

**LOCKHEED MARTIN SPACE SYSTEMS COMPANY – SUNNYVALE
2011 IAM NEGOTIATIONS
UNDER AGE 65 LM HEALTHWORKS SUMMARY**

	LM HealthWorks	
	Network	Non-Network
Annual Deductibles, Out-of-Pocket Maximums, Lifetime Maximum Benefits		
Calendar Year Deductible	Single: \$500; Family: \$1,500 (with no more than \$500 per person); in-network and out-of-network are not combined; they do not cross apply	Single: \$1,500; Family: \$4,500 (with no more than \$1,500 per person); in-network and out-of-network are not combined; they do not cross apply; Out of Area (OOA) same as network benefit and cross applies with out-of-network
Calendar Year Out-of-Pocket Maximum	Single: \$1,500; Family: \$3,000 (with no more than \$1,500 per person); in-network and out-of-network are not combined; they do not cross apply	Single: \$5,000; Family: \$10,000 (with no more than \$5,000 per person); in-network and out-of-network are not combined; they do not cross apply; Out of Area (OOA) same as network benefit and cross applies with out-of-network
Lifetime Maximum Per Individual	No maximum	No maximum
Physician Office Visits		
Primary Care Office Visits	85% after deductible	65% (80% OOA) after deductible
Specialist Office Visits	Aexcel Designated Provider: 90% after deductible; Non-Aexcel Designated Provider: 85% after deductible	65% (80% OOA) after deductible

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Prescription Drugs		
Retail: Generic Drugs/Tier 1 Drugs	Up to a 30-day supply you pay: 10% up to \$25 maximum, for each prescription or refill; no deductible	Up to a 30-day supply you pay: 50%, no deductible
Retail: Preferred Brand-Name Drugs/Tier 2 Drugs	Up to a 30-day supply you pay: 30% up to \$75 maximum, for each prescription or refill; no deductible	Up to a 30-day supply you pay: 50%, no deductible
Retail: Non-Preferred Brand-Name Drugs/Tier 3 Drugs	Up to a 30-day supply you pay: 50% up to \$175 maximum, for each prescription or refill; no deductible	Up to a 30-day supply you pay: 50%, no deductible
Mail Order: Generic Drugs/Tier 1 Drugs	Up to a 90-day supply you pay: 10% up to \$50 maximum, for each prescription or refill; no deductible	No Coverage
Mail Order: Preferred Brand-Name Drugs/Tier 2 Drugs	Up to a 90-day supply you pay: 30% up to \$150 maximum, for each prescription or refill; no deductible	No Coverage
Mail Order: Non-Preferred Brand-Name Drugs/Tier 3 Drugs	Up to a 90-day supply you pay: 50% up to \$350 maximum, for each prescription or refill; no deductible	No Coverage
Preventive Care		
Flu Shot	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Immunizations: Adult	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Immunizations: Child	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)

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Mammograms	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Occult Blood Stool Test	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Prostate Screening Antigen (PSA) Test	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Routine Pap Smear (Including Exam and Related Lab Fees)	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Routine Physical Exam - Adult	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Well Child Care	100%, deductible waived (age and frequency limitations apply)	100%, deductible waived (age and frequency limitations apply)
Outpatient Services		
Acupuncture	85% after deductible (limitations apply)	65% (80% OOA) after deductible (limitations apply)
Allergy Tests	85% after deductible	65% (80% OOA) after deductible
Allergy Treatment	85% after deductible	65% (80% OOA) after deductible
Ambulance Services	85% after deductible	85% after deductible
Cardiac Rehabilitation	85% after deductible	65% (80% OOA) after deductible
Chiropractic	85% after deductible; up to 20 visits per calendar year (combined in-network and out-of-network limit)	65% (80% OOA) after deductible; up to 20 visits per calendar year (combined in-network and out-of-network limit)
Colonoscopy	85% after deductible (if not included as part of preventive screening)	65% (80% OOA) after deductible (if not included as part of preventive screening)
Contraceptive Devices and Implants	85% after deductible	65% (80% OOA) after deductible

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Diagnostic Testing: Routine Laboratory	85% after deductible	65% (80% OOA) after deductible
Diagnostic Testing: Specialized Tests, i.e. MRI, CAT, PET, Ultrasound	85% after deductible	65% (80% OOA) after deductible
Diagnostic Testing: X- rays	85% after deductible	65% (80% OOA) after deductible
Durable Medical Equipment	85% after deductible; precertification required for recognized charges in excess of \$5,000	65% (80% OOA) after deductible; precertification required for recognized charges in excess of \$5,000
Emergency Room Care	85% after deductible	85% after deductible
Hearing Screenings	85% after deductible	65% (80% OOA) after deductible
Hearing Aids	85% after deductible; limited to \$1,000 per ear every 3 calendar years (combined in-network and out-of-network limit)	65% (80% OOA) after deductible; limited to \$1,000 per ear every 3 calendar years (combined in-network and out-of-network limit)
Infertility: Artificial Insemination	Not Covered	Not Covered
Infertility: In Vitro Fertilization	Not Covered	Not Covered
Infertility: Reversal of Voluntary Sterilization	Not Covered	Not Covered
Maternity: Birthing Center Delivery Services	85% after deductible	65% (80% OOA) after deductible
Maternity: Midwife Delivery Services	Not Covered	Not Covered
Maternity: Prenatal Office Visits	85% after deductible	65% (80% OOA) after deductible

