

COOPER

Health Care Benefits

**Benefits Enrollment Guide
Standard Products Retirees
2012**



COOPERTIRES®

Retiree Medicare-Eligible Benefits Change Effective January 2010

Effective Jan. 1, 2010, Cooper revamped the medical benefits plan offered to our retirees, their spouses, dependents and/or surviving spouses who are Medicare-eligible due to age or disability.

Under the revised plan, Extend Health, a Medicare coordinator, will assist Medicare-eligible retirees and their dependents in selecting a Medicare alternative plan to replace their Cooper medical/prescription drug coverage. If a Medicare-eligible retiree chooses to enroll in the Medicare-eligible plan through Extend Health, they will receive an annual credit deposited into a Health Reimbursement Arrangement, to help with the cost of premiums of the alternative plan or to be used toward qualified health care expenses.

Under the new program offerings, Medicare eligible retirees may be able to spend less money for health care, due to the variety of insurance plans available where they live.

The Health Reimbursement Arrangement (HRA)

The HRA may be used for individual Medicare plan premiums, Medicare Part B premiums and eligible medical expenses.

Here are some additional features of the HRA:

- No interest is earned on the account.
- There is no payment of excess amounts upon the retiree's death or the death of dependents.
- Funds do not roll over from year to year.
- Reimbursements from the HRA are non-taxable.

One-Time Election Required to Receive Coverage

Once you become Medicare primary please keep in mind that there is a one-time election to enter the plan and retirees MUST enroll through Extend Health in order to receive the HRA credit. If Medicare eligible retirees do not enroll in a plan during the initial offering, they will not have another opportunity to elect coverage. Once retirees enroll, they will have an opportunity to re-evaluate plan choices and make changes each year during the Fall enrollment process through Extend Health.

We expect you to contact Extend Health if, in the future, you receive a notice of termination of coverage or if you choose to make a change in coverage. Not utilizing Extend Health as your Medicare Coordinator will terminate future Health Reimbursement Arrangements.

In Closing

Cooper carefully considered the best approach for Medicare-eligible retirees to continue health care coverage. Cooper believes that the Medicare coordinator approach – with a variety of insurance company offerings and personalized assistance – provides the best opportunity to receive broad coverage at a lower cost than what is currently available today through the Spectrum plan.



Welcome...

to the 2012 Cooper Retiree Medical and Prescription Drug program for Heritage Standard Products retirees. Cooper is pleased to offer this comprehensive benefit program to you and your eligible dependents.

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Getting Started

This enrollment guide provides information about the plans within the Cooper retiree medical/prescription drug program as well as instructions on how to enroll.

Price tags, deductibles and levels of coverage are included for non-Medicare participants.

If you do not take any action during the annual enrollment period, your current coverage will continue for 2012.

About The Program

This Enrollment Guide provides a summary of the Cooper retiree medical/prescription drug program. The provisions described here are governed by the program. In the event of a conflict between the Enrollment Guide and the program, the program shall govern. Nothing in this or any other benefits document or oral representation should be construed as an employment contract or a guarantee of benefits. Cooper reserves the right to terminate or change the program or any of the plans at any time and has sole discretion to make the final decision in all areas of interpretation and provisions of the program or any of the plans, including the terms of eligibility for any of the benefits provided.

How to Enroll

Steps for Enrolling To enroll, follow these step-by-step instructions:

- Thoroughly read this enrollment guide to understand your options and plan provisions.
- Take into account other sources of coverage when making your benefit choices.
- Calculate previous years' health care expenses and expected expenses for 2012.
- Use your Personalized Enrollment Worksheet (PEW) to determine your benefit choices and calculate costs.
- Make your enrollment choices between Oct. 10 – Oct. 23.
 - Phone enrollment: call the Benefits Call Center weekdays between 11 a.m. and 7 p.m. (EST) at 1-877-286-3552.
 - Web enrollment: log on to www.Benedetails.com. Enrollment ID: 42081
- Review your confirmation statement when you receive it.

Things to Consider

When making your benefit plan choices, ask yourself:

- 1** Which of the plan coverage options will best meet my needs and those of my eligible dependents?
- 2** What were my previous years' health needs? Will these needs change in 2012?
- 3** Do I expect special health needs for 2012 that would be better met with a certain level of coverage?
- 4** How often am I and my dependents likely to visit a doctor? Other health care providers?
- 5** Is this my only option for medical coverage, or can I get medical coverage from another source?

Three Important Enrollment Notes

- 1** If you do not take any action during the annual enrollment period, your current coverage will continue for 2012.
- 2** The Standard products retiree must enroll for coverage in order to enroll a spouse or dependent for coverage.
- 3** If you and your spouse both are Standard Products retirees, you must enroll as separate individuals. You will each have your own Personalized Enrollment Worksheet (PEW) and ID number.

TO ENROLL...

