

Retiree Benefits Summary Insert

Prepared Exclusively For: **CenturyLink**

Group Number 39080 (H5435 849)

Effective January 1, 2010 to December 31, 2010

BENEFITS AND COVERAGE

YOUR COSTS

Insured by: UnitedHealthCare Insurance Company

This is a highlight of benefits only and is not all inclusive of the Plan's benefits, services, limitations or exclusions. Please refer to the enclosed Retiree Benefits Summary booklet and your Evidence of Coverage for additional details. Keep this Retiree Benefits Summary Insert, together with your Retiree Benefits Summary, handy for your reference.

For general questions prior to enrollment call 1-800-610-2660, TTY: 711, 8:00 a.m. to 8:00 p.m. local time, 7 days a week

Members call Customer Service at the phone number listed on the back of your Member ID card, or on the back cover of the Retiree Benefits Summary booklet.

Annual Deductible

\$250

Physician Services

- Primary Care Physician 5% coinsurance after deductible per visit
 - Specialist 5% coinsurance after deductible per visit
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Emergency Department Services

- Within the United States \$50 copayment waived if admitted to the hospital within 24 hours for the same condition.
 - Outside of the United States \$50 copayment waived if admitted to the hospital within 24 hours for the same condition.
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Urgently Needed Care

- Within the United States \$35 copayment waived if admitted to the hospital within 24 hours for the same condition.
 - Outside of the United States \$35 copayment waived if admitted to the hospital within 24 hours for the same condition.
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Ambulance Services

5% coinsurance after deductible per visit, waived if admitted to the hospital

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| Inpatient Hospital Care | 5% coinsurance after deductible per admission for unlimited days* |
| | For transplant services, you pay 5% coinsurance for Professional fees and other transplant related health services provided in a designated transplant facility. |
| Inpatient Mental Health Care | 5% coinsurance after deductible for each Medicare-covered hospital stay, 190 day lifetime maximum |
| Skilled Nursing Facility Care | You pay 5% coinsurance for days 1-100 up to 100 days per benefit period**, three-day prior hospital stay is not required |
| Home Health Agency Care | 5% coinsurance after deductible per visit |
| Outpatient Mental Health Care | 5% coinsurance per visit |
| Partial Hospitalization Psychiatric Program | \$60 copayment after deductible per day |
| Outpatient Substance Abuse Services | 5% coinsurance per visit |
| Outpatient Hospital Services (includes observation, medical and surgical care) | 5% coinsurance after deductible per surgery |
| Medicare-covered Outpatient Rehabilitation Services | |
| • Comprehensive Outpatient Rehabilitation (CORF) | 5% coinsurance after deductible per visit |
| • Cardiac and Pulmonary Rehabilitation | 5% coinsurance after deductible per visit |
| • Occupational Therapy, Physical Therapy and Speech and Language Pathology Services | 5% coinsurance after deductible per visit |

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| Durable Medical Equipment (DME), Prosthetics, Orthotics (Corrective Appliances), Infusion Equipment and Supplies used in conjunction with the above | 5% coinsurance after deductible for each Medicare- covered item |
| Diabetes Self Management Training | \$0 copayment for Medicare-covered diabetes self- management training Office Visit copayment may apply |
| Diabetes Monitoring Supplies | 5% coinsurance after deductible per item or up to a 30- day supply |
| Medical Nutrition Therapy | \$0 copayment Office Visit copayment may apply |
| Imaging Procedures, X-rays and Portable X-rays Used in the Home | |
| • Medicare-covered Standard X-rays | 5% coinsurance after deductible |
| • Complex Radiology Services and Imaging Procedures | 5% coinsurance after deductible |
| • Diagnostic Procedure/Test (non-radiological) Pulmonary and Cardiac Diagnostic Testing | 5% coinsurance after deductible |
| Laboratory Services | 5% coinsurance after deductible Office Visit copayment may apply |
| Radiation Therapy | 5% coinsurance after deductible per visit Office Visit copayment may apply |
| Medical Supplies | 5% coinsurance after deductible per item |
| Blood and Its Administration | \$0 copayment |

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| Kidney Dialysis | 5% coinsurance after deductible at a Medicare-certified facility within the United States |
| Bone Mass Measurements | \$0 copayment Office Visit copayment may apply |
| Colorectal Screening Exams | \$0 copayment Office Visit copayment may apply |
| Annual Screening Mammograms | \$0 copayment Office Visit copayment may apply |
| Pap Smears and Pelvic Exams | \$0 copayment Office Visit copayment may apply |
| Annual Prostate Cancer Screening Exams | \$0 copayment |
| Cardiovascular Disease Testing | \$0 copayment |
| Abdominal Aortic Aneurysm Screening | 5% coinsurance after deductible for a Medicare-covered screening |
| Medicare-covered Physical Exams | \$0 copayment |
| <p>Please note: Due to new Medicare guidelines, this benefit is amended. The Retiree Benefits Summary booklet should read, "If your coverage for Medicare Part B begins on or after January 1, 2005, you may receive a one-time physical exam within the first twelve months of your new Part B coverage."</p> | |
| Immunizations | |
| <ul style="list-style-type: none"> Flu, Pneumococcal Pneumonia, and Hepatitis B Vaccines | \$0 copayment |
| Outpatient Prescription Drugs | Not covered. |
| Medicare Part B-covered Drugs | 10% coinsurance |

