PREMERA MEDICAL PLAN CHANGES

This summary of material modifications notifies you about changes to your Weyerhaeuser benefits in accordance with the Employee Retirement Income Security Act of 1974, as amended, (ERISA). This SMM and other applicable SMMs become part of your summary plan description; together they provide a complete description of provisions of your plan. Please read this SMM carefully and keep it with your benefits information for future reference. The changes described here are effective January 1, 2015, unless otherwise noted.

MENTAL HEALTH CARE BENEFIT

The following benefits will now be covered as part of the Mental Health Care Benefit:

- Family and marital counseling, and family and marital psychotherapy, when medically necessary to treat the diagnosed mental disorder or disorders of a member.
- Mental health residential treatment. The plan covers only facilities and providers that are licensed, certified or approved to provide residential treatment as required by state law.

PRESCRIPTION DRUGS

Breast Cancer: Certain medications that reduce the risk of breast cancer will be covered as preventive drugs and are not subject to your calendar year deductible and coinsurance. For a current listing of covered medications, visit www.premera.com/wy or call Customer Service at (800) 995-2420.

Tobacco Cessation: Your normal cost-share for drugs received from a participating pharmacy is waived for certain nicotine dependency drugs that meet the guidelines for preventive services described in the Preventive Care benefit.

PREVENTIVE SCREENINGS

Low dose CT scans of the thorax will be covered in full for preventive care when a network provider is used for those at risk for lung cancer due to age or smoker status, limited to one screening per calendar year.

TRANSPLANTS

Donor Costs: Your plan no longer has a donor expense limit per transplant.

Transportation and Lodging Expenses: Your plan no longer has a daily dollar limit; however the Transportation and Lodging Expenses benefit limit of $7,500 per transplant still applies.

DIALYSIS

When you have end-stage renal disease (ESRD) you may be eligible to enroll in Medicare. If eligible, it is important to enroll in Medicare as soon as possible. When you enroll in Medicare, this plan and Medicare will coordinate benefits. In most cases, this means that you will have little or no out-of-pocket expenses. Benefits are subject to the same calendar year deductible and coinsurance, if any, as you would pay for outpatient services for other covered medical conditions.

GENDER TRANSFORMATIONS

Sexual reassignment surgery is covered if it is medically necessary and not for cosmetic purposes.

CLARIFICATION TO WHAT’S COVERED UNDER VISION HARDWARE EXPENSES

Under covered vision hardware expenses for routine vision care, your plan covers special features for eyeglass lenses for polycarbonate lenses and scratch resistant coating for covered individuals from age 0-18 (pediatric vision). Contact Premera for more information.
ALLOWABLE CHARGE FOR COVERED SERVICES

This plan provides benefits based on the allowable charge for covered services. Premera reserves the right to determine the amount allowed for any given service or supply unless otherwise specified in the Group’s administrative services agreement.

Providers who don’t have agreements with Premera or another Blue Cross Blue Shield Licensee: The allowable charge for Washington or Alaska providers that don’t have a contract with Premera is the least of the three amounts shown below. The allowable charge for providers outside Washington or Alaska that don’t have a contract with Premera or the local Blue Cross and/or Blue Shield Licensee is also the least of the three amounts shown below:

- An amount that is no less than the lowest amount we pay for the same or similar service from a comparable provider that has a contracting agreement with Premera
- 125% of the fee schedule determined by the Centers for Medicare and Medicaid Services (Medicare), if available
- The provider’s billed charges

If applicable law requires a different allowable charge than the least of the three amounts above, this plan will comply with that law.

Dialysis due to End Stage Renal Disease (ESRD):

Providers who don’t have agreements with Premera or another Blue Cross Blue Shield Licensee: During Medicare’s waiting period, the allowable charge for non-network providers is no more than 90% of billed charges. After Medicare’s waiting period, the amount Premera allows for dialysis will be no more than 125% of the fee schedule determined by the Centers for Medicare and Medicaid Services (Medicare).

TELEHEALTH VIRTUAL CARE SERVICES THROUGH PREMERA

Separate from the Teladoc services described below, your plan covers access to care from your doctor via online and telephonic methods. Your provider will determine which conditions and circumstances are appropriate for telehealth services. Services delivered via telehealth methods are subject to standard office visit cost-shares and other provisions of the plan.

OUT OF POCKET MAXIMUM CHANGE

Under the Medical Plus Plan starting January 1, 2016, the annual in-network, out-of-pocket maximum for retiree +2 or more will continue to be $7,500 tracked in total (i.e., aggregate). However, to comply with health care reform, an individual in this enrollment category will pay no more than $6,850. (The other enrolled family members would need to satisfy the remaining $650 to reach the full $7,500 out-of-pocket maximum.)

