

# Medical Highlights

## Open Enrollment

Nov. 16 – 30, 2009

Online only — 100% paperless 

### Understanding your options

As an eligible employee, four medical options are available to you and your eligible dependents for 2010. You may choose among the four options administered by Anthem.

- EPO
- **New** — PPO Low Deductible
- PPO Standard
- **New** — PPO High Deductible

Review the options carefully before selecting an option that best meets your needs. We feel that each of these options will offer important advantages to different employees.

### How the options work

All four medical options provide high quality health care and cover a wide range of services, including:

- in-patient hospital services;
- doctors' and surgeons' fees;
- X-rays and lab tests;
- medical supplies;
- out-patient services;
- medications; and
- vision services.



All four options offer the same coverage for medications and vision benefits. The options differ in premium costs, co-payments, deductibles, co-insurance, out-of-pocket maximums and network coverage.

### How the EPO option works

This option provides 100 percent benefit coverage at in-network providers after you pay applicable co-payments, such as \$20 physician visits, \$30 specialist visits, \$300 in-patient hospital stay and \$100 out-patient surgeries. See "Highlights of 2010 Medical Options" chart for more information.

The Anthem Blue Preferred EPO option allows you to obtain benefits from in-network providers only. Out-of-network providers are covered only in cases of emergencies. Availability is limited to certain parts of Indiana and Kentucky. To determine availability in your area, contact Anthem at 1-877-750-6062 or check its Web site at [www.anthem.com](http://www.anthem.com).

### New — How the PPO Low Deductible option works

The PPO Low Deductible option has co-pays for certain in-network services — \$20 physician visits, \$30 specialist visits, \$30 urgent care centers. For other covered medical expenses at an in-network provider, you must first pay an annual \$200 deductible per person, limited to \$400 for a family. Once the deductible is paid, the plan pays 90% of covered medical services, and you pay 10%, until your out-of-pocket costs (including your deductible, 10% co-insurance, \$20 physician co-pays, \$30 specialist co-pays, \$30 urgent care centers), reach \$2,500 for any person or \$5,000 for a family, in-network. Then, the plan pays 100% of covered medical services at in-network providers.

The Anthem PPO Low Deductible option allows you to receive benefits from in-network and out-of-network providers and provides access on a statewide and national basis across the United States. To receive the highest level of benefit coverage and to avoid balance billing, you should use an in-network provider. If you use an out-of-network provider, the reimbursement will be lower, and you will be subject to balance billing from your provider. See "Highlights of 2010 Medical Options" chart for more information.

Continued on next page

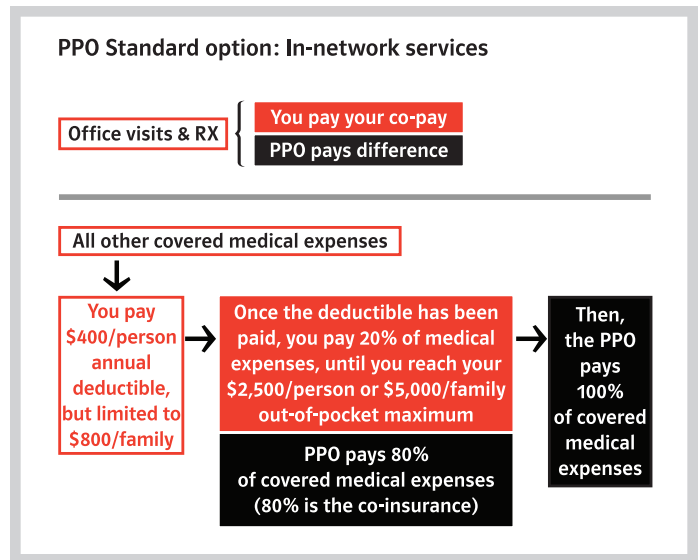
**How the PPO Standard option works**

The PPO Standard option has co-pays for certain in-network services — \$20 physician visits, \$30 specialist visits, \$30 urgent care centers. For other covered medical expenses at an in-network provider, you must first pay an annual \$400 deductible per person, limited to \$800 for a family, in-network. Once the deductible is paid, the plan pays 80% of covered medical services, and you pay 20%, until your out-of-pocket costs (including your deductible, 20% co-insurance, \$20 physician co-pays, \$30 specialist co-pays, \$30 urgent care centers), reach \$2,500 for any person or \$5,000 for a family. Then, the plan pays 100% of covered medical services at in-network providers.

