



# Arizona & California 2010-2011 BENEFIT SUMMARY



*Helping to insure your  
family's future*



**Overview:**

HIPAA (Health Insurance Portability and Accountability Act) requires that we comply with certain Privacy issues. In order for us to assist you in the future with any claims, we will require written authorization from you on a carrier specific form.

Coastal Transport provides Basic Life and Accidental Death & Dismemberment (AD&D) for eligible employees at no cost. Basic Life and AD&D is also provided for dependents at no cost as long as they are enrolled in the Coastal Transport medical plan. Eligible employees may also elect benefits in the following areas: Medical, Dental, Vision, Voluntary Life, Voluntary AD&D, Voluntary Short Term Disability (STD), Voluntary Long Term Disability (LTD) and Cancer Solution Plan.

**Eligibility:**

**Employee:** Benefits are available the first day of the month following 90 days of employment. You must be a full-time employee working a minimum of 32 hours per week. All eligible employees are allowed to enroll or make changes to their current elections during the open enrollment period. Evidence of Insurability may be required in some cases.

**Dependent:** Blue Cross and Blue Shield Medical, VSP Vision, MetLife Dental - Children up to their 26th birthday  
Kaiser Permanente Medical and CIGNA Dental DHMO- Children up to their 26th birthday  
Dearborn National Basic Life Insurance- Children from age 14 days until their 26th birthday  
Dearborn National Voluntary Life Insurance- Children from age 14 days until their 26th birthday

**Pre-Existing Conditions:**

Pre-existing conditions may apply. See "HIPAA Portability - Pre-Existing Condition" on back cover.

**Termination of Coverage:**

Your Medical, Dental and Vision benefits will terminate at midnight on the last day of the month following your termination date. All other benefits terminate the last day of employment.

**Employee Contact Directory**



	<b>BlueCross BlueShield - Medical</b> Member Services 24 Hour Nurse Line BlueAccess for Members	(800) 521-2227 (800) 581-0393 <a href="http://www.bcbstx.com">www.bcbstx.com</a>
	<b>Kaiser Permanente (CA only) - Medical</b> Customer Service	(800) 464-4000 <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>
	<b>VSP - Vision</b> Customer Service	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
	<b>MetLife- Dental (Indemnity) formerly SafeGuard</b> Customer Service	(800) 942-0854 <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
	<b>CIGNA - Dental (DHMO California &amp; Arizona)</b> Customer Service	(800) 244-6224 <a href="http://www.cigna.com">www.cigna.com</a>
	<b>Dearborn National - Basic Life, AD&amp;D, Voluntary Life and Voluntary AD&amp;D Claims</b> (800)778-2281	Coastal Transport Benefits Administrator (210) 661-4287
	<b>Fort Dearborn Life - Voluntary Short &amp; Voluntary Long Term Disability Claims</b>	(800) 348-4512 <a href="http://www.fdl-life.com">www.fdl-life.com</a>
	<b>American Fidelity Assurance Co. - Cancer Plan</b> Customer Service	(800) 654-8489 <a href="http://www.afadvantage.com">www.afadvantage.com</a>
	<b>Bowen, Miclette &amp; Britt - Broker</b> Gayle Ryan Account Manager	Phone: (713) 880-7110 Fax: (713) 880-7115 <a href="mailto:gryan@bmbinc.com">gryan@bmbinc.com</a>

## BlueCross BlueShield Medical Plans

**Coastal Transport** believes strongly in providing financial protection to its employees which is why the company pays for the majority of the employee's medical premiums, and also contributes toward the dependent premiums.



As a BlueCross BlueShield BlueChoice participant, you have the freedom to choose your own physician each time you need care. You have access to one of the largest provider networks in the United States, the BCBS BlueChoice Network, and you **DO NOT** have to file any claim forms when using network providers. In addition, your plan does not require referrals to see your physician of choice.