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| Outpatient Injectable Medications - Self –Administered | 10% coinsurance |
| Outpatient Injectable Medications - Administered in a Physician’s Office | 10% coinsurance |
| Outpatient Injectable Medications – Home Health | 10% coinsurance |
| Hemophilia Clotting Factors - (Self Administered, Administered in a Physician’s, Office Home Health) | 10% coinsurance |
| Antigens | 10% coinsurance |
| Routine Acupuncture | 5% coinsurance per visit/limit of 20 visits per year |
| Chiropractic Services | 5% coinsurance after deductible per visit |
| Dental Services • Medicare – covered | 5% coinsurance after deductible per visit for each Medicare-covered dental service |
| Foot Care • Medicare-covered • Routine (non-Medicare covered) | 5% coinsurance after deductible per visit \$20 copayment after deductible per visit/limit of 6 visits per year |
| Hearing Services • Medicare-covered diagnostic hearing exam • Routine hearing tests for hearing aids (non-Medicare covered) | 5% coinsurance after deductible per visit Up to a \$100 allowance for routine hearing tests, up to 1 test every 12 months |

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- Hearing Aids

Up to \$2,000 hearing aid allowance every 36 months

Vision Services

Eye care – medical need

- Medicare-covered eye exam

5% coinsurance after deductible for each Medicare-covered vision service

- Medicare-covered eyewear

Up to a \$75 allowance for one pair of Medicare-Covered eyeglasses or contact lenses after cataract surgery

Annual Routine Physical Examination

(non-Medicare covered)

Medicare initial preventive physical exam covered in full, \$0 copayment for annual routine physical examination

SilverSneakers[®] Fitness Program

You pay a \$0 monthly membership fee for a Fitness Program through Contracted fitness centers. There is no visit or use fee when you use Contracted service providers. Call us to find a program near you.

(All fitness programs may not be available in all areas. We may offer other fitness programs in your area.)

Optum[®] NurseLine

You pay \$0 for calls to the NurseLine, available 24 hours a day, every day to help you with health and medical questions or to find quality providers or assist you in scheduling appointments. Simply call 1-877-365-7949, or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for the phone number above 1-877-365-7949.

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Wellness Advising

You pay \$0 for this program designed to help you address certain particular conditions (for example weight management or fall risk issues) associated with defined medical conditions or criteria.

The program provides you with access to advisors who assist you in making lifestyle behavior changes, as well as understanding risk factors associated with your health issues. The advisors provide you either printed materials or telephonic support to achieve your goal.

Treatment Decision Support

You pay \$0 for calls to the NurseLine to help you make effective treatment decisions, find a quality doctor, schedule appointments, work more effectively with your doctor, find a resource for a second opinion or answer questions about a number of medical conditions and treatment options (back pain, knee or hip replacements, benign prostate problems, prostate cancer, breast cancer, benign uterine conditions (fibroids, endometriosis, uterine bleeding), coronary disease, obesity (bariatric surgery)). Simply call 1-866-247-8292, Monday through Friday, 9:00am to 7:00pm (Central Time) or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for 1-866-247-8292.

Access Support

You pay \$0 for calls to the NurseLine to help you find a quality doctor and schedule appointments. Simply call 1-877-365-7949, Monday through Friday, 9:00am to 7:00pm (Central Time) or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for 1-877-365-7949.

Out-of-Pocket Maximum (annual)

\$1,500

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Out-of-Pocket Maximum

Applies to the following services:

Emergency Department Services
Urgently Needed Care
Ambulance Services
Inpatient Hospital Care
Inpatient Mental Health
Skilled Nursing Facility (SNF)
Home Health Services
Partial Hospitalization
Outpatient Hospital Services (including Outpatient Surgery)
Comprehensive Outpatient Rehabilitation Facility (CORF)
Cardiac and Pulmonary Rehabilitation
Occupational Therapy Services
Physical Therapy and Speech Pathology Services
Durable Medical Equipment (including DME purchased in a pharmacy)
Diabetes Self-Management Training
Diabetes Monitoring Supplies
Medical Nutrition Therapy
Laboratory Services
Diagnostic Procedures
Outpatient X-ray Services
Therapeutic and Diagnostic Radiology
Medical Supplies
Blood and Its Administration
Kidney Dialysis
Bone Mass Measurement
Colorectal Screening Exams
Annual Screening Mammograms
Pap Smears and Pelvic Exams
Annual Prostate Cancer Screening
Medicare-covered Physical Exam
Annual Routine Physical Exam
Immunizations
Medicare Part B Drugs (including drugs purchased in a pharmacy)



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Medicare-covered Eye exam (includes glaucoma)

Underwritten by United HealthCare Insurance Company or United HealthCare Insurance Company of New York for New York residents (United HealthCare)

*Inpatient Hospital Copayments are charged on a per admission or daily basis. **Original Medicare hospital benefit periods do not apply.** For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.

**A benefit period begins the first day of a Medicare-covered inpatient hospital or Skilled Nursing Facility (SNF) stay and ends with the close of a period of 60 consecutive days during which you were neither an inpatient of a hospital nor a SNF. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the skilled nursing facility care copayment, if applicable, for each benefit period. There is no limit to the number of benefit periods you can have.

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SecureHorizons[®] MedicareDirect[™], a Medicare Advantage Private Fee-For-Service Plan, is offered by United HealthCare Insurance Company or an affiliated company, a Medicare Advantage Organization with a Medicare contract. A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital is not required to agree to accept the plan's terms and conditions, and thus may choose not to treat you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may choose not to provide health care services to you, except in emergencies. Providers can find the plan's terms and conditions on our Web site at: www.UnitedHealthcareonline.com/pffs.