The Anthem Standard option is like the PPO Low Deductible option that provides benefits from in-network and out-of-network providers, and provides access on a statewide and national basis across the United States. See "Highlights of 2010 Medical Options" chart for more information.

**New — How the PPO High Deductible Works**

In return for low monthly premiums, you must satisfy a high deductible that applies to all health care expenses except preventive care and prescription drug coverage. You pay co-insurance after you have paid the deductible until you reach your out-of-pocket maximum. If you cover dependents — coverage levels of employee + spouse, employee + child(ren) or family — you must meet the **entire** family deductible before benefits are payable for any family member, and you must reach the **entire** family out-of-pocket maximum before the plan pays 100% for any family member.



The Anthem PPO High Deductible option is like the PPO Standard option that provides benefits from in-network and out-of-network providers and provides access on a statewide and national basis across the United States. See "Highlights of Medical Plan Options" chart for more information.

**For more information**

The Benefits Web site is available to you 24 hours a day, seven days a week. You can contact Anthem at 1-877-750-6062 for questions about specific plan benefits or search for in-network providers online at [www.anthem.com](http://www.anthem.com). Anthem's Coverage Advisor online tool can help you compare the four options. Go to [www.anthem.com/preenrollment/](http://www.anthem.com/preenrollment/) and use the login name **EONUS**.

| Additional Information  |                  |  |   |
|---|------------------|--|---|
|   | Customer Service | Web Access   | Searching for In-Network Providers  |
| Anthem Blue Preferred EPO<br>Contract #003329600<br>Prefix: LGH   | 1-877-750-6062   | <a href="http://www.anthem.com">www.anthem.com</a> | Access Web address. Click on <b>Find a Doctor</b> ; select <b>Kentucky</b> ; click <b>Next</b> . From the <b>Select a Plan</b> drop-down box, select <b>Blue Preferred HMO</b> . From <b>Select a Provider Type</b> , make your selection; from <b>Select a Specialty Category</b> , make your selection; click <b>Next</b> . Follow screen instructions to continue your search. |
| Anthem National PPO:<br>— PPO Low Deductible<br>— PPO Standard<br>— PPO High Deductible<br>Contract #003329600<br>Prefix: LGE | 1-877-750-6062   | <a href="http://www.anthem.com">www.anthem.com</a> | Access Web address. Click on <b>Find a Doctor</b> ; select <b>Search National BlueCard Directory</b> ; click <b>Next</b> . Under <b>Members</b> , enter <b>LGE</b> . Click <b>Next</b> . Select <b>Search Type (Search by Location or Look up by Name)</b> . Follow screen instructions for continue your search.   |

See **Highlights of 2010 Medical Options** charts on the following pages.