The amount of benefits paid by your BlueCross Blue Shield coverage depends on whether or not you receive your medical care through the network of participating providers. In general, you pay less when you receive services covered through network providers. You will always have a right to choose, but **THE CHOICE YOU MAKE CAN SAVE YOU MONEY!** The member will be responsible for any charges over "Reasonable & Customary" if using an Out-of-Network Provider or Facility.

Refer to the back page of this booklet on how to look up a provider in the BlueCross and BlueShield Network.

Please remember that since your premiums are paid on a pre-tax basis you are "locked in" to your benefit election for the next plan year unless you have a qualified change in family status. Some examples of this would include:

- ❖ Marriage or Divorce
- ❖ Birth or Adoption
- ❖ Death of a Dependent
- ❖ Loss or Gain of Spouse's Employment.

Changes may **NOT** be made during the year **UNLESS** there is a qualified change in family status!



<b>BlueEdge Wellness Rewards HCA \$1,500 PPO Plan</b>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Calendar Year Deductible</b> Individual Family Maximum		\$1,750 \$3,500
<b>Coinsurance</b>	80%	60% of Allowable Amount
<b>Wellness Rewards</b> Employee activity that will result in a credit to the Employee's Health Care Account (HCA) <b>Maximum credit of \$200 per year</b>	(1) Completion of Health Risk Assessment (HRA): \$50 (2) Routine annual physical exam: \$100 (3) Mammography screening: \$50 (4) Exam for detection of prostate cancer: \$50	
<b>Coinsurance Stop Loss Amount</b> (excluding plan deductible) Individual Family Maximum	\$3,000 \$8,000	\$5,000 \$15,000
<b>Inpatient Hospital Expenses</b> Inpatient Hospital Expenses (must be preauthorized) Penalty for failure to preauthorize	80% after Deductible None	60% after Deductible \$250
<b>Medical Surgical Expenses</b> Physician Office Visit, including lab & x-ray Physician surgical services in any setting Urgent Care center visit (including lab & x-ray, except Certain Diagnostic Procedures) Lab & X-ray in other outpatient facilities (except Certain Diagnostic Procedures) Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan, Ultrasound, MRI, Myelogram, PET Scan All other outpatient services and supplies	\$30 Copay 80% after Deductible \$45 Copay  100% Deductible waived  80% after Deductible  80% after Deductible	70% after Deductible 60% after Deductible 70% after Deductible  70% after Deductible  60% after Deductible  60% after Deductible
<b>Emergency Care/Outpatient Hospital Emergency Room</b> Accidental Injury & Medical Emergency Care (within 48 hours) Facility Charges Physician Charges	(Copay waived if admitted) 80% of Allowable amount after \$150 Copay 80% after Deductible	
<b>Preventive Care</b> 6 years of age & over - Routine physical exams, Well-baby care exams, immunizations, and any other preventive health services as determined by USPSTF Immunizations (birth through 6th birthday)	100%; Deductible and Copay waived  100%; Deductible waived	70% after Deductible  100%; Deductible waived
<b>Mental Health Care</b> (must be preauthorized) <b>Inpatient Services</b> Hospital services Physician services <b>Outpatient Services</b> Physician office visit/consultation, including lab & x-ray Other outpatient services, including psychological testing	80% after Deductible 80% after Deductible  \$30 Copay 80% after Deductible	60% after Deductible 60% after Deductible  70% after Deductible 60% after Deductible
<b>Prescription Drug Program</b> (30 day supply) Generic* Preferred Brand Name Non-Preferred Brand Name Mail Service	\$25 Copay \$40 Copay \$55 Copay 3x retail Copay amount	80% of Allowable minus Copay 80% of Allowable minus Copay 80% of Allowable minus Copay N/A
<b>Maximum Lifetime Benefit</b>	Unlimited	

**\*RX Enhanced -** Members electing to purchase Preferred/Non-Preferred Brand Name Drugs when a Generic equivalent is available, will be required to pay the difference between the cost of the Generic and Preferred/Non-Preferred Brand Name Drug, plus the Preferred Brand Name Copay Amount. If "Brand Medically Necessary" is indicated on the prescription, the member will pay the Preferred or Non-Preferred Brand Name Copay Amount.



