

SPECIAL INSERT FOR PRE-MEDICARE MID-SOUTH HOURLY RETIREES

This insert describes your specific plan eligibility and termination procedures under this plan as a Mid-South retiree who is not eligible for Medicare. It replaces sections titled "How Plan Eligibility Works" through "When Coverage Ends," of the enclosed booklet.

ELIGIBILITY, ENROLLMENT AND COST

These sections of your booklet describe who is eligible for coverage, enrollment requirements, and the cost of the coverage.

When Your Active Coverage Ends

If you and your eligible dependents participate in Weyerhaeuser-sponsored medical plans when you retire from employment, active employee coverage for you and your covered dependents continues until the end of the month following the month that you retire. For example, if you retire in the month of October, your active coverage will end after the month of November.

ELIGIBILITY RULES

Weyerhaeuser offers the Medical Plus Plan to any eligible retiree or dependent who is not yet eligible for Medicare. Participants who are eligible for Medicare may enroll in plans through OneExchange. Your family may participate in both the Medical Plus Plan and OneExchange program, depending on each person's respective Medicare eligibility.

If you are eligible for retiree medical and are:	You may:
Not eligible for Medicare when you terminate employment with Weyerhaeuser	Enroll in Weyerhaeuser-sponsored coverage available through Premera Blue Cross.
Eligible for Medicare when you terminate employment with Weyerhaeuser	Enroll in plans facilitated through OneExchange.

For Retirees (and Dependents) Prior to Medicare Eligibility:

Enrollment in the Medical Plus Plan for Mid-South Retirees is available if you retired from a full-time position at a union hourly location represented by IAMAW, Local Lodge W-15, at one of the following sites: DeQueen, AR (including DeQueen railroad employees); Dierks, AR; Mountain Pine, AR or Wright City, OK.

You also must be:

- Age 55-64 with at least 10 years of vesting service, or
- Eligible to receive a disability retirement from active employment with the company as determined by Weyerhaeuser or its designee. This means that to be considered a disabled retiree under the Plan, you must have earned at least 10 years of vesting service with Weyerhaeuser and you must have received a disability determination (if the effective date is retroactive been eligible to immediately commence a monthly pension benefit (including as a result of a disability determination if the effective date is retroactive to the time period you were employed), and
- Not yet eligible to enroll in Parts A and/or B of Medicare (see note below) unless due to End Stage Renal Disease (ESRD). If Medicare determines you to be ESRD-eligible, you will maintain primary coverage under this plan for the 30-month ESRD period.

Note: If you were considered a temporary employee when you terminated employment, you are not eligible for retiree medical coverage regardless of the number of hours you worked or age when you terminated, unless you had previously met the required eligibility criteria.

ENROLLMENT REQUIREMENTS

If you are eligible to retire as a Mid-South retiree, you have a one-time opportunity to elect to participate in this plan, if you retire prior to (the earlier of) Medicare-eligible age or age 65. If you defer enrollment to age 65, you must elect to choose coverage that is facilitated through OneExchange within sixty days of your Medicare eligibility date.

Your spouse has the same options that you do, and may enroll in this plan anytime from your retirement date until they become eligible for Medicare.

Your dependent children can enroll anytime as long as either you or your spouse is covered under the plan. Enrollment for dependents is available once a year during open enrollment, or may occur mid-year if you have a qualifying status change. This plan does not offer coverage following your 65th birthday, but other retiree health care options are available through OneExchange. When you enroll in a plan through OneExchange, you may also be eligible to establish a Health Reimbursement Account. If you are eligible, the company provides financial assistance in the form of an HRA to provide you with funds that can be used for eligible medical expenses, such as premiums.

Making Your Election

When you enroll yourself or your dependents in the Medical Plus Plan, you must complete and return the enrollment forms or contact the Employee Service Center in order to begin coverage. You will receive written confirmation of your election. After making your election retiree medical coverage begins on the first day of the month following the date that you elect to enroll. You may not drop coverage under the plan and reenroll at a later date. You are no longer eligible for retiree medical coverage in this plan when you become eligible for Medicare. In addition, your dependents may not remain enrolled in the plan if they become eligible for Medicare.

