

**MEDICAL/Rx
BENEFIT SUMMARY
UnitedHealthcare**

	In-Network	2T2 w/ Rx oO4S Out-of-Network
Calendar Year Deductible	<i>(Embedded Family deductible)</i>	
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
In-Network and Out-of-Network Accumulation	Separate	
Coinsurance (after the Calendar Year Deductible is satisfied)	80%	50%
Out-of-Pocket Maximum	<i>(Includes Deductible, Coinsurance, Medical and Rx copays)</i>	
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
In-Network and Out-of-Network Accumulation	Separate	
Lifetime Maximum	Unlimited	
Physician Services		
Primary Care Physician Office Visit		
For Covered Persons under age 19:	\$0 copay, then 100%	50% after deductible
For Covered Persons age 19 and over:	\$20 copay, then 100%	50% after deductible
Specialist Office Visit		
Designated Network:	\$20 copay, then 100%	50% after deductible
Network:	\$40 copay, then 100%	50% after deductible
Preventive / Routine Care	100%, deductible waived	50% after deductible
Childhood Immunizations (to age 6)	100%, deductible waived	50%, deductible waived
Maternity	\$20 / \$40 copay, then 100%	50% after deductible
Outpatient Surgery - in doctor's office	\$20 / \$40 copay, then 100%	50% after deductible
Hospital Care and Surgery	80% after deductible	50% after deductible
Emergency Room Services	\$200 copay, then 80%	\$200 copay, then 80%
	Copay waived if admitted to hospital	
In-office Radiology and Pathology	Included in Office Visit copay	50% after deductible
Hospital Services		
Inpatient	80% after deductible	50% after deductible
Outpatient	80% after deductible	50% after deductible
Urgent Care Center (facility and physician charges)	\$75 copay, then 100%	50% after deductible
Emergency Room (facility and physician charges)	\$200 copay, then 80%	\$200 copay, then 80%
	Copay waived if admitted to hospital	
Ambulance	80% after deductible	80% after In-Network Deductible
Independent Radiology & Pathology	80% after deductible	50% after deductible
Mental Health / Substance Abuse		
Inpatient and Outpatient Services	80% after deductible	50% after deductible
Office Services	\$40 copay, then 100%	50% after deductible
Emergency Services	\$200 copay, then 80%	\$200 copay, then 80%
	Copay waived if admitted to hospital	

**MEDICAL/Rx
BENEFIT SUMMARY
UnitedHealthcare**

	<i>2T2 w/ Rx oO4S</i>	
	In-Network	Out-of-Network
Other Covered Services		
Durable Medical Equipment / Prosthetics	80% after deductible	50% after deductible
Outpatient Surgery - hospital or surgical center	80% after deductible	50% after deductible
Home Health Care (60 visits per calendar year)	80% after deductible	50% after deductible
Hospice Care - inpatient and outpatient	80% after deductible	50% after deductible
Skilled Nursing Facility (60 days per calendar year)	80% after deductible	50% after deductible
Outpatient Therapy		
Occupational / Physical / Speech / Pulmonary (20 visits per calendar year each)	\$20 copay, then 100%	50% after deductible
Cardiac Rehabilitation (36 visits per calendar year)	\$20 copay, then 100%	50% after deductible
Spinal Manipulations (20 visits per calendar year)	\$20 copay, then 100%	50% after deductible
Other Manipulative Therapies	\$20 copay, then 100%	50% after deductible
Family Planning		
Elective Sterilization	80% after deductible	50% after deductible
Infertility Diagnosis Only	80% after deductible	50% after deductible
Infertility Treatment	Not Covered	Not Covered
Routine Eye Exams	Not Covered	Not Covered
Transplants	80% after deductible Must be performed at an approved Designated Network facility	Not Covered
Prescription Drugs		
Individual Deductible	n/a	n/a
Family Deductible	n/a	n/a
Retail (31-day supply)		
Generic on Formulary	\$10 copay	\$10 copay + Network difference
Brand Name on Formulary	\$30 copay	\$30 copay + Network difference
Brand Name not on Formulary	\$50 copay	\$50 copay + Network difference
Mail Order (90-day supply)	3x above copays	Not Covered
Notes		
Certain services may require precertification.		
<i>2015: Rx copayments must accumulate toward the Out-of-Pocket Maximum to comply with ACA cost-sharing requirements.</i>		
<i>2015: The Out-of-Pocket Maximum (in-network) will be limited to \$6,600 for single and \$13,200 for family.</i>		

