

MEMORANDUM OF AGREEMENT  
between  
SOUTHERN NEW ENGLAND TELEPHONE  
DBA  
FRONTIER COMMUNICATIONS CORPORATION  
And  
COMMUNICATIONS WORKERS OF AMERICA, AFL-CIO

**December 2017 SVSP Offering**

Frontier Communications Corporation (“Frontier”) and the Communications Workers of America (“CWA”), representing employees in the CWA Local 1298 bargaining unit, mutually agree to this Memorandum of Agreement (“MOA”) effective December 15, 2017 with the offering of a Special Voluntary Severance Package (“SVSP”). The provisions for the implementation of this SVSP offering are as set forth below:

1. On December 15, 2017, Frontier will offer a SVSP to all eligible employees in the specific job titles listed below:

Co-Defined Entity	Job Title	Max. Total
Network	Outside Plant Technician	8
	Network Technician-Electronic	16
	Network Deployment Technician	28
	Sales and Service Technician - 1	15
	Sales and Service Technician - 2	52

- A. Volunteers in each of the job titles listed above that fall at or under the cap number (specified as the Max. Total for that title) will be considered “Accepted Volunteers”. If the number of volunteers exceeds the cap number (Max. Total) for any job title, Frontier and CWA will meet to determine if more than the capped number of volunteers in that job title will be accepted, and if so, what the additional number of “Accepted Volunteers” will be. Any such agreement must be in writing, signed by the parties and immediately communicated to the bargaining unit.

- B. The Company agrees that the total number of Sales and Service Technician – 1 and Sales and Service Technician – 2 titles listed in the above chart (capped at 15 and 52 respectively) will continue to count towards the 80 technician positions identified for the previously agreed to Tech Repurposing Project. The overage of 67 technicians will be reduced by the number of Sales and Service Technician – 1 and Sales and Service Technician – 2 that leave with the SVSP. As previously agreed upon, the Company retains its right to assign work based on the needs of the business.
2. The SVSP offer will be available for the period beginning (Friday), December 15, 2017 through (Wednesday), December 27, 2017 at 12pm EST (noon). Within each job title, employees who volunteer for this SVSP will be accepted on a seniority basis, up to the maximum total allotment within that job title, as indicated in Section 1 above. All of these “Accepted Volunteers” must be off the payroll on December 30, 2017.
- A. Those Accepted Volunteers who are not “Retirement Eligible” (under the Rule of 75 or Modified Rule of 75, whichever is applicable, as determined on the date of separation in connection with this MOA) will receive a SVSP payment in a lump sum. The amount to be paid to each Accepted Volunteer who is not Retirement Eligible will be calculated by using the EVSP Chart found in footnote 1 of Article VII (1) of the 2012 Collective Bargaining Agreement (“CBA”) (currently extended through October 14, 2019) and will be subject to any applicable tax deductions and withholdings.
  - B. Those Accepted Volunteers who are Retirement Eligible will not be eligible for a lump sum SVSP payment. These Accepted Volunteers who are Retirement Eligible will, upon retirement and in lieu of the lump sum SVSP payment, instead receive a pension benefit enhanced by an amount equal to their otherwise applicable SVSP payment using the EVSP Chart found in footnote 1 of Article VII (1) of the 2012 CBA (currently extended through October 14, 2019), in their cash balance account.
    - i. Those Accepted Volunteers who are Retirement Eligible and who will not be Medicare-eligible as of October 14, 2019, will also be provided a one-time opportunity to volunteer to participate in the Retiree Medical Access Plan (RMAP), a new “bridge” plan to Medicare coverage, under the following conditions:
      - a) The RMAP will be made available when the 2012 CBA (currently extended through October 14, 2019) fully and finally expires.