DEPENDENT ELIGIBILITY

As an eligible Mid-South retiree enrolled in this plan, you may elect coverage for your eligible dependents under the plan. Use this information as a guide to ensure each dependent you enroll in the plan meets plan eligibility requirements and rules.

DEPENDENT ELIGIBILITY
<p>You may cover:</p> <p>Your spouse, if he or she is legally married to you. Coverage for domestic partners is not available under this plan.</p> <ul style="list-style-type: none">Your spouse is eligible to enroll at any time (if after age 65, certain requirements must be met to enroll in medical options through OneExchange). If you marry while you are a participant in this plan, you must notify Weyerhaeuser within 31 days of your marriage date and add your new spouse at that time. If you end coverage for your eligible spouse, you may not reenroll your spouse in this Plan at any time in the future. <p>You may not cover a former spouse from whom you are divorced or legally separated.</p>
<p>Your dependent child (ren), if you elect coverage for yourself or your spouse, or if either of you is receiving HRA funding for coverage through OneExchange, if he or she is:</p> <ul style="list-style-type: none">Under age 26, andYour natural or legally adopted child or your step-child, orYour eligible foster child, if placed by an authorized placement agency or by judgment or decree, orA child for whom you have court-appointed guardianship or for whom you have a Qualified Medical Child Support Order (QMSCO)Not Medicare-eligible. <p>Note: While you may cover your married or unmarried adult child up to age 26, you may not cover his or her spouse or children. Only dependents who meet the eligibility requirements and rules are eligible for plan coverage.</p>

DEPENDENT ELIGIBILITY (continued)

Your disabled adult child. If you have a disabled dependent child age 26 or over, he or she may remain covered under your plan indefinitely when all of the requirements for a child (as defined above) are met and the child meets the additional requirements outlined in this section. He or she was **all** of the following:

- Enrolled in this plan or another Weyerhaeuser medical plan when he or she reached age 26
- Deemed disabled by the plan administrator or designee, as applicable
- Unable to earn a living because of a continuous physical, developmental, or mental disability that began before age 26
- Living with you and not providing more than half of his or her support, or you (or your spouse) provide 50% or more of his or her financial support, regardless of whether the child is living with you
- Not covered by any other group health plan as an employee
- Unmarried
- Not Medicare-eligible.

Coverage for the disabled child can continue while you (or your spouse) either remain enrolled in the plan or receive HRA funding for your post-Medicare coverage through OneExchange, as long as the disabled child remains eligible. Coverage is not available for a, disabled child age 26 or older who is not enrolled in this plan or another Weyerhaeuser-sponsored retiree plan.

Note: Continued coverage for a disabled child over age 26 is not automatic. You must request continued coverage from the Weyerhaeuser ESC at least 31 days before the child's 26th birthday. Failure to request coverage continuation in accordance with this rule will result in loss of coverage. Ongoing proof of disability is required.

If your child has been covered as a disabled dependent, and the eligibility administrator determines that the child no longer meets the plan's disability requirements, the child's coverage under the plan will end. In this case, you will be notified with information about continuing coverage as well as your options to appeal this decision.

Qualified Medical Child Support Orders. The plan complies with Qualified Medical Child Support Orders (QMCSOs). You can obtain a copy of the plan's procedures for QMCSOs free of charge, by contacting the Weyerhaeuser Employee Service Center.

COSTS ASSOCIATED WITH COVERAGE

Some of the terms Weyerhaeuser uses to describe the retiree medical premium assistance arrangements and other arrangements you may make in conjunction with enrollment in the plan can be confusing. Here are some details about those terms:

Health Savings Account (HSA): Your enrollment in the Medical Plus Plan may also allow you to contribute to an HSA. The HSA allows you to save tax-deductible funds to pay your deductible and other out-of-pocket expenses throughout the year, or you can save the money in your account for future medical expenses.

Health Care Subsidy ("subsidy"): If you enroll in the Medical Plus Plan for Mid-South Retirees, you are eligible for a small subsidy. This term "subsidy" refers to an amount that the company contributes, based on your participation as a Mid-South retiree to reduce the overall cost of the full monthly Medical Plus Plan premium for you and your spouse. This amount may change or be eliminated in the future.