## Highlights of 2010 Medical Options

|   |                                | EPO (In-Network Services Only)   | New — PPO Low Deductible          |                                    | PPO Standard                      |                                    | New — PPO High Deductible        |                       |
|---|--------------------------------|----------------------------------|-----------------------------------|------------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------|
|   |                                |                                  | In-Network                        | Out-of-Network                     | In-Network                        | Out-of-Network                     | In-Network                       | Out-of-Network        |
| Annual Deductible <sup>1,2</sup>                  | Employee-Only Coverage         | None                             | \$200/person                      | \$400/person                       | \$400/person                      | \$800/person                       | \$1,200/person                   | \$2,400/person        |
|   | Employee + Spouse Coverage     | None                             | \$200/person;<br>\$400/family     | \$400/person;<br>\$800/family      | \$400/person;<br>\$800/family     | \$800/person;<br>\$1,600/family    | \$2,400/family                   | \$4,800/family        |
|   | Employee + Child(ren) Coverage | None                             | \$200/person;<br>\$400/family     | \$400/person;<br>\$800/family      | \$400/person;<br>\$800/family     | \$800/person;<br>\$1,600/family    | \$2,400/family                   | \$4,800/family        |
|   | Family Coverage                | None                             | \$200/person;<br>\$400/family     | \$400/person;<br>\$800/family      | \$400/person;<br>\$800/family     | \$800/person;<br>\$1,600/family    | \$2,400/family                   | \$4,800/family        |
| Annual Maximum Out-of-Pocket Limit <sup>1,3</sup> | Employee-Only Coverage         | \$2,500/person                   | \$2,500/person                    | \$5,000/person                     | \$2,500/person                    | \$5,000/person                     | \$2,400/person                   | \$4,800/person        |
|   | Employee + Spouse Coverage     | \$2,500/person; \$5,000/family   | \$2,500/person;<br>\$5,000/family | \$5,000/person;<br>\$10,000/family | \$2,500/person;<br>\$5,000/family | \$5,000/person;<br>\$10,000/family | \$4,800/family                   | \$9,600/family        |
|   | Employee + Child(ren) Coverage | \$2,500/person; \$5,000/family   | \$2,500/person;<br>\$5,000/family | \$5,000/person;<br>\$10,000/family | \$2,500/person;<br>\$5,000/family | \$5,000/person;<br>\$10,000/family | \$4,800/family                   | \$9,600/family        |
|   | Family Coverage                | \$2,500/person; \$5,000/family   | \$2,500/person;<br>\$5,000/family | \$5,000/person;<br>\$10,000/family | \$2,500/person;<br>\$5,000/family | \$5,000/person;<br>\$10,000/family | \$4,800/family                   | \$9,600/family        |
| Lifetime Maximum Amount                           |                                | \$2,000,000                      | \$2,000,000                       |                                    | \$2,000,000                       |                                    | \$2,000,000                      |                       |
| Choice of Providers                               |                                | Must use participating providers | Must use participating providers  | Can use any providers              | Must use participating providers  | Can use any providers              | Must use participating providers | Can use any providers |
| Monthly Premium for Full-Time Employee            | Employee-Only Coverage         | Employee pays \$109              | Employee pays \$81                |                                    | Employee pays \$61                |                                    | Employee pays \$23               |                       |
|   | Employee + Spouse Coverage     | Employee pays \$266              | Employee pays \$207               |                                    | Employee pays \$162               |                                    | Employee pays \$89               |                       |
|   | Employee + Child(ren) Coverage | Employee pays \$237              | Employee pays \$184               |                                    | Employee pays \$143               |                                    | Employee pays \$76               |                       |
|   | Family Coverage                | Employee pays \$394              | Employee pays \$310               |                                    | Employee pays \$244               |                                    | Employee pays \$142              |                       |

1) There are different Maximum Out-of-Pocket Limits and Deductible amounts for In-Network and Out-of-Network services; however, the In-Network and Out-of-Network Maximum Out-of-Pocket Limit and Deductibles are cross-applied — which means they will accumulate toward each other.

2) The Annual Deductible is the annual amount you're responsible for paying for covered medical services before the plan begins to pay. Your annual premium cost or co-pays for prescriptions, vision, dental, physician office services or urgent care centers don't count toward your deductible.

3) The Annual Maximum Out-of-Pocket Limit is the limit on the dollar amount you're responsible for paying out of pocket in a calendar year for covered medical services. This includes your deductible, co-pays and co-insurance. Once you reach your out-of-pocket limit, the plan will pay 100% of the allowable amount for eligible medical expenses up to the plan's lifetime maximum benefit amount. Because your expenses for your monthly premium amount, prescriptions, vision, dental and non-precertification penalties do not count toward your out-of-pocket limit, however, you would have to continue paying for those expenses even after you have reached your out-of-pocket limit.

*This summary is intended to provide a brief description of the medical options and is not a comprehensive disclosure of all plan terms. Detailed information can be found in the Summary Plan Description and in the plan document. If statements in this summary are inconsistent with the formal provisions of the plan document, the formal provisions of the plan document apply and control. A copy of the plan document is available on the company's intranet or, upon request, from your Human Resources representative.*