- b) Only Accepted Volunteers who are Retirement Eligible and who are not Medicare-eligible, and their eligible dependents who are not Medicare-eligible as of full and final expiration of the 2012 CBA, may participate in the RMAP.
  - c) The cost of RMAP is not subsidized by the Company. Participants will pay 100% of the cost of the plan.
  - d) The RMAP will be administered solely in accordance with its provisions and any matter concerning the RMAP or any difference arising thereunder shall be not subject to the grievance or arbitration procedure of the CBA but rather shall be governed by the terms and conditions of the RMAP. The Company reserves the right at any time, and from time to time, to modify or amend in whole or part, any or all of the provisions of the RMAP.
3. Employees who exit the Company via this SVSP will be paid for any unused 2017 vacation days (if physically worked 1 (one) day in 2017). Employees who exit the Company are not paid for any unused EWD's or other pay replacement codes.
4. Backfiling Bargaining Unit Positions after SVSP Process
- a) Frontier is not required by this Agreement to backfill any position vacated by an Accepted Volunteer through external hiring.
  - b) Frontier shall fill by internal transfer a total of six (6) positions in any combination across the four (4) titles listed below. Frontier will provide to CWA the breakdown of how many of the six (6) positions will be made available for internal transfer in the titles listed below (total of 6 positions overall) within forty five (45) days of the off payroll date for Accepted Volunteers.
  - c) The titles are: (1) Outside Plant Technician; (2) Sales and Service Technician I; (3) Network Deployment Technician; (4) Network Technician – Electronic.
  - d) The process for filling these internal transfers will be as set forth in the current Collective Bargaining Agreement (expiring October 14, 2019) until there is a net of 6 internal transfers in the above titles. A title-to-title lateral transfer is not considered a net gain. If a posting goes unfilled, the posting satisfies one of the net gains and no further backfilling of any kind will be required for that posting going forward.

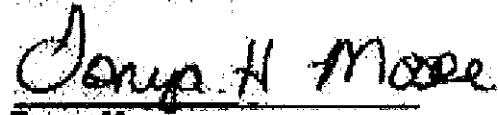
- e) Any other backfilling of positions vacated due to the SVSP offer in this Agreement shall be at Frontier's discretion.
- f) Frontier and CWA agree that the internal transfers made available for the six (6) positions in this Agreement satisfies any and all claims related to internal backfilling of positions provided for in previous Frontier SVSP offerings.

**FOR THE COMPANY**


  
\_\_\_\_\_  
Peter Horn  
Director, Labor Relations

Dated: 12-15-17

**FOR THE UNION**

  
\_\_\_\_\_  
Tonya Moore  
Staff Rep  
District 1, CWA, AFL-CIO

Dated: 12/15/2017

  
\_\_\_\_\_  
David Weldlich, Jr.  
President, CWA Local 1298  
Dated: 12/15/2017

December 15, 2017



TO: Employees in Certain CWA 1298 Titles

SUBJECT: **Special Voluntary Severance Package (SVSP)**

The Company and the Union have agreed to offer a *Special Voluntary Severance Package* to Network Services employees in certain titles.

- Network Deployment Technician
- Network Tech-Electronic
- Outside Plant Technician
- Sales and Service Technician - 1
- Sales and Service Technician - 2

The Special Voluntary Severance Package offer provides:

- **Non-Retirement Eligible employees:** A lump sum SVSP payment through Frontier payroll (less appropriate taxes and withholdings). Refer to Attachment 2 for payment amounts.
- **Retirement Eligible qualified employee:** Accepted volunteers will receive a pension benefit enhanced by an amount equal to their otherwise applicable SVSP payment deposited into their Cash Balance account. Refer to Attachment 2 for payment amounts. Employees who retire under the terms of this SVSP, who are not yet Medicare eligible would be offered the Retiree Medical Access Plan (RMAP).

To be eligible for the *Special Voluntary Severance Package*, you must meet the following criteria:

- ✓ Regular Network Services employee currently on one of the above identified titles and
- ✓ Active, on approved Short Term Disability Benefits and/or on any approved Leaves other than a Personal Leave.

**Next Steps:**

- Complete the attached application (Attachment 3), if you are interested. (Supervisor signature required).
- If you are not interested in this SVSP, you do not need to respond or take action.
- If you are interested, email the completed application to: [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com).
- Applications must be received at [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com) by **12 P.M. (noon) EST (Wednesday), December 27, 2017**.
- Within a few business days, you will receive a confirmed return email of receipt of application.
- You will be notified of your status, by [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com), as soon as practicable after the close of business on December 27, 2017.

**PLEASE NOTE:**

- All employees approved for SVSP must be off the Frontier Communications payroll by end of day (Saturday), December 30, 2017.
- Requesting the SVSP offer does not guarantee approval to receive the SVSP.
- Applications are determined by seniority in each title.
- Approvals of applications for the SVSP at the discretion of the Company.