NEW TOOLS AVAILABLE TO HELP YOU BECOME A WISE CONSUMER

The following new tools and services will be available under the Medical Plus Plan starting January 1, 2016 to help reduce costs and help you become a smart shopper of health care services. Premera will send you more information closer to the end of the year.

<table>
<thead>
<tr>
<th>Tool</th>
<th>How it works starting January 1, 2016:</th>
</tr>
</thead>
</table>
| Get prior authorization from Premera for tests and procedures before you have them | Ask your healthcare provider about requesting prior authorization before you schedule a service or procedure to make sure it is covered. A planned service is reviewed to make sure it is medically necessary and eligible for coverage under this plan. Premera will notify you in writing if the service is authorized. Premera will also notify you if the services are not authorized and the reasons why. If you disagree with the decision, you can request an appeal. There are three situations where prior authorization is recommended: <ul> • Before you receive certain medical services or prescription drugs. • Before you schedule a planned admission to certain inpatient facilities. • When you want to receive the in-network benefit level for services you

8818WY (10-2015) 8597 SMM_Retiree MPP_2015
<table>
<thead>
<tr>
<th>Tool</th>
<th>How it works starting January 1, 2016:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilize a new service from <strong>Teladoc</strong> instead of expensive ER or urgent care center visits.</td>
<td>Teladoc offers 24/7 access to U.S. board-certified doctors by phone or video. Teladoc doctors can treat many medical conditions and prescribe certain medications. The most you will pay for a Teladoc visit is $40, less if your deductible is satisfied.</td>
</tr>
<tr>
<td>Use <strong>online cost analysis tools to compare costs.</strong></td>
<td>Online resources at <a href="http://www.premera.com/wy">www.premera.com/wy</a> help you shop for doctors and health care treatments. You can compare costs from different providers to shop for lower-priced providers.</td>
</tr>
</tbody>
</table>

### ADDITIONAL CHANGES FOR 2016

<table>
<thead>
<tr>
<th>Benefit</th>
<th>How it works starting January 1, 2016:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative care</td>
<td>Palliative care will be added to the hospice benefit. Hospice services will now be provided to individuals with non-terminal conditions.</td>
</tr>
<tr>
<td>Non-prescription compression stockings</td>
<td>Compression stockings that can be purchased without a prescription will not be covered.</td>
</tr>
<tr>
<td>Medical services for tobacco use</td>
<td>The plan will cover office visits, x-rays, and tests for tobacco use disorder.</td>
</tr>
<tr>
<td>Aspirin purchased over the counter</td>
<td>The plan will cover over-the-counter aspirin with a prescription under the preventive care benefit, for those at risk due to heart conditions or for pregnant women who are at high risk for preeclampsia (75-325mg).</td>
</tr>
<tr>
<td>Pediatric fluoride varnish</td>
<td>Fluoride varnish will be covered for children age 0-18 when applied during a well-child medical visit. Limited to twice per calendar year.</td>
</tr>
<tr>
<td>Counseling for adults related to cardiovascular health</td>
<td>Counseling related to cardiovascular health will be provided for adults under the preventive care benefit.</td>
</tr>
<tr>
<td>Counseling and screenings for sexually transmitted infections</td>
<td>Counseling and screenings related to sexually transmitted infections will be provided under the preventive care benefit for women over age 24 at risk of infection and sexually active women under age 24.</td>
</tr>
</tbody>
</table>

### FOR MORE INFORMATION

If you have questions about your medical plan, please contact Premera Blue Cross Customer Service at 800.995.2420. If you have questions about eligibility for the plan, please call the Weyerhaeuser Employee Service Center at 800.833.0030.

Your benefit booklets (also known as summary plan descriptions) are available by request. You may access current booklets at [www.weyerhaeuser.com/PostEmployment](http://www.weyerhaeuser.com/PostEmployment). You may also contact the Weyerhaeuser Employee Service Center at 800.833.0030.

---

This document is only a summary and does not provide a complete description of the available benefits. Weyerhaeuser continues to reserve the right to amend, modify, suspend, or terminate any benefits in whole or in part, at any time and for any reason. Any amendments, modifications, suspensions, or termination of benefits for individuals covered by a collective bargaining agreement will be made in conjunction with the collective bargaining process. Nothing in this document creates a guarantee of current or future benefits or financial contributions/subsidies. Refer to your summary plan description or official plan document for a complete description of plan benefits.
Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5992, TTY: 711, Email AppealsDepartmentlinguines@Premera.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-6797 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。


注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

Achtung: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Language Assistance


注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

Language Assistance


LANGUAGE ASSISTANCE: Available to people who need services in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5992, TTY: 711, Email AppealsDepartmentlinguines@Premera.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-6797 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.