

Attachment A

| | Pre Medicare Eligible | | Post Medicare Eligible | | |
|-----------------------------------|---|---|--|--|--|
| | Regional Medical Plan Pre-Medicare w/ Blended Cap (Legacy S shown) | Regional Medical Plan (as amended) | Regional Medical Plan Post- Medicare (Legacy S as shown) | | |
| <u>Medical Components</u> | | | | | |
| Monthly Contributions | See Note | None | None | | |
| Deductibles (Network) | None | \$400/\$800 | None | | |
| Coinsurance (Network/Non-Network) | No Change | 10%/50% | No Change | | |
| OOP Max (Network) | None | \$1,000/\$3,000 | None | | |
| OOP Max Type | N/A | Individual Basis | N/A | | |
| Co-pays | | | | | |
| Office Visits | \$30 | None | \$30 | | |
| Hospital ER | None | None | None | | |
| Hospital Admission | \$200 | None | \$200 | | |
| <u>RX Components</u> | | | | | |
| Contributions | None | None | None | | |
| Deductibles | \$50 (retail) per Ind | 2010 - \$75 2011 - \$125 2012 - \$175 | 2010 -\$75 2011 - \$125 2012 - \$175 | | |
| Coinsurance | None | None | None | | |
| OOP Max (Network) | \$1,500/\$3000 (applies to Generic and Formulary) | \$1,500/\$3000 (applies to Generic and Formulary) | \$1,500/\$3000 (applies to Generic and Formulary) | | |
| OOP Max Type | Individual Basis | Individual Basis | Individual Basis | | |
| Copays | 2010 Actual (Max) | 2010 2011 2012 | 2010 2011 2012 | | |
| Retail Generic | \$8 (\$14) | \$10 \$10 \$11 | \$10 \$10 \$11 | | |
| Retail Formulary | \$26 (\$28) | \$30 \$30 \$33 | \$30 \$30 \$33 | | |
| Retail Non-Formulary | \$50 (\$56) | \$50 \$50 \$55 | \$50 \$50 \$55 | | |
| Mail Generic | \$17 (\$28) | \$20 \$20 \$28 | \$20 \$20 \$28 | | |
| Mail Formulary | \$54 (\$56) | \$75 \$75 \$83 | \$75 \$75 \$83 | | |
| Mail Non-Formulary | \$108 (\$112) | \$125 \$125 \$138 | \$125 \$125 \$138 | | |

Notes:

Retirees are subject to a Defined Dollar Benefit Cap established at \$12,500 per retiree annually through December 31, 2012. Plan costs above the cap shall be calculated annually based on plan performance for non-Medicare eligible retirees subject to the cap. Per Retiree Costs will be done on a blended basis and only includes those that are subject to the cap. The amount of the monthly contribution for each upcoming year will be announced before the annual open enrollment.

Medical components will be consistent with the current Regional Medical Plan with the provisions noted in the chart and including: Non-Network deductibles and Out Of Pocket Maximums = 3x Network amounts.

Deductibles and Out Of Pocket Maximums are integrated for all medical services, including mental health, substance abuse services.

Once the deductibles are met, coinsurance applies to all medical services including mental health/substance abuse services.

Generally coinsurance does not apply to Network services. Specific coinsurance provisions vary by Regional Medical Plan.

Current Plan Designs Will Apply Subject to the Modifications Summarized in This Chart.