December 2017

Please give careful consideration to this offer of SVSP. For many of you, this offer may afford you the opportunity to pursue other interests outside of Frontier Communications or perhaps retirement. If you are contemplating retirement, please contact the Milliman Service Center to obtain your pension amounts to factor into your decision. The Milliman Service Center can be contacted at 1-866-333-2074 option 1 or at: [www.millimanbenefits.com](http://www.millimanbenefits.com). For retirement eligible employees, please contact [retirementplans@ftr.com](mailto:retirementplans@ftr.com) for an updated annuity amount due to the SVSP offer or other questions about your annuity benefits.

If you have any questions concerning this SVSP offer, please direct them to the HR Service Center (877-721-7732). Please remember that the SVSP forms must be returned to [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com) by **12 P.M. (noon) EST on Wednesday, December 27, 2017.**

**Attachments:**

- Attachment 1 Questions & Answers
- Attachment 2 SVSP Payment Table
- Attachment 3 SVSP Application
- Attachment 4 Milliman Website Instructions
- Attachment 5 2018 Retiree Medical Access Plan (RMAP)\*

\* The included 2018 RMAP design and costs are illustrative only as the actual plan and costs available to retirees under this SVSP are subject to change.

**SVSP Q&A's:**

- 1. Q - If I am retirement eligible, can I choose either option of cash lump sum severance or severance credited to my pension?**  
A – **NO**, for retirement-eligible employees there is **no cash lump sum severance payment**. The only option is severance credited to my pension.
- 2. Q – If I am eligible and my SVSP application is approved, how soon will I receive my payment?**  
A – Severance payments are paid coincident with the normal bi-weekly pay schedule and will be paid as soon as practicable following your termination of employment. Your last work and vacation hours check has a pay date as January 12, 2018. The Company anticipates the severance check to be processed within 30 days of separation.
- 3. Q – If I apply for the SVSP, will I be guaranteed approval to leave?**  
A – SVSP applications are not guaranteed approval. Approvals are based on an evaluation of the needs of the business and the number of applicants by title. If you are not approved to leave, please be assured that there will be no retaliation or negative inference against the person having expressed an interest in accepting the SVSP.
- 4. Q – If I am eligible and approved to leave with the SVSP, can I leave before (Saturday) December 30, 2017?**  
A – No, Your last scheduled work day either the December 29 or 30, 2017 will be the release date for all **approved** SVSP employees. Any resignations or discharges for cause will make you ineligible for the SVSP.
- 5. Q – Can I apply for the SVSP if I am out on disability benefits?**  
A – Yes. If you are interested in the SVSP, you must apply for the SVSP by the deadline. If your application is approved while you are out on sickness or accident disability benefits, severance benefits cannot be paid to you unless your treatment provider provides documentation to Prudential releasing you to return to work.
- 6. Q – How will my separation be coded?**  
A – The reason for leaving will be “Voluntary Resignation – Lack of Work.” All unemployment eligibility questions should be referred to State Unemployment offices. The Company will not challenge determinations made by State Unemployment under this SVSP.
- 7. Q – What happens if the SVSP forms are not returned by the deadline?**  
A – We will assume that you have declined the SVSP and you will forfeit the ability to participate in the SVSP.
- 8. Q – If I am eligible and accepted for the SVSP, will I be paid for unused 2017 vacation?**  
A – Employees who exit the Company via this SVSP will be paid for any unused 2017 vacation days (if the employee physically worked 1 (one) day in 2017). Employees who exit the Company are not paid for any unused EWD's or other pay replacement codes.
- 9. Q – Will wage garnishments be deducted from severance check?**  
A – Yes for your check issued by Frontier payroll. If have individual questions, please contact the HR Service Center at [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com).
- 10. Q – Will severance payments be direct deposited for non-retirement eligible employees?**  
A – Yes if direct deposit is on file. Otherwise, checks will be mailed to home address on file.

**SVSP Q&A's (continue)**

**11. Q – What happens to my 401(k) loan?**

A – Please contact Fidelity at 1-800-835-5095 within your first 90 days after separation to determine your options for continuation of loan payments. Any unpaid loan balances are a taxable distribution if a payment arrangement is not set up with Fidelity.