<b>BlueEdge Wellness Rewards HCA \$1,000 PPO Plan</b>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Calendar Year Deductible</b> Individual Family Maximum		\$1,250 \$2,500
<b>Coinsurance</b>	80%	60% of Allowable amount
<b>Wellness Rewards</b> Employee activity that will result in a credit to the Employee's Health Care Account (HCA) <b>Maximum credit of \$200 per year</b>	(1) Completion of Health Risk Assessment (HRA): \$50 (2) Routine annual physical exam: \$100 (3) Mammography screening: \$50 (4) Exam for detection of prostate cancer: \$50	
<b>Coinsurance Stop Loss Amount</b> (excluding plan deductible) Individual Family Maximum	\$3,000 \$8,000	\$5,000 \$15,000
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<b>Mental Health Care</b> (must be preauthorized) <b>Inpatient Services</b> Hospital services Physician services <b>Outpatient Services</b> Physician office visit/consultation, including lab & x-ray Other outpatient services, including psychological testing	80% after Deductible 80% after Deductible  \$30 Copay 80% after Deductible	60% after Deductible 60% after Deductible  70% after Deductible 60% after Deductible
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<b>Maximum Lifetime Benefit</b>	Unlimited	

**\*RX Enhanced** - Members electing to purchase Preferred/Non-Preferred Brand Name Drugs when a Generic equivalent is available, will be required to pay the difference between the cost of the Generic and Preferred/Non-Preferred Brand Name Drug, plus the Preferred Brand Name Copay Amount. If "Brand Medically Necessary" is indicated on the prescription, the member will pay the Preferred or Non-Preferred Brand Name Copay Amount.

# Blue Cross Blue Shield Medical Plan - High Option



<b>PPO Standard Plan</b>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Calendar Year Deductible</b> Individual Family Maximum	\$750 \$1,250	\$750 \$1,250
<b>Coinsurance</b>	90%	70% of Allowable amount
<b>Out-of-Pocket Maximum</b> (excluding plan deductible) Individual Family Maximum	\$2,500 \$5,000	\$4,000 \$8,000
<b>Inpatient Hospital Expenses</b> Inpatient Hospital Expenses (must be preauthorized) Penalty for failure to preauthorize	90% after Deductible None	70% after Deductible \$250
<b>Medical Surgical Expenses</b> Physician Office Visit, including lab & x-ray Physician surgical services in any setting Urgent Care center visit (including lab & x-ray, except Certain Diagnostic Procedures) Immunizations (birth through the day of the 6th birthday) Lab & X-ray in other outpatient facilities (except Certain Diagnostic Procedures) Certain Diagnostic Procedures: Bone Scan, Cardiac Stress Test, CT Scan, Ultrasound, MRI, Myelogram, PET Scan All other outpatient services and supplies	\$30 Copay 90% after Deductible \$50 Copay  100% Deductible waived 90% Deductible waived  90% after Deductible  90% after Deductible	70% after Deductible 70% after Deductible 70% after Deductible  100% Deductible waived 70% Deductible waived  70% after Deductible  70% after Deductible
<b>Emergency Care/Outpatient Hospital Emergency Room</b> Accidental Injury & Medical Emergency Care (within 48 hours) Facility Charges Physician Charges	(Copay waived if admitted) 90% of allowable amount after \$150 Copay 90% after Deductible	
<b>Preventive Care</b> 6 years of age & over - Routine physical exams, Well-baby care exams, immunizations, and any other preventive health services as determined by USPSTF Immunizations (birth through 6th birthday)	100%; Deductible and Copay waived  100%; Deductible waived	70% after Deductible  100%; Deductible waived
<b>Mental Health Care</b> (must be preauthorized) <b>Inpatient Services</b> Hospital services Physician services <b>Outpatient Services</b> Physician office visit/consultation, including lab & x-ray Other outpatient services, including psychological testing	90% after Deductible 90% after Deductible  \$30 Copay 90% after Deductible	70% after Deductible 70% after Deductible  70% after Deductible 70% after Deductible
<b>Prescription Drug Program</b> (30 day supply) Generic* Preferred Brand Name Non-Preferred Brand Name Mail Service	\$20 Copay \$40 Copay \$60 Copay 3x retail Copay amount	80% of Allowable minus Copay 80% of Allowable minus Copay 80% of Allowable minus Copay N/A
<b>Maximum Lifetime Benefit</b>	Unlimited	