By phone: Call the Benefits Call Center toll-free weekdays between 11 a.m. and 7 p.m. (EST) at 1-877-286-8552.

By Internet: Log on to www.Benedetails.com, Enrollment ID: 42081

Remember: you may be able to get free public access to the Internet web site at your local library.

Web Enrollment:

Log on to www.Benedetails.com
Enrollment ID: 42081

Phone Enrollment:

Call the Spectrum Benefits Call Center at
1-877-286-3552 between 11 a.m. and 7 p.m. EST)



Personalized Enrollment Worksheet

A Personalized Enrollment Worksheet (PEW) will be provided to help you organize your 2012 coverage choices. This worksheet is for your use only, to fill out and use as a reference during the enrollment process.

Your Personalized Enrollment Worksheet (PEW) includes the following sections:

1

Personal information

Review this information to ensure accuracy. Call the Benefits Call Center toll-free weekdays between 11 a.m. and 7 p.m. (EST) at 1-877-286-3552 if this information is incorrect.

2

Dependent information

Review this information to ensure accuracy. Call the Benefits Call Center toll-free weekdays between 11 a.m. and 7 p.m. (EST) at 1-877-286-3552 if this information is incorrect.

3

Important Note

In order for a spouse and/or child to receive medical coverage, the retiree must also enroll for coverage. Medicare eligible retirees must enroll through Extend Health in a Medical and / or Prescription plan in order for a spouse or dependent to receive coverage.

4

Benefit program options and associated monthly price tags. This information helps you plan your choices and costs. These sections list your plan options, coverage levels/amounts, and the associated price tags.

IMPORTANT NOTE:

Your Personalized Enrollment Worksheet (PEW) is for your use only.
DO NOT RETURN OR MAIL THIS FORM.

Choosing Your Benefits (non-Medicare)

Your PEW will list the medical plan choices available to you. If you live in a Preferred Provider Organization (PPO) service area (which applies to most people), you will be offered both the Consumer Choice and Traditional PPO options.

Preferred Provider Organization (PPO)

Both the Consumer Choice and Traditional PPO options offer the same services and procedures but differ in how you share costs. With both of the PPO options, you have a choice every time you seek care. The Traditional PPO offers lower deductibles, lower out-of-pocket costs and lower copays than the Consumer Choice, but you will pay more for your coverage.

- In-network providers participate in an established network, providing services to participants at negotiated, discounted rates. When you receive services from this pre-selected group of providers, you pay less out of your pocket.
- Out-of-network providers do not participate in an established network. When you obtain services from out-of-network providers, charges and coinsurance will likely be higher. You pay more out of your pocket, but you have more providers from which to choose.

Network

Cooper has implemented Blue Cross Blue Shield (Anthem), a national network provider.

No Coverage

If you opt out of the medical/prescription drug program by choosing the No Coverage option, Cooper assumes you receive coverage from another source.

Network News

Cooper has selected Blue Cross Blue Shield (Anthem) as our national network. Cooper remains self-insured for the Non Medicare retirees and Health Design Plus will continue to process claims.

If you retired on or after September 1, 1990, you must pay the portion of the price tag that exceeds the dollar amount of the cap (the maximum amount Cooper will pay) detailed below. The price tags are based on projected 2012 retiree medical/prescription drug costs and past trends.

The medical/prescription drug plan offered to you as a non-Medicare eligible retiree provides you with the opportunity to choose the option that will best fit your benefits needs. You can choose to cover just yourself as the Standard Products retiree, or cover both yourself and your eligible dependents. However, as the retiree, you must choose coverage for yourself in order to cover your spouse or eligible dependent. If your spouse or eligible dependent is Medicare eligible, see page 11.

Important Note: All price tags listed below are for each covered individual. If you choose coverage for family members in addition to the retiree only, the cost will multiply by the number of people you choose to cover.

For Example - If you - the retiree - choose the Traditional PPO option and choose the same coverage for your spouse not on Medicare, the total cost for coverage will be \$1,316.50 per month ($\$658.25 \times 2 = \$1,316.50$) or \$15,798 per year.

Each Covered Individual Non Medicare	2012 Monthly Price Tag	Cap Amount Cooper Pays	2012 Monthly Per Person Cost
Consumer Choice	\$631.33 (\$7,576 per year)	\$175.00 (\$2,100 per year)	\$456.33 (\$5,476 per year)
Traditional	\$833.25 (\$9,999 per year)	\$175.00 (\$2,100 per year)	\$658.25 (\$7,899 per year)

Please note: If your hire date is on or after September 1, 1990, your years of service at the time of your retirement will determine these rates. Please refer to your Personalized Enrollment Worksheet (PEW) when you receive it closer to the enrollment date.