Your Costs: As a pre-Medicare Mid-South participant, your costs for coverage include a small monthly subsidy. You receive monthly billings for the portion of your premium that you are responsible to pay.

ENROLLMENT RULES AND CERTIFICATION REQUIREMENTS

To maintain enrollment for your spouse or dependent children under the plan, you must certify that they are eligible dependents under the plan. Weyerhaeuser may initiate this by requesting documents to show eligibility for coverage as your dependent. This information may be requested periodically; failure to provide requested information will result in a loss of coverage.

Fraudulent coverage of dependents

If it is determined that you fraudulently elected or maintained coverage for any enrolled dependent, you may be required to reimburse the cost of any claims or expenses paid under the plan for that dependent. In addition, Weyerhaeuser reserves the right to permanently terminate plan coverage for you and your dependents for

fraudulently electing or maintaining coverage for an ineligible dependent. Any individual who fraudulently enrolls or maintains plan coverage for an ineligible participant may also be subject to legal action.

WHEN CAN COVERAGE BE CHANGED?

You may drop coverage for yourself, your spouse and a covered child anytime. It's important to note that if you drop coverage for yourself or your spouse, reenrollment in the plan is not allowed. You or your spouse must be covered under this plan or receiving HRA funding for medical coverage through OneExchange in order to also cover a dependent child.

Enrolling a Dependent Child in Plan Coverage

Certain events allow you to enroll your dependent child into coverage if you or your spouse is also covered under the plan or receiving HRA funding for medical coverage through OneExchange.

You may enroll a dependent in this plan if you gain a new dependent because of:

- Your marriage – your new spouse and any eligible stepchildren under the age of 26 can be enrolled in plan coverage
- Birth of your child – you or your spouse add a dependent to your family due to a new birth. Note: Only your child or your spouse's child may be covered.
- Adoption or placement for adoption of a child in your home
- Placement of a foster child in your home
- You become financially responsible for a child due to court-appointed guardianship or as a result of a Qualified Medical Child Support Order (QMSCO).

If you have never enrolled an eligible dependent child in coverage or previously ended coverage for an eligible dependent child, you may enroll that child in coverage if your dependent child is no longer eligible to remain enrolled in their previous group medical coverage. This coverage loss is generally due to a change in employment of you, your spouse or former spouse, your child or child's spouse or a loss of eligibility for coverage under any other group medical plan (other than coverage through Medicare or TRICARE). You may also enroll your child in plan coverage if he or she is no longer eligible for Medicaid or a State Children's Health Insurance Program (CHIP).

WHEN COVERAGE BEGINS

Coverage begins on the first day of the month following enrollment.

WHEN COVERAGE ENDS

Coverage under the plan ends when certain events occur that affect your eligibility, as follows:

When Coverage Ends/Event	You	Your Spouse	Your Dependent Child
First day of the month of becoming eligible for Medicare	X	X	X
On the "paid through" date, if coverage becomes delinquent due to nonpayment.	X	X	X
On the date that the plan is no longer offered	X	X	X
Coverage ends on the last day of the month of the divorce or legal separation		X	X (if stepchild)
Last day of the month in which your child turns 26			X
Last day of the month in which your disabled child no longer meets plan requirements			X
Last day of the month in which coverage ends for any reason for you and your spouse			X

It is your responsibility to notify the Weyerhaeuser Employee Service Center at 800-833-0030 within 60 days of the event if a covered participant becomes ineligible for coverage. See the remaining sections of the Medical Plus Plan for Retirees' summary plan description for additional information about how the Medical Plus Plan works.

Information for Medicare-eligible retirees and spouses

When you and/or your spouse become eligible for Medicare, you may enroll in coverage that OneExchange makes available. They are an independent company who partners with Weyerhaeuser to help Medicare-eligible retirees find and enroll in health care plans in your local area. Please note that financial assistance in the form of a Health Reimbursement Arrangement account may be provided for Medicare coverage you may elect. Contact OneExchange at 888-612-8197 for more information.

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.

Notice of availability and nondiscrimination 800-722-1471 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

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Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

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