**\*RX Enhanced** - Members electing to purchase Preferred/Non-Preferred Brand Name Drugs when a Generic equivalent is available, will be required to pay the difference between the cost of the Generic and Preferred/Non-Preferred Brand Name Drug, plus the Preferred Brand Name Copay Amount. If "Brand Medically Necessary" is indicated on the prescription, the member will pay the Preferred or Non-Preferred Brand Name Copay Amount.

## Kaiser Permanente HMO Medical Plan - California Only



<b>Calendar Year Deductible</b> Individual Family	None
<b>Coinsurance Maximum</b> Individual Family	\$1,500 \$3,000
<b>Office Visit Copay</b> Primary Care Specialist	\$25 Copay \$25 Copay
<b>Lifetime Maximum</b>	Unlimited
<b>Preventive Care</b>	100%; No copay
<b>Emergency Room</b>	100% after \$100 Copay per visit (waived if admitted directly to the hospital as inpatient)
<b>Urgent Care</b>	\$25 Copay
<b>Hospitalization</b> Inpatient Outpatient	No Charge No Charge
<b>Ambulance Service</b>	\$100 per trip
<b>Prescription Drugs (30 Day Supply)</b> Generic Preferred Mail Order (Up to 100 Day Supply)	\$10 Copay \$25 Copay Up to 3x Retail Copay

## VSP Vision Benefit Plan



<b>Benefits</b>	<b><u>In-Network</u></b>	<b><u>Out-of-Network</u></b>
<b>Copay</b>		
Exam	\$20	N/A
Prescription Glasses or Contacts	\$20	N/A
<b>Benefits (after Copay)</b>		
Exam	Covered in Full	Up to \$45 less any applicable copay
Single Lenses	Covered in Full	Up to \$45 less any applicable copay
Lined Bifocal Lenses	Covered in Full	Up to \$65 less any applicable copay
Lined Trifocal Lenses	Covered in Full	Up to \$85 less any applicable copay
Contacts Elective (in lieu of lenses & frames) Medically Necessary (prior authorization required)	Up to \$130 Allowance Covered in Full	Up to \$105 Up to \$210
Frames	Up to \$130 Retail + 20% of balance	Up to \$47 less any applicable copay
<b>Benefit Periods</b>		
Exam	Every 12 Months	
Lenses	Every 12 Months	
Frames	Every 24 Months	
Contact Lenses (in lieu of lenses & frames)	Every 12 Months	

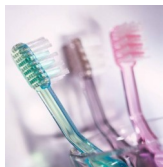
# MetLife and CIGNA Dental Benefit Plans