**12. Q – Are the Retiree & COBRA Benefits Plans the same as my active coverage?**

A – Yes, if you are retiree medical eligible your current active coverage will automatically be transferred to retiree coverage. If you would like to change your coverage, you will have 30 days from your last day worked to make this adjustment. Please call Milliman at 866-333-2074, option 2 during this 30 day window to make any changes. At the expiration of the contract, employees who left under this SVSP who were retirement-eligible as of December 30, 2017, have the one-time opportunity to enroll on a Retiree Medical Access Plan (RMAP).

For non-retirement eligible employees with benefit coverage, the SVSP includes six (6) months of continuation of company contribution to medical coverage (as long as the employee continues to pay their portion of the premium). After the six (6) months of subsidized COBRA, the employee has the option to continue COBRA at the applicable COBRA rates for a total of 18 months,

**13. Q – Do I need to elect a beneficiary for my life insurance coverage?**

A – Yes, you will need to re-elect a beneficiary. This information will be maintained with Milliman.

**14. Q – How do I pay for my medical?**

A – If you are retirement eligible, you can set up automatic deductions from your checking account with Milliman or receive a monthly bill. If you setup monthly annuity, you can set up a deduction. Please contact Milliman at 866-333-2074 option, 2 to review your options and set up your deduction. For non-retirement employees or retired employees without an annuity, you will receive the monthly bill in the mail and you must pay the bill by the due date.

**15. Q – If I'm not retirement eligible and receive the cash severance, can I also apply for my pension?**

A – Yes, you may choose to receive your pension benefit if you are non-retirement eligible. Please be aware that the approximate time for pension payments to process is 60 days after elections have been received. You can contact Milliman at 866-333-2074, option 1 for additional information.

**16. Q – If I elect to leave, how will retiree medical premiums be paid?**

A – You can set up automatic deductions from your checking account or receive a monthly bill.

**17. Q – When do I need to complete the election form?**

A – The window to elect the SVSP is December 15, 2017 to December 27, 2017. Employees must have the application form completed and returned to [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com) by December 27, 2017 at 12pm (noon, EST) to be considered for this offer. Please retain a copy of the completed application for your records.

**18. Q – What do I do if I don't have access to a scanner?**

A – Completed application forms must be returned to [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com) by December 27, 2017 at 12pm (noon, EST) so talk with your supervisor for assistance with scanning your application. If a scanner is not available, please contact the HR Service Center for additional instructions.

**19. Q – Does my supervisor need to sign the application before I email it?**

A – Yes, to verify your vacation balance.



**SVSP Q&A's (continue)**

**20. Q – Can I change my mind after my application is submitted and received by the HR Service Center?**

A – No. Your election is irrevocable and cannot be changed. Please be sure of your decision before submitting the completed application by the deadline of December 27, 2017.

**21. Will 401(k) deductions be taken out of the severance check?**

A – No. Severance is not eligible for 401(k) deductions.

**22. What happens if I'm eligible for Medicare or my spouse or dependent are eligible for Medicare?**

A – For Medicare-eligible employees/spouse/eligible dependent, Medicare A&B is your primary coverage. Frontier retiree medical will be your secondary coverage. You, your spouse or eligible dependent must apply for Medicare prior to last day. Medicare A&B is required for continued coverage under Frontier retiree medical plan. Please visit a Social Security Administration Office or their website for further information. If Social Security requires documentation, please send the questionnaire to [HRSeverance@ftr.com](mailto:HRSeverance@ftr.com) for completion under this SVSP.

**23. If I am retirement eligible, how can I request my estimated pension amounts under this program?**

A – Starting Monday December 19, 2017, you can email [RetirementPlans@ftr.com](mailto:RetirementPlans@ftr.com) and include your Full Name, CRIS #, and request.

## Special Voluntary Severance Package (SVSP)

(In effect from December 15, 2017 until (Wednesday), December 27, 2017, 12 P.M. noon (EST.)