	Consumer Choice		Traditional PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$1,300	\$2,600	\$500	\$900
Coinsurance	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Maximum Out-of-Pocket Limits (includes deductible)	\$3,500	\$5,000	\$2,300	\$4,550
Office Visit Copay* Primary Care Specialist	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay \$35 copay	Covered at 60% after deductible
Urgent Care Copay*	Covered at 80% after deductible	Covered at 60% after deductible	\$40 copay	Covered at 60% after deductible
Emergency Room Copay*	Covered at 80% after deductible	Covered at 60% after deductible	\$100 copay	Covered at 60% after deductible
Hospital Copay* Inpatient	Covered at 80% after deductible	Covered at 60% after deductible	\$250 copay	Covered at 60% after deductible
Routine Adult Physical Exam Primary Care Specialist	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay \$35 copay	Covered at 60% after deductible
Adult Preventative Testing	Covered at 100% after deductible	Covered at 60% after deductible	Covered at 100%	Covered at 60% after deductible
Inpatient Mental Health	Covered at 80% after deductible	Covered at 60% after deductible	\$250 copay	Covered at 60% after deductible
Inpatient Substance Abuse Benefits	Covered at 80% after deductible	Covered at 60% after deductible	\$250 copay	Covered at 60% after deductible

* Copays do not apply toward the deductible or the maximum out-of-pocket limits.

Summaries are provided for general information only. Since exclusions, dollar/frequency limitations apply and prior authorization applies in many cases, you should refer to the specific plan document for detailed information.

	Consumer Choice		Traditional PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs - Participating Pharmacy (30-day supply only; no refills)*	100% for preventative drugs otherwise, covered at 80% after deductible	Covered at 60% after deductible	Generic 10% (\$10 min, \$25 max) Preferred Brand: 20% (\$25 min, \$100 max) Non-Preferred Brand: 20% (\$60 min) Specialty: 20% (\$250 max)	
Prescription Drugs - Mail (90-day supply)¹	100% for preventative drugs otherwise, covered at 80% after deductible	Covered at 60% after deductible	Generic \$30 Preferred Brand: 20% (\$65 min, \$250 max) Non-Preferred Brand: 20% (\$125 min) Specialty: 20% (\$750 max)	
Outpatient Mental Health/ Substance Abuse	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay	Covered at 60% after deductible

When purchasing prescriptions, if a generic option is available but you choose a brand, you must pay the generic copay plus the cost difference between the brand and generic drugs. This also applies if a generic is available but your doctor has indicated dispense as written (DAW) on the prescription.

Cooper's prescription benefit manager, Medco, maintains a list of "preferred" drugs that often are more cost effective than other brand drugs. For the Cooper plan, that copay is reflected as the Preferred Brand. Employees who purchase a Non-Preferred Brand will be charged a higher copay. The Preferred Brand list is accessible by all doctors across the country for reference. Please notify your doctor he/she should reference Medco's Preferred Brand list when prescribing for you.

Note: Non-preferred drugs are no longer covered by the plan unless the member obtains approval through a coverage review.

Birth Date Rule

When more than one plan covers the same child as a dependent of natural parents who are not divorced or separated, the primary plan is the plan of the parent whose birth date (month and day) falls earlier in the year. The secondary plan is the plan of the parent whose birth date falls (month and day) later in the year. If both parents have the same birth date, the plan that has covered the parent longer is the primary plan. The plan that has covered the parent the shorter time will be the secondary plan.

Divorced/Separated Parents

If the specific terms of a court decree state that one parent is responsible for the health care expenses of the child, the plan of that parent is the primary plan. Otherwise, if more than one plan covers a person as a dependent child of divorced or separated parents, benefits for that child are determined in the following order:

- 1** the plan of the parent with custody of the child
- 2** the plan of the step-parent with custody
- 3** the plan of the parent without custody of the child

Primary/Secondary Plans

The plan that covers the person as a dependent is the secondary plan. When a retiree's spouse is also employed full-time, and the spouse's employer makes any contribution to the cost of the medical/prescription plan, the spouse must enroll in his/her medical plan. If the retiree purchases coverage for his/her spouse, Cooper's medical plan will be secondary to the spouse's medical plan with respect to coverage for the spouse.

Non-Duplication of Benefits

If another plan is primary, the Cooper plan will pay secondary benefits only up to an amount which, when added to the primary plan payment, equals the amount Cooper would have paid as the sole plan.

Split Coverage

The program provides health care coverage for families when there are family members who are receiving Medicare and others who are not. This is known as "split coverage."

Medicare eligible participants will not enroll under Cooper Tire's medical plan but will enroll through Extend Health. The person who is not on Medicare is allowed to enroll in one of the two options available to him/her, providing all qualifications have been met.

When a retiree or his/her spouse who was enrolled under a non-Medicare benefit option becomes eligible for Medicare, the member will automatically be sent information on how to enroll through Extend Health.

After You Enroll . . .

you will receive your confirmation statement in the mail.

Paying For Coverage

Health Design Plus will bill you for your benefit coverage each month.

COOPER TIRE & RUBBER COMPANY
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