Benefits	<u>MetLife Indemnity Plan (formerly SafeGuard)</u>		<u>CIGNA DHMO Plan</u>
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>
<b>Deductible</b>			
Individual	\$50		None
Family (3 individual deductibles)	\$150		None
<b>Reimbursement Levels</b>	Contracted Fee	*90 <sup>th</sup> Percentile of Usual & Customary	Contracted Fee
<b>Description of Benefit</b>			
<b>Preventive Services-Type A</b> Prophylaxis (cleanings) - 2 per calendar year Oral Examinations - 2 per calendar year Topical Fluoride Applications (children under age 19) - 1 per calendar year X-rays (full mouth) - 1 per 36 months X-rays (bitewing-children under age 14) - 2 sets per calendar year X-rays (bitewing- adult) - 1 set per calendar year Sealants (children under age 17) - 1 application every 36 months	100% deductible waived		Refer to Schedule
<b>Basic Restorative Services-Type B</b> Fillings General anesthesia Consultations -2 times in a 12 month period Occlusal Adjustments -1 time in a 12 month period Space maintainers (children under age 14)	80% after deductible		Refer to Schedule
<b>Major Restorative Services-Type C</b> Simple Extractions Crown, Denture, Bridge Repair and Recementations -1 time in a 12 month period Implants Bridges and Dentures Crowns, Inlays, and Onlays Endodontics - once per tooth per 24 months Oral Surgery Periodontics - scaling and root planning once per quadrant every 24 months; surgery once per quadrant every 36 months	50% after deductible		Refer to Schedule
<b>Orthodontia Services</b>	Not covered		Refer to Schedule
<b>Calendar Year Maximum</b>	\$1,000		Unlimited

**Late Enrollment Waiting Period:** One Year Waiting Period for all Services following date of request.

**Networks may not be available in all locations. Services vary in each location**



**\*Balance Billing:** If you receive care from a dentist that is not contracted with MetLife’s Dental Network, and that dentist charges more than MetLife’s Usual & Customary amount for that specific procedure for your area, then you are responsible for paying the difference between MetLife’s Usual & Customary amount allowed and what the dentist actually charged.



## Dearborn National Basic Life and Accidental Death & Dismemberment



*Coastal Transport* provides all employees with Basic Life and AD&D coverage through Dearborn National. Dependents also have coverage under the plan as long as they have been enrolled for coverage on the Blue Cross Blue Shield medical plan.

The Life Insurance benefit will be paid in the event of death while covered under the plan. The AD&D benefit will be paid in addition to the Life Insurance benefit in the event of a loss of life as a result of accidental injury. The AD&D benefit is also payable as a result of loss of limb, vision or hearing as a result of an accidental injury while covered under the plan, even if there is no loss of life. The Dearborn National insurance program also includes a valuable benefit referred to as the “Accelerated Life Benefit” in addition to “Waiver of Premium” should you become disabled. The amount of the Basic Life and AD&D benefit minimum is \$15,000.

## Dearborn National Voluntary Life



Eligible employees of *Coastal Transport* are given the opportunity to purchase Voluntary Life Insurance for themselves, their spouse and eligible dependent children.

**Employees** may elect one of the following six benefit options: \$25,000; \$50,000; \$75,000; \$100,000; \$150,000 and \$200,000. If you elect the Voluntary Life plan for yourself, you may elect the following for your dependents:

- **A Spouse** is eligible for up to 100% of the employee’s amount
- **Dependent Children** age 14 days to 26 years are eligible for a \$5,000 or \$10,000 benefit

### Guarantee Issue Amounts

Employee - \$100,000

Spouse - \$25,000

Child - \$10,000

Voluntary Life guarantee issue amounts only apply to employees electing coverage within their original eligibility period. All others will be subject to Evidence of Insurability and can be declined for coverage.

## Dearborn National Voluntary Accidental Death & Dismemberment



The AD&D coverage pays a benefit upon accidental death. It also pays a benefit if you suffer a dismembering injury such as losing a hand, foot or your eyesight. You can choose amounts from \$50,000 to \$500,000 in increments of \$50,000. Plus you can choose to cover yourself and your family. Dependent coverage will be a percentage of the employee’s elected amount, and the structure of the family unit at claim time.

- Employee - 100%
- Employee - 100% and Spouse - 60%
- Employee - 100% and Child - 20%
- Employee - 100%, Spouse - 40% and Child - 10%

**The following benefits are only available during Open Enrollment.**

**Fort Dearborn Life Voluntary Short Term Disability Plan**



*Coastal Transport* makes Short Term Disability (STD) insurance available to all eligible employees. STD insurance helps replace your income if you are sick or injured and cannot work. The pre-existing condition limitation may apply.