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Occupational Therapy	85% after deductible Limited to 60 visits per calendar year combined for speech, physical and occupational therapies. Short-term rehabilitation, combination of office and outpatient treatment in a facility, is included in the 60-visit maximum (combined in-network and out-of-network limit)	65% (80% OOA) after deductible Limited to 60 visits per calendar year combined for speech, physical and occupational therapies. Short-term rehabilitation, combination of office and outpatient treatment in a facility, is included in the 60-visit maximum (combined in-network and out-of-network limit)
Outpatient Surgery - Ambulatory Surgical Facility Setting	85% after deductible; precertification required for certain procedures	65% (80% OOA) after deductible; precertification required for certain procedures
Outpatient Surgery - Hospital Setting	85% after deductible; precertification required for certain procedures	65% (80% OOA) after deductible; precertification required for certain procedures
Physical Therapy	85% after deductible; precertification required for certain procedures	65% (80% OOA) after deductible; precertification required for certain procedures
Podiatry	85% after deductible	65% (80% OOA) after deductible
Sigmoidoscopy	85% after deductible (if not included as part of preventive screening)	65% (80% OOA) after deductible (if not included as part of preventive screening)
Speech Therapy	85% after deductible Limited to 60 visits per calendar year combined for speech, physical and occupational therapies. Short-term rehabilitation, combination of office and outpatient treatment in a facility, is included in the 60-visit maximum (combined in-network and out-of-network limit)	65% (80% OOA) after deductible Limited to 60 visits per calendar year combined for speech, physical and occupational therapies. Short-term rehabilitation, combination of office and outpatient treatment in a facility, is included in the 60-visit maximum (combined in-network and out-of-network limit)
Tubal Ligation	85% after deductible	65% (80% OOA) after deductible
Urgent Care Center Services	85% after deductible	65% (80% OOA) after deductible
Vasectomy	85% after deductible	65% (80% OOA) after deductible

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Inpatient Hospital Services		
Hospital Room and Board	85% after deductible; precertification required	65% (80% OOA) after deductible; precertification required
Laboratory and Other Services	85% after deductible	65% (80% OOA) after deductible
Maternity Delivery Services	85% after deductible	65% (80% OOA) after deductible
Organ or Tissue Transplants	Institute of Excellence (IOE) Facility: 90% after deductible; Other Facilities: 85% after deductible; requires preauthorization by National Medical Excellence	65% (80% OOA) after deductible; requires preauthorization by National Medical Excellence
Physician Services	85% after deductible	65% (80% OOA) after deductible
Mental Health and Substance Abuse Services		
Mental Health: Inpatient Services	85% after deductible; precertification required	65% (80% OOA) after deductible; precertification required
Mental Health: Outpatient Services	85% after deductible; precertification required for certain procedures	65% (80% OOA) after deductible; precertification required for certain procedures
Substance Abuse: Inpatient Services	85% after deductible; precertification required	65% (80% OOA) after deductible; precertification required
Substance Abuse: Outpatient Services	85% after deductible; precertification required for certain procedures	65% (80% OOA) after deductible; precertification required for certain procedures

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Other Services		
Dental: Accidental Injury to Teeth	85% after deductible; precertification required	65% (80% OOA) after deductible; precertification required
Dental: Implants	Not Covered	Not Covered
Dental Services	Not Covered	Not Covered
Home Health Care	85% after deductible; up to 120 visits per calendar year (Home Health Care and Private Duty Nursing visits combined); precertification required (combined in-network and out-of-network limit)	65% (80% OOA) after deductible; up to 120 visits per calendar year (Home Health Care and Private Duty Nursing visits combined); precertification required (combined in-network and out-of-network limit)
Hospice Care	85% after deductible; precertification required	65% (80% OOA) after deductible; precertification required
Oral Surgery: Removal of Tumors, Cysts, and Impacted Teeth	85% after deductible; covers accident related to injury to teeth, and medical in nature oral and jaw surgery; precertification required	65% (80% OOA) after deductible; covers accident related to injury to teeth, and medical in nature oral and jaw surgery; precertification required
Orthotics	Not Covered	Not Covered
Private Duty Nursing	85% after deductible; up to 120 visits per calendar year (Home Health Care and Private Duty Nursing visits combined); precertification required (combined in-network and out-of-network limit)	65% (80% OOA) after deductible; up to 120 visits per calendar year (Home Health Care and Private Duty Nursing visits combined); precertification required (combined in-network and out-of-network limit)
Prosthetic Appliances	85% after deductible; precertification required for recognized charges in excess of \$5,000	65% (80% OOA) after deductible; precertification required for recognized charges in excess of \$5,000

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Skilled Nursing Facility Services	85% after deductible; up to 120 days per calendar year; precertification required (combined in-network and out-of-network limits)	65% (80% OOA) after deductible; up to 120 days per calendar year; precertification required (combined in-network and out-of-network limits)
Vision: Screenings/Eye Refraction	Covered only as part of routine physical exam	Covered only as part of routine physical exam
Vision: Lenses/Frames/Contacts	Not Covered	Not Covered
Healthy Actions	Healthy Actions	
Universal Incentives: Not Applicable		
Universal Incentive Annual Maximum: Not Applicable		
Other Incentive: Not Applicable		
Health Fund: Not Applicable		

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