- Lump Sum Severance Payment as follows:

<b>Completed Yrs. Of NCS</b>	<b>Amount of Lump Sum Payment (in weeks of Base Pay)</b>
20 and over	52 weeks
19	46 weeks
18	42 weeks
17	40 weeks
16	38 weeks
15	36 weeks
14	34 weeks
13	32 weeks
12	30 weeks
11	28 weeks
10	26 weeks
9	20 weeks
8	18 weeks
7	16 weeks
6	14 weeks
5	12 weeks
4	8 weeks
3	6 weeks
2	4 weeks
1	2 weeks

**SVSP Application**

Bargaining Unit Employees Impacted by 12/15/17 SVSP Notification

**Please Print Clearly**

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_____	_____	_____
Last Name; First Name; Middle Initial	Employee CRIS#	NCSD
_____	_____	
Job Title	Department	
_____	_____	
Manager's Name	Manager's Title	

I have read the Description of the Special Voluntary Severance Plan offer and have reviewed the estimated amounts payable under Attachment 2. Frontier will select Network Services volunteers for the SVSP from certain job titles, in order of seniority, up to the discretion of the Company.

**Expiration of Election Period: 12 P.M. noon EST, Wednesday December 27, 2017.**

**Responses must be emailed to: HRSeverance@ftr.com**

**Please check all appropriate boxes that apply:**

I elect to accept the provisions of the Special Voluntary Severance Plan (SVSP) offer. I understand that my election is irrevocable (i.e., I cannot change my mind). If this application is approved, my last day on the payroll is **December 30, 2017**.

**Vacation Balance**

Please indicate, in days, the **unused vacation balance** as of December 30, 2017.

\_\_\_\_\_ # of days

\_\_\_\_\_  
**\*\*Employee's Signature** Date

\_\_\_\_\_  
**\*\*Supervisor's Signature** Date

**Return by 12 P.M. (noon) EST, Wednesday, December 27, 2017 to:**

**Email Address:** HRSeverance@ftr.com

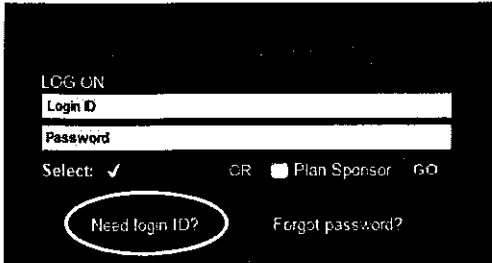
Human Resources:  **Approved**  **Not Approved**

**It is the responsibility of the employee to submit complete and accurate information. Supervisors should assist employees needing access to a scanner. **\*\*Signature Required****

## Milliman Website Instructions – How to view your Cash Balance

Website: [www.MillimanBenefits.com](http://www.MillimanBenefits.com)

**Step 1:** To get started you must first register for the site. Click on “Need log in ID?”



Once you have created a Login ID & password, and log into the system you will be at the “At-A-Glance” page. This page will include a chart of your Current benefit amounts, Frequently Asked Questions, and Personal Details

If you have forgotten your password, you can request a reminder. Click on the “Forgot password?” link, enter your login ID, and a reminder will be sent shortly to the email listed for you on that screen. If you’ve never been on the site, the default email will be your work email.

**Step 2:** At the top of the page, there will be drop down options you can click on to navigate the site.



Click on “Personal Information”

This page includes Personal Information / Notification Preferences / Employment Information.

MODIFY PERSONAL INFORMATION
Full Name
Date of Birth
Address Nickname
Country
Address Line 1
Address Line 2
Address Line 3
City
State/Province/Region
Zip/Postal Code
Work Phone
Home Phone

EMPLOYMENT INFORMATION
Date of Employment
Normal Retirement Date
Spouse Date of Birth
Current Status
Term of Employment Date
Bridge Date

## Attachment 4

**Step 3:** Update your email address under the Notifications heading. Enter in a personal email address under the alternate email. Frontier may send future retiree correspondence via email.

### NOTIFICATIONS

Notifications of changes I initiate online

Email

Alternate Email

**Step 4:** On the "Personal Information" page, your Cash Balance Detail will be on the right hand side. The details of your account are shown in two different views: by year and by month.

