

Benefits Improved

On January 1, 1985, significant improvements were implemented in the Pension and Employee Welfare Benefit Plans of Adams-Millis Corporation. Announced in December by Chairman J.H. Millis, Sr., the improvements were made at no additional costs to employees.

PENSION PLAN

The Pension Plan improvements were: (a.) a reduction of the social security offset from 75% to 50% and; (b.) an increase in the creditable service minimum benefit from \$3 to \$4 per year of service. These changes will result in greater benefits to participants who retire in 1985 and beyond.

Included in the announcement letter from Chairman Millis was an illustration of the significance of these changes. A calculation of an actual employee's benefit under the old and new formulas showed a significant increase in the pension plan benefit.

In his announcement, Millis stated "The Pension Plan is an important part of the security program Adams-Millis maintains for you and your family. Again, we are happy to provide it as an indication of our appreciation for your service. These improvements should make a good plan even better."

EMPLOYEE WELFARE BENEFIT PLAN

The Employee Welfare Benefit Plan, often referred to as the health care plan, is another program that plays an integral role in the overall benefits structure



Elaine Teague
Benefits Director

of the company. The plan is funded solely by employee and company contributions. In other words, there is no insurance company—we all pay the health care bill.

The company maintains The Equitable Life Assurance Society as claims administrator.

Mr. Millis announced the following improvements to the plan:

1. Weekly Indemnity increased to \$65, \$75 and \$85 according to income.
2. The Lifetime Maximum benefit increased to \$100,000.
3. The Medicare Supplement Lifetime Maximum for retired employees increased to \$10,000.

In addition to these improvements, a comprehensive Dental Benefit Plan was added as optional coverage for active employees and their dependents. Dental insurance has been one of the most frequently requested

benefits by Adams-Millis employees.

The coverage was implemented with features that include diagnostic and preventive services that are payable at 100% with no deductible. The plan also provides coverage of basic and major services such as fillings, extractions, dentures and bridgework.

There is a \$50 calendar year deductible with the plan reimbursement rate of 80% or 50% depending on the type of service.

There is \$1,000 of allowable charges per calendar year with the exceptions of treatment for periodontics, orthodontics and treatment for Temporomandibular Joint Dysfunction.

Summary Plan Description booklets for the dental plan were distributed in January. Each participating employee is urged to read the booklet carefully for specific details of the coverage.

The cost of the new dental coverage will be shared by employees and the company.

PRE-ADMISSION REVIEW (PAR)

The company also announced the implementation of the Pre-Admission Review program. As previously stated, the company's

(See Benefits, Page 5)

Portia Jenkins
Plant 8



Pearl Willard
Plant 4



Rochelle Ester
Plant 1



Nancy Tilley
Plant 11



Faye Robbins
Administrative Office



ILLUSTRATION B

Front

ADAMS-MILLIS CORPORATION

PZ 70191
IDENTIFICATION NUMBER

NAME: (Employee Name)
ID #: (Social Security Number)

THE EQUITABLE EMPLOYEE

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

82944 0562 ADMINISTRATOR NUMBER N.E.I.C. ©
(919) 889-7071

TO VERIFY COVERAGE CALL

Back

Prior Authorization Required For All Hospital Admissions

1. Obtain request form from your Employer
2. Have physician complete form and send it to the Equitable PAR Services
3. In case of Emergency Admissions, call 800-662-2273 (in Pennsylvania 800-342-2399) within 48 hours of admission.

Failure To Comply May Result in Reduced Benefits

(Toll-free Pre-Admission Review Number)

ILLUSTRATION A

REQUEST FOR PRE ADMISSION REVIEW

PARSERVICES

A DIVISION OF THE EQUITABLE
P.O. BOX 1247
CORAOPOLIS, PA 15108
TELEPHONE TOLL-FREE
MON.-FRI. 9 AM to 5 PM
800-662-2273
(IN PA 800-342-2399)

AUTHORIZATION NUMBER	
PHONE <input type="checkbox"/>	MAIL <input type="checkbox"/>
ORIG <input type="checkbox"/>	ELECTIVE <input type="checkbox"/>
EXT <input type="checkbox"/>	EMERG <input type="checkbox"/>
(OFFICE USE ONLY)	

PRIOR AUTHORIZATION IS REQUIRED FOR ALL HOSPITAL ADMISSIONS

INSTRUCTIONS: Please complete the Employee Section, PART A, and have the PATIENT/GUARDIAN sign the Authorization to Release Information. Have the Attending Physician complete PART B and forward immediately to PAR Services. If you have not received an authorization notice before admission contact PAR Services at the toll-free number above.

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PART A		TO BE COMPLETED BY EMPLOYEE			
EMPLOYEE NAME (FIRST)	(MI)	(LAST)	TELEPHONE NO (DAY TIME)	SOCIAL SECURITY #	
STREET		CITY	STATE	ZIP	EMPLOYER'S NAME
PATIENT NAME (FIRST)	(MI)	(LAST)	M F	DATE OF BIRTH MO DAY YR	GROUP NO
BRANCH # LOCATION					
<p>AUTHORIZATION TO RELEASE INFORMATION</p> <p>I authorize PAR Services or its authorized representatives to view and obtain a copy of all hospital records of the above patient pertaining to the hospitalization described on this form. This information is for the sole use of PAR Services representative and will not be furnished in an identifiable form to any other person without my written consent unless expressly permitted or required by law. I understand that this authorization may be revoked by one year from the date it is signed. If not revoked, this authorization will be valid for a maximum of</p> <p><input checked="" type="checkbox"/> X</p>					
PATIENT/GUARDIAN SIGNATURE			RELATIONSHIP	DATE	

NOTE: THIS IS NOT A CLAIM FORM

PART B		TO BE COMPLETED BY ATTENDING PHYSICIAN			
ADMITTING HOSPITAL NAME	TELEPHONE NO.	ADMITTING DIAGNOSIS	ICD-9 CODE		
STREET	CITY	STATE	ZIP	EXPECTED DATE OF ADM	ANTICIPATED LENGTH OF STAY
PROPOSED SURGERY/PROCEDURE	ICD-9 CODE	DATE OF SURGERY	DAYS AUTH.	DIV CODE	
What other services are anticipated to be performed in the hospital? (Include testing)				MED <input type="checkbox"/>	CATEGORY
				SURG <input type="checkbox"/>	INIT
				SSO	
(OFFICE USE ONLY)					

List clinical findings, complicating conditions, etc. which affect this hospitalization:

M.D. PLEASE NOTE: If you have not received authorization prior to the admission date, please contact PAR Services. For urgent or emergency admission, please call PAR Services. Authorization will be provided by phone.

PHYSICIAN'S NAME (TYPE OR PRINT)	SPECIALTY	TAX ID NO.
MAILING ADDRESS	CITY	STATE
PHYSICIAN'S SIGNATURE	ZIP	TELEPHONE NO
		DATE COMPLETED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
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