

	<b>Medical*, Rx, and Dental</b>		
	<b>Plan F Rate*</b>	<b>Rx &amp; Dental Rate</b>	<b>Total Rate**</b>
<b>Retiree/ Surviving Spouse/ Spouse (Single Coverage)</b>	<b>Call for rate</b>	<b>\$125.84</b>	<b>\$</b>
<b>Retiree + Spouse (Two Person Coverage)</b>	<b>Call for rates</b>	<b>\$243.86</b>	<b>\$</b>

	<b>Medical*, Rx, and Premium Vision</b>		
	<b>Plan F Rate*</b>	<b>Rx &amp; Vision Rate</b>	<b>Total Rate**</b>
<b>Retiree/ Surviving Spouse/ Spouse (Single Coverage)</b>	<b>Call for rate</b>	<b>\$92.81</b>	<b>\$</b>
<b>Retiree + Spouse (Two Person Coverage)</b>	<b>Call for rates</b>	<b>\$173.73</b>	<b>\$</b>

	<b>Medical*, Rx, and Basic Vision</b>		
	<b>Plan F Rate*</b>	<b>Rx &amp; Vision Rate</b>	<b>Total Rate**</b>
<b>Retiree/ Surviving Spouse/ Spouse (Single Coverage)</b>	<b>Call for rate</b>	<b>\$91.53</b>	<b>\$</b>
<b>Retiree + Spouse (Two Person Coverage)</b>	<b>Call for rates</b>	<b>\$171.17</b>	<b>\$</b>

	<b>Dental and Premium Vision Only**</b>	<b>Dental and Basic Vision Only**</b>
<b>Retiree/Surviving Spouse/Spouse Only</b>	<b>\$58.26</b>	<b>\$56.98</b>
<b>Retiree + Spouse</b>	<b>\$110.60</b>	<b>\$108.04</b>



### *Medigap Plan F – Plan Design*

<i>Plan F Benefits</i>	<i>Member Cost</i>
<i>Deductible</i>	<i>\$0</i>
<i>Total Out of Pocket</i>	<i>\$0</i>
<i>Part A Deductible</i>	<i>\$0</i>
<i>Hospitalization</i>	<i>\$0</i>
<i>Blood</i>	<i>\$0</i>
<i>Skilled Nursing</i>	<i>\$0</i>
<i>Part B Deductible</i>	<i>\$0</i>
<i>Part B Excess Charges</i>	<i>\$0</i>
<i>Foreign Travel Benefit</i>	<i>\$250 Deductible, then the plan pays 100% up to a \$50,000 Lifetime Maximum</i>

*\*The Plan F Medical Rates are “attained age” rates based upon your age and your zip code. Please contact the administrator, The Boon Group @ 1-866-868-9006 to obtain your individual Plan F rates. If inquiring about coverage for both the Retiree and Spouse, you will need to provide both dates of births, and then both of the rates you are quoted should be added together to come up with the total medical plan rate.*

*\*\*Total rates include the Third Party and VEBA Trust Administrative Fees.*

### *Medicare Part D Prescription Drug – Plan Design*

<i>Prescription Drug Benefits</i>	<i>Member Co-Pays</i>	
<i>Frequency</i>	<i>30 days Retail Supply</i>	<i>90 days Mail Order</i>
<i>Preferred Generic</i>	<i>\$0</i>	<i>\$0</i>
<i>Generic</i>	<i>\$15</i>	<i>\$30</i>
<i>Preferred Brand</i>	<i>\$45</i>	<i>\$90</i>
<i>Non-Preferred Brand</i>	<i>\$75</i>	<i>\$150</i>
<i>Specialty Drugs</i>	<i>33%</i>	<i>N/A</i>
<i>Coverage Gap (“Donut Hole”)</i>	<i>Generics drugs only while in the gap</i>	

*Note: To be eligible for the Medical and Rx coverage, you must be receiving both Medicare Parts A & B.*



## *Dental Plan Design*

<i>Plan Benefits</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<i>Individual Deductible</i>	<i>None</i>	<i>None</i>
<i>Family Deductible</i>	<i>None</i>	<i>None</i>
<i>Calendar Year Maximum</i>	<i>\$2,000</i>	<i>\$2,000</i>
<i>Class 1 – Preventative &amp; Diagnostic</i>	<i>100%</i>	<i>100%</i>
<i>Class 2 – Basic &amp; Restorative</i>	<i>70%</i>	<i>70%</i>
<i>Class 3 – Major Restorative</i>	<i>50%</i>	<i>50%</i>
<i>Orthodontia Benefit</i>	<i>Not Covered</i>	<i>Not Covered</i>

## *Vision Plan Design*

<i>Premium and Basic Plan</i>	
<i>Annual Exam</i>	<i>Every calendar year</i>
<ul style="list-style-type: none"> <li>• <i>\$10 co-pay</i></li> </ul>	
<i>Prescription Glasses</i>	
<ul style="list-style-type: none"> <li>• <i>\$15 co-pay</i></li> </ul>	
<i>Lenses</i>	<i>Every calendar year</i>
<ul style="list-style-type: none"> <li>• <i>Single vision, bifocal, trifocal</i></li> <li>• <i>Polycarbonate lenses for dependent children</i></li> <li>• <i>Progressive lenses covered with <u>\$40 co-pay</u>**</i></li> </ul>	
<i>Frame</i>	<i>Every other calendar year</i>
<ul style="list-style-type: none"> <li>• <i>\$125 allowance for wide selection of frames</i></li> <li>• <i>20% off over the allowance</i></li> </ul>	
<i>-OR-</i>	
<i>Contact Lens Care</i>	<i>Every calendar year</i>
<ul style="list-style-type: none"> <li>• <i>No co-pay</i></li> <li>• <i>\$120 allowance for exam and lenses</i></li> </ul>	
<i>Diabetic Eyecare Plus Program</i>	
<ul style="list-style-type: none"> <li>• <i>\$20 co-pay</i></li> </ul>	
<i>Services related to Type 1 and Type 2 diabetes, visit <a href="http://vsp.com">vsp.com</a> or ask your VSP doctor for details</i>	
<u><i>Discounts and Savings</i></u>	
<i>Glasses</i>	
<ul style="list-style-type: none"> <li>• <i>Average 20-25% savings on non-covered lenses</i></li> <li>• <i>20% off additional glasses and sunglasses, including lens options from any VSP doctor within 12 months of last exam</i></li> </ul>	
<i>Contacts</i>	
<ul style="list-style-type: none"> <li>• <i>15% off cost of contact lens exam (fitting and evaluation)</i></li> </ul>	
<i>Laser Vision Correction</i>	
<ul style="list-style-type: none"> <li>• <i>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</i></li> </ul>	

**\*\*Note: The Progressive lenses co-pay is not covered under the “Basic” plan**