

# UNION PACIFIC RAILROAD EMPLOYEES HEALTH SYSTEMS

UPREHS 60/30 PLUS PLAN		
SUMMARY OF BENEFITS 2007		
PLAN LIFETIME MAXIMUM: \$326,200 -- NO DEDUCTIBLE		
UPREHS BENEFITS	IN-NETWORK	OUT-OF-NETWORK
<b>For specific benefits and exclusions, refer to your plan document.</b>	<b>See ID card for participating networks</b>	<b>Percentage of plan allowable amount</b>
Emergency Ambulance Services	100%	100%
Chiropractic Services <b>\$600 UPREHS Annual Limit</b>	80%	80%
Diabetes Training, Dialysis & Organ Transplants <b>Limited</b>	100%	40%
Doctor Services Including Office & Hospital Visits <b>\$15 Office visit co-pay</b>	100%	40%
Durable Medical Equipment, Prosthetics & Orthotics <b>Limited UPREHS Benefits</b>	100% When Covered	40% When Covered
Emergency Services <b>\$50 ER Co-pay unless admitted</b>	100%	100% for 24 Hours- Then 40%
Home Health Care & Home Hospice Care <b>Requires UPREHS Care Coordinator (800) 547-0421</b>	100%	40%
Inpatient Hospital Care <b>Hospital admit pre-approval required: (800)572-5508</b>	100%	40%
Mental Health Care, Alcohol/Substance Abuse Care <b>Behavioral Health pre-approval required: (888) 484-3568</b>	80%	Not a UPREHS Benefit
Outpatient Services, including Surgery, Diagnostic Services & Therapeutic Services	100%	40%
Physical Therapy, Speech Therapy & Outpatient Rehabilitation Services <b>(Limited)</b>	100%	40%
Podiatry Services	100%	40%
Prescription Outpatient Drugs & Diabetic Supplies <b>Copayments and Formulary Drugs Apply</b> <b>UPREHS Mail-Order Required for Maintenance Rx</b>	\$1700 annual limit	Not a UPREHS Benefit
Preventive Wellness Benefits & Routine Exams <b>Limited. May require In-Network providers</b>	100%	40%
Skilled Nursing Facility & Home Health Care <b>Requires UPREHS Care Coordinator (800) 547-0421</b>	100%	40%
Annual Eye Examination <b>Prescription eyewear not covered</b>	100%	40%

This is a summary only. For specific plan benefits, refer to the plan document.

1/2007