#### EAST CASH BALANCE ACCOUNT - YEARLY

End of Period	Pay Credits	Interest Credits	Adjustment	Ending Balance
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#### EAST CASH BALANCE ACCOUNT - MONTHLY

Date	Pay Credits	Interest Credits	Adjustments	Ending Balance
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Note:

- If you have transfers in your work history, you may not be able to view the monthly breakdown. The year-to-date amount will reflect the correct balance.
- If you were in the plan prior to 2005, the Year-to-Date data prior to 2005 is not visible. However, it is included in your final balance. The 2005 YTD amount shown is only the December pay & interest credit. Monthly data begins as of 10/31/2014. Monthly detail prior to this date is not visible but included is in your final balance.
- You can also use the site to run calculations by selecting the Benefit Calculations **drop down** under the Benefit Calculations Tab.

If any of the information on this webpage is not accurate, please contact Milliman at [Contact.Center@Milliman.com](mailto:Contact.Center@Milliman.com) or by phone at 866-333-2074 option 1.

**\*Note:** When Emailing Milliman for a Pension or Retiree Medical Request, be sure to include:

- a. Name
- b. Employee last 4 digits of Social Security #
- c. Employee CRIS #
- d. Current Phone Number
- e. Detailed Request

**Retiree Medical Access Plan (RMAP) Q&A's**

1. **Q-** Has the basic retiree health insurance changed?

A - No, there has not been any negotiated change regarding the availability of retiree life insurance or any other benefits since the contract was negotiated in 2012/2013. All of those benefits remain as negotiated.

2. **Q-** When does the RMAP start?

A - Employees who are retirement-eligible can, upon retirement, participate in the current retiree health plan through the expiration of the 2012 CBA (currently extended through October 14, 2019). After the expiration of the existing contract, employees who retire under this SVSP will be given the one-time opportunity to enroll in the RMAP.

3. **Q-** Who administers the Retiree Medical Access plan?

A - Milliman administers Retiree Medical Access Plan. The plan uses the Anthem Blue Cross / Blue Shield network.

4. **Q-** How is the Monthly Premium Cost Calculated?

A -The retiree premiums are based off a pool of employees participating in the Anthem Silver Plan.

5. **Q-** What are the monthly premiums today under this plan for 2018?

a. Retiree Only = \$471.20

b. Retiree +1 = \$1,013.10

c. Family = \$1,272.28

6. **Q-** How will retiree's enroll?

A -Milliman will notify retirees when current retiree health care coverage is no longer available at the expiration of the existing Collective Bargaining Agreement; currently extended through October 14, 2019.

7. **Q-** How do retirees request an SPD?

A -Please contact Milliman at 866-333-2074, option 2 to request a copy of the RMAP SPD.

8. **Q-** How will retirees pay for the premiums?

A -Retirees will submit your premium payment directly to Milliman through, check, ACH, or pension annuity deduction. Retirees will contact Milliman to elect their preferred payment method.

9. **Q-** Does this plan include Prescription Coverage?

A -Yes.

10. **Q-** Does this plan include Dental & Vision coverage?

A -No, this is only medical coverage.

11. **Q-** Is Life Insurance available?

A -No.

12. **Q-** Do deductibles / lifetime maximum carry over from the current retiree plan?

A -No, there will be no carry over of deductibles or lifetime maximums to the Retiree Medical Access Plan.

***Retiree Medical Access Plan (RMAP) Q&A's (continue)***

13. **Q-** Does the eligible spouse / dependent need to enroll if they have other coverage?

A -No, the eligible spouse and/or dependent can enroll at a later date if necessary. The retiree must enroll when plan becomes available.

14. **Q-** If the retiree is eligible for Medicare, can they still participate in Retiree Medical Access Plan?

A -No. If the retiree is Medicare eligible based on age or disability, they are not eligible to participate in this plan.

15. **Q-** Are pre-existing conditions covered?

A -Yes.

16. **Q-** Do I need to enroll in RMAP immediately after I leave the Company?

A -No. Retirement-eligible employees should contact Milliman upon retirement to enroll in the existing Retiree Medical Plan. Election in RMAP will occur near the time of the expiration of the current contract.

17. **Q-** Can I decline the RMAP and enroll at a future time?

A -No. Initial enrollment in RMAP is a one-time opportunity. Annual renewals will be provide to those active on the plan. If you decline or withdraw from RMAP, you are unable to participate.

18. **Q-** What will be the cost and plan design when I can start the RMAP at the expiration of the contract?

