

2019 Union Pacific Corporation Group Retiree Health Plan High Deductible Health Plan (HDHP)

Retiree Medical coverage and costs for United HealthCare and BlueCross Blue Shield of Nebraska.

The following table provides an overview of the Retiree medical benefit available to eligible Union Pacific retirees for 2019. For more detailed information, review the 2019 Retiree Flexible Benefits Guide.

Dental coverage is not available to retirees. Retirees will continue to receive the EyeMed Vision discount through their UHC coverage with no additional cost.

	In-Network	Out-of-Network	Notes
PREMIUMS	Individual • \$415/month Family • \$933/month	Individual • \$415/month Family • \$933/month	This is the amount paid up front for healthcare coverage.
PREVENTIVE CARE	Plan pays 100% – deductible does not apply	No benefits are paid for an Out-of-Network Provider	See the 2019 Retiree Flexible Benefits Guide for a description of services treated as Preventive Care Services under the plan. If you have questions regarding whether a particular service is covered preventive care, please contact UnitedHealthCare or Blue Cross Blue Shield of Nebraska as applicable.
ANNUAL DEDUCTIBLE	Covered Medical Expenses		This is the amount a retiree pays before coinsurance applies. The Annual HDHP Deductible applies to both Medical and Pharmacy benefits and must be met before the Plan pays benefits. The Annual HDHP Coinsurance Maximum also applies to both Medical and Pharmacy benefits.
	Individual • \$2,800 Family • \$5,600 family max	Individual • \$5,600 Family • \$11,200 family max	
	Prescription Drugs		
	HDHP Annual Deductible applies to Rx expenses.	HDHP Annual Deductible applies to Rx expenses.	
COINSURANCE	Covered Medical Expenses		This is the portion of covered medical expenses for which the retiree and the plan share responsibility after the retiree meets the annual deductible. The amount the retiree pays in coinsurance is a percentage of the contracted rate (for covered medical services) or the prescription drug cost (for covered prescription drug products).
	After deductible is met, plan pays 80%, retiree pays 20%	After deductible is met, plan pays 60%, retiree pays 40%	
	Prescription Drugs		
	After deductible, plan pays 60-85%, retiree pays 15-40%	After deductible, plan pays 60-85%, retiree pays 15-40%	
COINSURANCE MAXIMUM	Covered Medical Expenses		Coinsurance maximum applies to medical and Rx expenses. This is the most a retiree will pay in coinsurance in 2019. (Retail) Pharmacy Coinsurance maximum coinsurance (\$10 minimum, *** \$100 payment per prescription) (Mail Order) Pharmacy Coinsurance maximum (\$25 minimum, *** \$150 maximum Pharmacy Coinsurance payment per prescription)
	Individual • \$2,900 Family • \$5,800	Individual • \$5,800 Family • \$11,600	
	Prescription Drugs		
	Single coinsurance maximum applies to medical and Rx expenses.	Single coinsurance maximum applies to medical and Rx expenses.	

The above table highlights certain features of the 2019 Union Pacific Corporation Group Retiree Health Plan. The 2019 Retiree Flexible Benefits Guide serves as the official plan document for the Plan. Should any information found in this table conflict with the 2019 Retiree Flexible Benefits Guide, the terms of the Retiree Flexible Benefits Guide will control. Union Pacific reserves the right, at its discretion, to amend, change or terminate any of its benefit plans, programs, practices or policies at any time for any reason. Nothing in this table shall be construed as creating an expressed or implied obligation on the part of the Company to establish or maintain any such benefit plan, program, practice or policy.