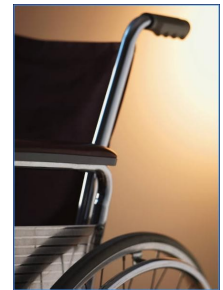
Benefit Description	
<b>Elimination Period</b> Accident Sickness	Benefit payments for an approved disability claim begin: 1 <sup>st</sup> Day of Disability 8 <sup>th</sup> Day of Disability
<b>Weekly Benefit</b>	Amount elected on your enrollment form
<b>Maximum Benefit Duration</b>	Up to 52 weeks

**Fort Dearborn Life Voluntary Long Term Disability Plan**



*Coastal Transport* makes available a Long Term Disability (LTD) plan that ensures you will receive an income when you are unable to work for an extended period of time. The pre-existing condition limitation may apply.

Benefit Descriptions	
<b>Elimination Period</b>	52 weeks from the date the disability begins
<b>Monthly Benefit</b>	Amount elected on your enrollment form
<b>Maximum Benefit Duration</b>	5 years



**American Fidelity Assurance Co. Cancer Solution Plan**



Is Medical Coverage Enough? We know that a cancer diagnosis is both a physical and emotional drain, but how will you handle the financial drain? Your medical insurance may be good, but will it pay for all the expenses associated with cancer?

◆ *65% of cancer related costs are indirect and not covered by Major Medical or Hospital policies, according to the American Cancer Society.*

American Fidelity's Cancer *Solution* Plan is specially designed to cover those indirect costs with over 25 built-in policy benefits that will help provide financial peace of mind. Our Cancer *Solution* Plan policy can be a part of the answer in helping you and your family focus on fighting the disease and not struggling to pay bills.

# Coastal Transport 401(k) Plan Steps to Retirement Planning



Using your retirement plan can be one of the best ways to save for your future. Following a few simple steps may help you.

## Contribute to your plan

The first step is often the most important one. Make time count for you and start participating today. Remember, this plan will help pay your bills after you stop working. And you still have a lot of living to do once you retire. Look at the difference time will make!

Look at Jennifer and Mike, for example. Mike saves \$200 a month from age 22 through 41 and then stops. His total investment is \$48,000, and that money has another 24 years to grow before Mike retires.

Jennifer, on the other hand, waits to start saving. She starts at age 45 and keeps investing through age 64. Her total investment is \$48,000. Even though Mike and Jennifer earn the same interest rate—8% a year—Jennifer's account never reaches Mike's!

## Invest with pretax dollars

Your plan allows you to invest with pretax dollars. This means the money you invest is deducted from your paycheck before federal and most state income taxes are withheld. Your taxable income goes down, so you pay less in current taxes.\*

For example, if you make \$30,000 this year and contribute \$3,000 to the plan, your taxable income will be just \$27,000, minus any other deductions you may have.

## Grow earning tax-deferred

Your retirement account isn't taxed until you take money out. In a regular savings account, you're taxed each year on both what you save and what you earn.

*\*Pretax deferrals do not lower your income for FICA and FUTA withholding purposes.*

Look at the difference between a regular account and a pretax account:

<u>Mike</u>	<u>Jennifer</u>	<b>Regular account at year 30:</b>	<b>\$69,100</b>
		<b>Pretax account at year 30:</b>	<b>\$149,000</b>
Total investment: \$48,000	Total investment: \$48,000		
Final Balance: \$737,000	Final Balance: \$118,000		

*Both examples assume 20 years of contributions, at \$200 a month, with contributions made at the end of each month. Both assume an 8% annual rate of return compounded monthly, which is reinvested. The example is for illustration only and doesn't represent a particular investment product. This information is for education only, and is not meant to provide investment advice.*

## Make full use of the tax benefits

Using your plan reduces your taxable income today; you're not taxed on your account until you start taking money out of it—usually at retirement. Participating in your employer's plan may be one of the best tax advantages available to you.