A -It is unknown at this time. In this SVSP packet the 2018 RMAP plan and costs are provided. The plan and its costs may be different when the RMAP becomes eligible to retirees until this plan.

19. **Q-** Am I eligible for the RMAP if I am not retirement-eligible on my last day (December 30, 2017)?

A -No. The RMAP is only available to employees under this SVSP who are retirement eligible on their last day (December 30, 2017).

**2018 Health Schedule of Benefits Retiree Access Plan (RMAP)**  
 PLAN DESIGN AND COST ARE SUBJECT TO CHANGE BY THE TIME OF ENROLLMENT

**2018 Health Schedule of Benefits Retiree Medical Access Plan**  
**Anthem Silver Plan (PPO)**

BENEFIT PERIOD	Calendar Year	
	Network	Non-Network
DEPENDENT AGE	Up to age 19, or up to age 23 if full-time students	
<b>*DEDUCTIBLE</b> (Per Benefit Period)		
Per person	\$1,000	\$2,000
Two person	\$2,000	\$4,000
Per family	\$3,000	\$6,000

\* Note: When a Member incurs covered medical expenses during the last 3 months of a Benefit Period, which are applied against but do not satisfy that year's Deductible, those expenses may be carried over and applied against the Deductible(s) for the next Benefit Period, but not the Out of Pocket. If the Deductible is met, there is no carry-over credit given.

If you enroll in Single coverage, for you only, you must meet the individual deductible before benefits begin. If you enroll in 2 Person coverage, each of you must meet the deductible before benefits begin. If you enroll in Family No Spouse or Family (you plus spouse and child(ren)) coverage, the deductible is treated as a combined amount for the family. However, no individual will have to pay more than the individual deductible when receiving care before the plan pays benefits for that person. Additionally, no one member of the family will contribute more than the individual deductible in meeting the combined family deductible.

**OUT-OF-POCKET LIMIT**  
 (Per Benefit Period – Excluding Deductible)

Per person	\$5,000	N/A
Two person	\$10,000	N/A
Per family	\$15,000	N/A

**OUT OF NETWORKS SERVICES ARE NOT COVERED**

Deductible does not apply to preventive and Emergency room services.  
 The Out-of-Pocket Limit includes Coinsurance, except Prescription Drug

**THE AMOUNTS REFLECTED FOR DEDUCTIBLE AND COINSURANCE ARE YOUR RESPONSIBILITY.**

**LIFETIME MAXIMUM** **\$1,000,000**



## 2018 Health Schedule of Benefits Retiree Access Plan (RMAP)

PLAN DESIGN AND COST ARE SUBJECT TO CHANGE BY THE TIME OF ENROLLMENT

	Network	Non-Network
<b>PREVENTIVE CARE SERVICES</b>		
Well Baby and Well Child exams including	No Coinsurance /No deductible	50% Coinsurance
Wellness (age 6 and older)	30% Coinsurance/No deductible	50% Coinsurance
Routine Physicals: One exam per calendar year	30 % Coinsurance /No deductible	
Hearing Tests related to a medical condition	30% Coinsurance	50% Coinsurance
Hearing Aid Up to \$500 benefit every two calendar years	30% Coinsurance	50% Coinsurance
Routine gynecological exams (limited to 1 per Calendar Year)	30% Coinsurance/ No deductible	50% Coinsurance
Routine Mammograms (limited to 1 per Calendar Year)	30% Coinsurance/ No deductible	50% Coinsurance
Routine Pap Smears (limited to 1 per Calendar Year)	30% Coinsurance/ No deductible	50% Coinsurance
Routine PSA tests to screen for prostate cancer (limited to 1 per Calendar Year)	30 % Coinsurance/ No deductible	50% Coinsurance
<b>PHYSICIAN OFFICE SERVICES</b>		
Diagnostic Lab & X-ray (includes non-routine mammography, pap smears and PSA tests)	30% Coinsurance	50% Coinsurance
Allergy Services		
Office Visits and Testing	30% Coinsurance	50% Coinsurance
Injections	30% Coinsurance	50% Coinsurance
<b>OUTPATIENT FACILITY SERVICES (For Surgical Procedure)</b>		
Physical Medicine Therapies (Physical, Speech, Occupational Therapies and Chiropractic & Manipulation Services)	30% Coinsurance	50% Coinsurance
Acupuncture	30% coinsurance	50% Coinsurance

