

**National Optical Astronomy Observatory
 Medical Benefits at a Glance
 For Employees and Dependents
 Benefit Effective January 1, 2009**

PLAN FEATURE	BENEFITS
Calendar Year Deductible	\$100 /Individual \$200 /Family
Plan Coinsurance	80% of covered expenses after deductible
Lifetime Maximum	Unlimited (\$5,000,000 Infusion Therapy Maximum)
Annual Out-of-Pocket Limitation (including deductible)	\$1,100 /Individual \$2,200 /Family
Inpatient Charges & Outpatient Charges	Payable at Plan Coinsurance as any other treatment
Room & Board Charges - Semi Private Room and Board - - Private Room - - Special Care Units (ICU/CCU)	Payable at Plan Coinsurance as any other treatment Hospital's average semi-private charge per day of confinement. Covered outside US only if semi-private not available, limited to semi-private room rate Limited to the ICU/CCU daily room rate
Doctor Visits	Payable at Plan Coinsurance as any other treatment
Pregnancy Expense Benefits	Payable at Plan Coinsurance as any other treatment
Routine Nursery	Payable at Plan Coinsurance as any other treatment including room and board, physician charges and circumcision for males prior to discharge
Mental Health	<i>Inpatient:</i> Payable at Plan Coinsurance as any other treatment with a Lifetime maximum of 27 days. <i>Outpatient:</i> Plan pays 50% up to 23 visits per calendar year Lifetime Maximum of 35 visits Outpatient group therapy pays 50% after Plan deductible
Substance Abuse Benefits	<i>Inpatient:</i> Payable at Plan Coinsurance as any other treatment
Skilled Nursing Services	Payable at Plan Coinsurance as any other treatment up to a 60-day limit in a calendar year.
Prescription Drugs	Payable at Plan Coinsurance as any other treatment Expenses for and smoking cessation products are excluded.

This is a brief overview of the benefits plan and is not intended to explain each benefit in detail. The specifics of the Plan are contained in the Summary Plan Description, which will be provided to you. In the event of a conflict between this overview or the Summary Plan Description and the Plan Document, the Terms of the Plan Document will govern.

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MEDICAL (CONTINUED)

PLAN FEATURE	BENEFITS
Home Health Care	Payable at Plan Coinsurance as any other treatment up to a 120-visit limit in a calendar year.
Hospice Care Services	Payable at Plan Coinsurance as any other treatment
Chiropractic Services	Payable at Plan Coinsurance as any other treatment up to a 20 days per calendar year maximum.
TMJ Treatment	Payable at Plan Coinsurance as any other treatment up to a \$1,000 lifetime maximum.
Papanicolaou (Pap) Screening Test	Payable at 100% as any other treatment up to one test per calendar year for all eligible females.
Prostate Cancer Screening	Payable at 100% as any other treatment, one test per calendar year for males ages 50 and over.
Mammograms	Payable at 100% as any other treatment per the following schedule: <ul style="list-style-type: none"> • <i>Ages 35 – 39</i>: one baseline exam • <i>Ages 40 – 49</i>: one exam every one or two years for asymptomatic women, but no sooner than two years after a woman's baseline. • <i>Age 50 & Over</i>: one exam annually • <i>Any Age</i>: Whenever prescribed by a physician
Lead Poisoning Screening Test	Payable at 100% as any other treatment for children at or around 12 months old and children under age 6 who are considered to be at high risk.
Colorectal Cancer Screening	Payable at 100% as any other treatment for persons age 50 and older or for any person deemed at high risk of colon cancer because of family history, ethnic or lifestyle background.
Immunizations	Payable at Plan Coinsurance as any other treatment for children from birth through age 18 for immunization against diphtheria, hepatitis B, measles, mumps, pertussis, polio, rubella, tetanus, varicella, Haemophilus influenza B, and hepatitis A.
Travel Immunizations	Payable at Plan Coinsurance as any other treatment
Adult Routine Physical Exams	Payable at 100%, not subject to the Deductible, for charges made for or in connection with the overall health and well being for members 18 years old and over up to a 24 month maximum of \$250. Adult routine immunizations are excluded.

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MEDICAL (CONTINUED)

PLAN FEATURE	BENEFITS
Child Preventive Care Services	Payable at 100%, not subject to the deductible for children up to age 2 up to \$250 per calendar year from Birth to age 1 For children ages 3 through 17 \$125 per calendar year maximum. The following services are included: health history, physical examination, development assessments, anticipatory guidance, appropriate immunizations, and laboratory tests.
Emergency and Urgent Care Services	Payable at Plan Coinsurance as any other treatment
Laboratory and Radiology Services	Payable at Plan Coinsurance as any other treatment
Nutritional Evaluation	Covers charges made for nutritional evaluation and counseling when diet is part of the medical management of a documented organic disease.
Short Term Therapy	69 days (combined limit for Cardiac Rehab; Physical Therapy; Speech Therapy; Occupational Therapy Pulmonary Rehab and Cognitive Therapy)
Charges covered for Pre-ex conditions for late entrants	\$2,500 limit
Benefit Extension	10 days after termination if confined prior to termination
Pre-admission Certification/ Case Management <i>in the U.S. only</i>	Patient must call CIGNA International at 1-800-441-2668
Pre-admission Certification outside the U.S.	Not necessary

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National Optical Astronomy Observatory
Dental Benefits at a Glance
For Employees and Dependents
Benefit Effective January 1, 2009

DENTAL

PLAN FEATURE		BENEFITS
Calendar Year Maximum		\$1,500
Deductible		
	Individual	\$50
	Family	\$150
Coinsurance Percentage		
Class I -	Preventive Services	100%
	Diagnostic – General	
	Preventive	
Class II -	Basic Services	80%
	Restorative (Basic)	
	Endodontics	
	Periodontics	
	Prosthodontics-Removable (Maintenance)	
	Prosthodontics-Fixed Bridge (Maintenance)	
	Oral Surgery	
Class III -	Major Services	50%
	Restorative (Major)	
	Prosthodontics-Removable (Installation)	
	Prosthodontics-Fixed Bridge (Installation)	
Class IV -	Orthodontia – (Limited to dependent children under age 19)	50%
	Lifetime Maximum	
	Lifetime Deductible	\$0

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