*Assumes the employee is in the 28% tax bracket and \$100 is either invested directly at the end of each month into a tax qualified plan (pretax account) or \$72 (\$100 X 28% tax bracket=\$72 available contributions) is invested at the end of each month after being taxed (regular account). At the end of 30 years, if you withdrew your entire account balance in the pretax account and were in the 28% tax bracket, your pretax account would be worth \$107,300 after taxes were paid.*

*Assumes a pretax return rate of 8%. The effective rate in the after-tax account is 5.76%*

*Recordkeeping services provided by Ascensus. This material is provided by J.P. Morgan Institutional Investments Inc. (JPMII). Member NASD/SIPC. JPMII and Ascensus are not affiliated.*

*The assumptions are for illustrative purposes only and are not representative of the performance of any security. There is no assurance similar results can be achieved, and this information should not be relied upon as a specific recommendation or an offer to buy or sell securities.*

*This material has been prepared for information and educational purposes only. It is not intended to provide, and should not be relied upon for, investment, accounting, legal or tax advice.*

# Legislative Guidelines

## HIPAA Privacy Laws:

In accordance with HIPAA, Coastal Transport and Bowen, Miclette & Britt guard your Protected Health Information (PHI). We will only discuss your PHI with medical providers and third party administrators with your written consent. Therefore, employees must now complete an authorization form in order to receive assistance in claims resolution. An authorization form should only be signed when the Bowen, Miclette & Britt representative or the Coastal Transport Benefits Administrator will be assisting you.

## HIPAA Portability– Pre-Existing Conditions

Pre-existing conditions may apply if you do not meet Federal HIPAA guidelines:

- There must not be a lapse in coverage exceeding 63 days for the last 12 calendar months
- A “*Certificate of Creditable Coverage*” from your former insurance company must be provided to the new insurance company with your initial enrollment to provide proof of your prior Creditable Coverage or claims payment may be delayed.
- Does not apply to children under age 19

## Women’s Health Act

The Women’s Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient’s physical needs.

## Continuation Required by Federal Law for You and Your Dependents

Federal law enables you or your Dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your Dependents to continue health insurance if their coverage ceases due to your death, divorce, legal separation or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your Employer’s group health plan(s) and is subject to federal law, regulations and interpretations.

The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income.

## Newborns’ and Mothers’ Health Protection Act

Federal law (Newborns’ and Mothers’ Health Protection Act of 1996) prohibits the plan from limiting a mother’s or newborn’s length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 to 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

## Mental Health Parity Act

According to the Mental Health Parity Act of 1996, the lifetime maximum dollar limits for Mental Health and Substance Abuse benefits are included in the lifetime maximum dollar limits for medical and surgical benefits under this plan.

This brochure summarizes the benefit plans that are available to Coastal Transport eligible employees and their eligible dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

*Information provided in this brochure is not a guarantee of benefits.*

Coastal Transport is an Equal Employment Opportunity Affirmative Action Employer.

## **To Locate a BlueCross and BlueShield network provider you can:**



Call the toll-free Member Services Number 1-800-521-2227, or

- On the Internet,** go to [www.bcbstx.com](http://www.bcbstx.com). On the right side of the screen there is a heading in an orange box, “Find a Doctor”
1. Click on the arrow beside the “Select a Health Plan/Network” drop down box, and then click on BlueChoice PPO Plan
  2. Below the drop-down box click on “Search by Provider Type” and then click the blue “Find”
  3. The next screen to come up will ask you to select your state. Click the arrow beside the drop-down box and scroll to your state and click on it.
  4. The second line asks you to Select Provider Type. Click on the arrow beside the drop-down box and click on Physician or Hospitals.
  5. If you are looking for a particular type of doctor, click on the Specialty drop-down box and make your selection from those types listed.
  6. Enter your location with a zip code and then click on the number of miles you are willing to travel.
  7. The last step is to click the orange “Search” button

A list of the type providers you want that are located within the number of miles you indicated will appear on the next screen, and you can print it at that time. To see more providers, increase the number of miles you are willing to travel.