## 2018 Health Schedule of Benefits Retiree Access Plan (RMAP)

PLAN DESIGN AND COST ARE SUBJECT TO CHANGE BY THE TIME OF ENROLLMENT

<b>Maximums per Benefit Period</b>	40 visits for Physical & Occupational Therapy combined Physician Office Services or Outpatient Facility Services.	
	20 visits for Speech Therapy whether Physician Office Services or Outpatient Facility Services	
	30 visits for Chiropractic & Manipulation Services whether Physician Office Services or Outpatient Facility Services	
<b>OUTPATIENT SURGERY</b>	30% Coinsurance	50% Coinsurance
<b>HOME CARE SERVICES</b>	30% Coinsurance	50% Coinsurance
<b>Maximums per Benefit Period</b>	100 visits	
<b>INPATIENT SERVICES</b>	30% Coinsurance	50% Coinsurance
<b>Maximum per Benefit Period for Inpatient Services for Physical, Medicine &amp; Rehabilitation</b>	60 days	
<b>SKILLED NURSING FACILITY SERVICES</b>	30% Coinsurance	50% Coinsurance
<b>MATERNITY SERVICES</b>	30% Coinsurance	50% Coinsurance
<b>DURABLE MEDICAL (rental up to the purchase price)</b>	30% Coinsurance	
<b>AMBULANCE SERVICES</b>	30% Coinsurance	50% Coinsurance
<b>TEMPOROMANDIBULAR JOINT DYSFUNCTION (TMJ) SERVICES up to a \$1,000 lifetime maximum per person</b>	30% Coinsurance	50% Coinsurance
<b>MENTAL HEALTH/SUBSTANCE ABUSE (coinsurance apply towards out of pocket maximum)</b>		
<b>Inpatient Mental Health Maximum per Benefit Period</b>	30% Coinsurance	50% Coinsurance 30 days per calendar year, 90 days lifetime
<b>Inpatient Substance Abuse Maximum per Benefit Period</b>	30% Coinsurance	50% Coinsurance 30 days per calendar year and 60 days lifetime
<b>Outpatient Mental Health Services Maximum per Benefit Period</b>	30% Coinsurance	50% Coinsurance 30 visits for Outpatient Mental Health

**2018 Health Schedule of Benefits Retiree Access Plan (RMAP)**

*PLAN DESIGN AND COST ARE SUBJECT TO CHANGE BY THE TIME OF ENROLLMENT*

	<b>Network</b>	<b>Non-Network</b>
<b>Outpatient Substance Abuse Services</b> Maximum per Benefit Period	30% Coinsurance 30 visits for Outpatient Substance Abuse	50% Coinsurance
<b>HUMAN ORGAN AND TISSUE TRANSPLANT</b>		
<b>Inpatient Services</b>	30% Coinsurance	50% Coinsurance
<b>HOSPICE SERVICES</b>	30% Coinsurance	50% Coinsurance
<b>EMERGENCY CARE</b>	30% Coinsurance /No deductible	50% Coinsurance
<b>URGENT CARE</b> (in urgent care facility)	30% Coinsurance	50% Coinsurance

**Prescription Drug Benefits**

<b>Benefit Period</b>	<b>Calendar Year</b>
<b>Deductible</b> Per Person	<b>\$150</b>
<b>Coinsurance</b>	
<b>Per prescription</b>	<b>\$12.00 Generic Preferred retail</b> <b>\$35.00 Brand Preferred Brand retail</b> <b>\$55.00 Brand Non-Preferred Brand retail</b> <b>\$75.00 Other Drugs retail</b>  <b>\$30.00 Generic Preferred obtained through the mail service program.</b> <b>\$87.50 Brand Preferred obtained through the mail service program</b> <b>\$137.50 Brand Non-Preferred obtained through the mail service program.</b> <b>\$187.50 Other Drugs obtained through the mail order program</b>
<b>Days Supply</b>	<b>30-day supply for drugs obtained through a Pharmacy other than a mail service Pharmacy.</b>  <b>90-day supply for drugs obtained through the mail service program.</b>