## Highlights of 2010 Medical Options

|                                   |   | EPO (In-Network Services Only)  | New — PPO Low Deductible  |                                  | PPO Standard  |                                  | New — PPO High Deductible      |                                |
|-----------------------------------|---|---|---|----------------------------------|---|----------------------------------|--------------------------------|--------------------------------|
|                                   |   |   | In-Network  | Out-of-Network                   | In-Network  | Out-of-Network                   | In-Network                     | Out-of-Network                 |
| Covered Services                  | Inpatient Services                                | Plan pays 100% after \$300 co-pay for each in-patient confinement                                     | Plan pays 90% after deductible  | Plan pays 70% after deductible   | Plan pays 80% after deductible  | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
|                                   | Emergency Room                                    | Plan pays 100% after \$100 co-pay (waived if admitted)  | Plan pays 90% after deductible  | Plan pays 90% after deductible   | Plan pays 80% after deductible  | Plan pays 80% after deductible   | Plan pays 80% after deductible | Plan pays 80% after deductible |
|                                   | Urgent Care Facility                              | Plan pays 100% after \$30 co-pay  | Plan pays 100% after \$30 co-pay  | Plan pays 100% after \$30 co-pay | Plan pays 100% after \$30 co-pay  | Plan pays 100% after \$30 co-pay | Plan pays 80% after deductible | Plan pays 80% after deductible |
|                                   | Outpatient Surgery, MRI/MRA, PET Scans, CAT Scans | Plan pays 100% after \$100 co-pay   | Plan pays 90% after deductible  | Plan pays 70% after deductible   | Plan pays 80% after deductible  | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Physician Office Services         | Primary Care Physician                            | Plan pays 100% after \$20 co-pay  | Plan pays 100% after \$20 co-pay  | Plan pays 70% after deductible   | Plan pays 100% after \$20 co-pay  | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
|                                   | Specialist  | Plan pays 100% after \$30 co-pay  | Plan pays 100% after \$30 co-pay  | Plan pays 70% after deductible   | Plan pays 100% after \$30 co-pay  | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
|                                   | Chiropractic Care (maximum 20 visits/year)        | Plan pays 100% after \$20 co-pay  | Plan pays 100% after \$20 co-pay  | Plan pays 70% after deductible   | Plan pays 100% after \$20 co-pay  | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
|                                   | Allergy Injection                                 | Plan pays 100% after \$5 co-pay   | Plan pays 100% after \$5 co-pay   | Plan pays 70% after deductible   | Plan pays 100% after \$5 co-pay   | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
|                                   | Preventive/Well Baby/Well Child                   | Plan pays 100% after \$20 co-pay  | Plan pays 100% after \$20 co-pay  | Not Covered                      | Plan pays 100% after \$20 co-pay  | Not Covered                      | Covered in Full                | Not Covered                    |
|                                   | Maternity Services                                | \$20 co-pay first visit only; all other care — plan pays 100% of allowable amount                     | \$20 co-pay first visit only; all other care — plan pays 90% of allowable amount                      | Plan pays 70% after deductible   | \$20 co-pay first visit only; all other care — plan pays 80% of allowable amount                      | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
|                                   | In-patient (unlimited visits)                     | Plan pays 100% after \$300 co-pay for each in-patient confinement                                     | Plan pays 90% after deductible  | Plan pays 70% after deductible   | Plan pays 80% after deductible  | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Mental Health and Substance Abuse | Out-patient (unlimited visits)                    | Individual Therapy: Plan pays 100% after \$30 co-pay; Group Therapy: Plan pays 100% after \$20 co-pay | Individual Therapy: Plan pays 100% after \$30 co-pay; Group Therapy: Plan pays 100% after \$20 co-pay | Plan pays 70% after deductible   | Individual Therapy: Plan pays 100% after \$30 co-pay; Group Therapy: Plan pays 100% after \$20 co-pay | Plan pays 60% after deductible   | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Limitations                       |   | Advance approval required   | Advance approval required   |                                  | Advance approval required   |                                  | Advance approval required      |                                |

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## Highlights of 2010 Medical Options