**MEDICAL/RX
2015 Renewal Cost Summary**

Classification Eligibility Waiting Period	All Eligible Employees Full time employees working 30 or more hours per week First of the month following or coinciding with 60 days of employment

**DENTAL
BENEFIT SUMMARY
Lincoln Financial Group**

Deductible Individual Family	\$25 \$50
Maximum Benefit Calendar Year (Preventive and Basic)	\$1,000 per insured
Preventive Services Oral Examinations (up to 2 per calendar year) Bite-Wing X-rays (up to 4 per calendar year) Panoramic X-rays (once every 5 years) Prophylaxis (up to 2 per calendar year) Fluoride Treatments (1 per calendar year; <16 years) Space Maintainers (1 per lifetime per area; <16 years) Sealants (1 per tooth every 36 months; <16 years)	(Calendar Year Deductible is waived) 100% 100% 100% 100% 100% 100% 100%
Basic Services Other Dental X-rays (incl. periapical films, up to 6 per cal. year) Consultations Palliative Treatment (pain relief) Amalgam / Resin Restorations (fillings) Prefabricated Stainless Steel and Resin Crowns Simple and Surgical Extractions; Oral Surgery General Anesthesia and IV Sedation Prosthetic Repair and Recementation Services Endodontics Periodontal Maintenance (up to 4 cleanings per cal yr) Periodontal Surgery (1 procedure per quadrant every 36 mos.)	(after the Calendar Year Deductible is satisfied) 80% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80%
Major Services	Not Covered
Orthodontia	Not Covered
Usual and Customary Percentile	90th percentile
Waiting Periods New Hires Late Entrants	None 12 months for Basic Services
Notes: Dependents are covered up to age 26	

**DENTAL
Renewal Cost Summary**

Classification Eligibility Waiting Period	All Eligible Employees Full time employees working 30 or more hours per week First of the month following or coinciding with 60 days of employment

**BASIC LIFE / ACCIDENTAL DEATH AND DISMEMBERMENT
BENEFIT SUMMARY
Lincoln Financial Group**

Basic Life	Lincoln Financial Group
Classification Class 1 Class 2 Class 3 Class 4 Class 5	FT EEs of T.M.C., Inc. and adopting entities FT EEs of Merrick Machine Co. and Fu-tek Tooling, LP FT Middle Mgrs of T.M.C., Inc. and adopting entities FT Senior Mgrs of T.M.C., Inc. and adopting entities FT Officers of T.M.C., Inc. and adopting entities
Benefit Amount Class 1 Class 2 Class 3 Class 4 Class 5	\$10,000 2x annual earnings + \$10,000 rounded to the next higher \$1,000 (Maximum of \$55,000) \$60,000 2x annual earnings + \$10,000 rounded to the next higher \$1,000 (Maximum of \$300,000) \$300,000
Guarantee Issue Limit	\$300,000
Benefit Reduction Schedule Benefit Termination	50% at age 70 Retirement
Definition of Earnings	Basic annual earnings - annual base salary or annualized hourly pay before taxes
Waiver of Premium	If totally disabled prior to age 60, and for a minimum of 6 months, coverage will continue without payment of premium until the attainment of SSNRA, or when the employee is no longer disabled.
Living Benefit	If terminally ill (<12 months to live), and a minimum Life Benefit of \$10,000, the insured can elect up to 75% of the in force Life amount, to a maximum of \$250,000.
Conversion	Included
Portability	Not Included
Accidental Death & Dismemberment	
Benefit Schedule Loss of: Life Sight of One Eye One Limb More than one loss from any one accident	100% of the principal sum 50% of the principal sum 50% of the principal sum 100% of the principal sum
Notes	

**BASIC LIFE / ACCIDENTAL DEATH AND DISMEMBERMENT
Renewal Cost Summary**

Classification	All Eligible Employees
Eligibility	Full time employees working 30 hours or more per week
Waiting Period	First of the month following or coinciding with 60 days of employment