

Effective Dates: January 1, 2013 – December 31, 2013

Attachment A to Certificate of Coverage

The Plan's services and benefits, with their copayments and some of the limitations, are listed below. Please remember that this is only a brief listing. For further information, please see the Certificate of Coverage.

Please keep this Attachment A for your records.

BENEFITS	COVERAGE
PRIMARY CARE SERVICES:	
<ul style="list-style-type: none"> Preventive Care & Other Office Visits <ul style="list-style-type: none"> Routine Physicals (One per Calendar Year) Covered Immunizations Hearing Exams Illness and Injury X-Rays and Laboratory Procedures Tobacco Counseling (Adults only; one per Calendar Year) 	\$25 Copayment per visit \$25 Copayment per visit \$25 Copayment per visit \$25 Copayment per visit \$25 Copayment per visit \$0 Copayment per visit
SPECIALTY CARE: <i>(No PCP Referral Required)</i>	
<ul style="list-style-type: none"> Surgical & Medical Physician Services X-Ray & Laboratory Procedures OB/GYN Services <i>(One OB/GYN preventive visit per Calendar Year)</i> 	\$35 Copayment per visit 100% Coverage \$35 Copayment per visit
ALLERGY SERVICES: <i>(No PCP Referral Required)</i>	
<ul style="list-style-type: none"> Physician Services Testing 	\$35 Copayment per visit 100% Coverage
DIAGNOSTIC SERVICES: <i>(Including but not limited to CT Scan, MRI, PET/SPECT, ERCP)</i>	
	\$100 Copayment per service
OUTPATIENT SERVICES:	
<ul style="list-style-type: none"> Surgery 	\$100 Copayment per service
HOSPITAL INPATIENT SERVICES:	
<ul style="list-style-type: none"> Physician Services Semi-private room 	100% Coverage \$300 Copayment per admission
MATERNITY SERVICES:	
<ul style="list-style-type: none"> Physician Services <ul style="list-style-type: none"> <i>Prenatal, delivery, and postnatal care</i> Maternity Hospitalization 	\$35 Copayment per delivery \$300 Copayment per admission
EMERGENCY ROOM SERVICES:	
	\$75 Copayment per visit (Waived if admitted to Hospital through the ER)
EMERGENCY AMBULANCE SERVICES: <i>(Must be Medically Necessary)</i>	
	100% Coverage
DURABLE MEDICAL EQUIPMENT & PROSTHETIC DEVICES:	
	100% Coverage
SKILLED NURSING FACILITY SERVICES: <i>(100 days per Lifetime)</i>	
	100% Coverage
DIABETIC SUPPLIES: <i>Insulin not covered. Please refer to your benefits office for information on prescription coverage. For Diabetic Supplies, call Viva HEALTH.</i>	
	100% Coverage
REHABILITATION SERVICES: Physical, Speech, & Occupational Therapy <i>(Limited to 60 total inpatient days and 25 total outpatient visits per Calendar Year)</i>	
	100% Coverage
HOME HEALTH CARE SERVICES: <i>(Limited to 60 visits per Calendar Year)</i>	
	100% Coverage



COCA-COLA BOTTLING COMPANY

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BENEFITS	COVERAGE
CHIROPRACTIC SERVICES: <i>(No PCP Referral Required)</i> Covered up to 25 visits per Calendar Year <ul style="list-style-type: none">Treatment for manual manipulation of subluxations only	\$35 Copayment per visit
TEMPOROMANDIBULAR JOINT DISORDER: (\$2,000 maximum benefit per Lifetime)	\$35 Copayment per visit
SLEEP DISORDERS: (Two sleep studies per Member covered per Lifetime)	\$35 Copayment per visit \$100 Copayment for Sleep Study
TRANSPLANT SERVICES:	100% Coverage after \$300 Hospital Copayment
The Benefits Below are Not Covered by VIVA HEALTH:	
MENTAL HEALTH & SUBSTANCE ABUSE SERVICES:	Not covered under this plan. Check with your benefits office for coverage information.
VISION CARE:	Not covered under this plan. Check with your benefits office for coverage information.
PRESCRIPTION DRUGS:	Not covered under this plan. Check with your benefits office for coverage information. Non-covered prescriptions include prescriptions for biological drugs, biotechnical drugs, and specialty pharmaceuticals.

VIVA HEALTH Customer Service: (205) 558-7474 or 1-800-294-7780

Visit our Website at www.vivahealth.com

Pre-Existing Condition Policy: No waiting period for pre-existing conditions.

Eligible Dependent: Employee's lawful spouse and children of Eligible Employees up to age 26 and disabled dependents who meet eligibility criteria. **Eligibility restrictions apply to adult children who have not attained age 26 but are eligible for other employer-sponsored health plan coverage (other than the health plan of a parent). Please see your Plan Administrator (Coca-Cola Bottling Company United, Inc.) for details.**

VIVA HEALTH believes this health plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, such as the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, such as the elimination of lifetime limits on the dollar value of essential health benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to VIVA HEALTH Customer Service at (205) 558-7474 or 1-800-294-7780. You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov. For plans subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.