

**Attachment A**  
**PTC Indemnity Medical Plan**

Benefits	Proposed Coverage
<b>Major Medical Lifetime Maximum</b>	<b>\$1,000,000.00</b>
<b>Major Medical Deductible</b>	\$250 per individual/3 max per family
<b>Major Medical Coinsurance</b>	80% up to \$2,000 after the \$250 Major Medical Deductible has been met. 100% paid thereafter.
<b>Office Visit Copay</b>	<b>\$15 (25 per year)</b>
<b>Specialist/Consultation Visit</b>	Covered under Major Medical
<b>Gynecological Exam &amp; Routine Pap (Mandate)</b>	100%
<b>Preventive Care – Adult</b>	<b>100%</b>
<b>Preventive Care – Pediatric</b>	<b>100%</b>
<b>Pediatric Immunizations (Mandate)</b>	100%
<b>Maternity</b>	100%
<b>Newborn Care</b>	100%
<b>Ambulance</b>	Covered under Major Medical
<b>Emergency Room Services</b>	100% within 72 hours
<b>Hospital Expenses - Participating Facility</b>	100%
<b>Hospital Expenses - Non-Participating Facility</b>	80%
<b>Pre-Admission Testing</b>	100%
<b>Surgery</b>	100%
<b>Medical/Surgical Expenses</b>	100%
<b>Home Health Care - 30 visits in 90-day period</b>	100%
<b>Skilled Nursing Care - Inpatient – Facility</b>	100%
<b>Skilled Nursing Care - 2 professional visits from doctor while in Skilled Nursing Care first week, 1 thereafter</b>	100%

## Attachment A (Con't)

### PTC Indemnity Medical Plan

Benefits	Proposed Coverage
<b>Inpatient Therapy Services - Radiation, Chemotherapy, Dialysis, Respiration, Physical , Occupational, Speech, Infusion, Cardiac</b>	100% - (Except there is no coverage for radiation provided in a non par hospital.)
<b>Radiation and Dialysis Therapy – Outpatient</b>	100%
<b>Chemotherapy – Outpatient</b>	Covered under major Medical
<b>Physical Therapy – Outpatient</b>	Covered under major Medical
<b>Spinal Manipulations</b>	Covered under major Medical
<b>Diabetes Services</b>	100%
<b>Diagnostic Laboratory</b>	\$10
<b>Psychiatric Care – Inpatient</b>	100% - 30 per/yr
<b>Psychiatric Care – Outpatient</b>	Covered under major Medical
<b>Substance Abuse - Inpatient - 30 yr/90 lifetime</b>	100%
<b>Substance Abuse - Outpatient - 30 yr/120 lifetime</b>	100%
<b>Durable Medical Equipment</b>	Covered under Major Medical

It should be noted that the 100% coverage applies to participating providers and facilities only.

## Attachment B

### PTC Field & CO Prescription Plan

#### PROPOSED BENEFITS

*Retail Prescriptions for up to 31 day supply.*

\$6 Generic copay

\$12 Brand copay

Mandatory Generic plan- If the employee selects a brand when a generic is available, he will pay \$12 plus the difference between the cost of the generic and the brand

*Retail Maintenance Prescriptions for up to 31 day supply (3 or more fills of a maintenance prescription).*

\$15 Generic copay

\$20 Brand copay

Mandatory Generic plan- If the employee selects a brand when a generic is available, he will pay \$20 plus the difference between the cost of the generic and the brand

*Mail Order Prescriptions for up to 90 day supply (This includes Maintenance prescriptions if they use mail order).*

\$8 Generic copay

\$16 Brand copay

Mandatory Generic plan- If the employee selects a brand when a generic is available, he will pay \$16 plus the difference between the cost of the generic and the brand