|                    |   | EPO (In-Network Services Only)                                   | New — PPO Low Deductible                           |                                  | PPO Standard                                       |                                  | New — PPO High Deductible                          |                                  |
|--------------------|---|--|--|----------------------------------|--|----------------------------------|--|----------------------------------|
|                    |   |  | In-Network   | Out-of-Network                   | In-Network   | Out-of-Network                   | In-Network   | Out-of-Network                   |
| Other Coverage     | Cardiac Rehabilitation (maximum 30 visits/year)   | Plan pays 100% after \$30 co-pay                                 | Plan pays 90% after deductible                     | Plan pays 70% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   |
|                    | Occupational, Physical and Speech Therapy (maximum 20 visits/year)  | Plan pays 100% after \$30 co-pay                                 | Plan pays 90% after deductible                     | Plan pays 70% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   |
|                    | Skilled Nursing Facility (maximum 60 days/year)   | Plan pays 100% after \$300 co-pay for each inpatient confinement | Plan pays 90% after deductible                     | Plan pays 70% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   |
|                    | Ambulance Services  | Covered in Full  | Plan pays 90% after deductible                     | Plan pays 90% after deductible   | Plan pays 80% after deductible                     | Plan pays 80% after deductible   | Plan pays 80% after deductible                     | Plan pays 80% after deductible   |
|                    | Home Care Services (limited to 60 visits/year)  | Covered in Full  | Plan pays 90% after deductible                     | Plan pays 70% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   |
|                    | Human Organ and Tissue Transplant Services  | Covered in Full  | Plan pays 90% after deductible                     | Plan pays 70% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   | Plan pays 80% after deductible                     | Plan pays 60% after deductible   |
|                    | Hospice Services  | Covered in Full  | Covered in Full                                    | Covered in Full                  | Covered in Full                                    | Covered in Full                  | Covered in Full                                    | Covered in Full                  |
|                    | Durable Medical Equipment   | Covered in Full  | Plan pays 90% after deductible                     | Plan pays 90% after deductible   | Plan pays 80% after deductible                     | Plan pays 80% after deductible   | Plan pays 80% after deductible                     | Plan pays 80% after deductible   |
| Prescription Drugs | Generic formulary (retail pharmacy)   | Plan pays 100% after \$7 co-pay                                  | Plan pays 100% after \$7 co-pay                    | Not Covered                      | Plan pays 100% after \$7 co-pay                    | Not Covered                      | Plan pays 100% after \$7 co-pay                    | Not Covered                      |
|                    | Brand name formulary (retail pharmacy)  | Plan pays 100% after \$25 co-pay                                 | Plan pays 100% after \$25 co-pay                   | Not Covered                      | Plan pays 100% after \$25 co-pay                   | Not Covered                      | Plan pays 100% after \$25 co-pay                   | Not Covered                      |
|                    | Non-formulary (retail pharmacy)   | Plan pays 100% after \$40 co-pay                                 | Plan pays 100% after \$40 co-pay                   | Not Covered                      | Plan pays 100% after \$40 co-pay                   | Not Covered                      | Plan pays 100% after \$40 copay                    | Not Covered                      |
|                    | NextRx Mail Order Pharmacy — Members are required to use Anthem's NextRx Mail Order Pharmacy for refilling Maintenance prescriptions (required after three refills at retail pharmacy for the same maintenance medication) <sup>4</sup> | Plan pays 100% after two co-pays for 90 day supply               | Plan pays 100% after two co-pays for 90-day supply | Not Covered                      | Plan pays 100% after two co-pays for 90-day supply | Not Covered                      | Plan pays 100% after two co-pays for 90-day supply | Not Covered                      |
|                    | PrecisionRx Specialty Solutions Pharmacy — Mail order is required for Specialty prescriptions using Anthem's PrecisionRx Specialty Solutions Pharmacy <sup>5</sup>  | Plan pays 100% after one co-pay for 30 day supply                | Plan pays 100% after one co-pay for 30-day supply  | Not Covered                      | Plan pays 100% after one co-pay for 30-day supply  | Not Covered                      | Plan pays 100% after one co-pay for 30-day supply  | Not Covered                      |
|                    | Vision Services Covered Thru Vision Service Plan (VSP)  | Exam (one/12 months)   | Plan pays 100% after \$15 co-pay                   | Plan pays 100% after \$15 co-pay | Not Covered  | Plan pays 100% after \$15 co-pay | Not Covered  | Plan pays 100% after \$15 co-pay |
|                    | Lenses, Frames and Contacts (VSP) (one/24 months)   | Plan pays based on plan allowance                                | Plan pays based on plan allowance                  | Not Covered                      | Plan pays based on plan allowance                  | Not Covered                      | Plan pays based on plan allowance                  | Not Covered                      |

4) Maintenance prescriptions include medications taken regularly to maintain certain medical conditions (e.g. diabetes, hypertension, cholesterol, etc.). Members are allowed to refill the same maintenance medication at a retail pharmacy 3 times. After the third refill at retail for the same maintenance medication, members are required to use Anthem's NextRx Mail Order Pharmacy. Call NextRx at 1-888-613-6091 to set up your mail order refills.

5) Specialty prescriptions include medications for conditions such as multiple sclerosis, psoriasis, rheumatoid arthritis, transplants, etc. If your prescription is a specialty medication, Anthem's PrecisionRx Specialty Solutions Pharmacy will contact you to get you set up on the mail order program. PrecisionRx's phone number is 1-800-870-6419.

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