



Retiree Medical Plans – Medicare Eligible

Jan. 2010 - Dec. 2012

As outlined below, retirees eligible for Medicare will have an annual choice between the Existing Regional Medical Option and the Alternative Medical Option. For retirees choosing an HMO, changes will be included in your annual enrollment materials.

Please refer to the other side of this chart if you also will be covering dependents who are not eligible for Medicare.

CHOICE 1 Existing Regional Medical Option	CHOICE 2 Alternative Medical Option
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MONTHLY CONTRIBUTIONS

None	None
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MEDICAL (Network)

Deductibles	For medical expenses, current plan provisions continue to apply.	Individual – \$400	Family – \$800
Coinsurance		10%	
Out-of-Pocket Maximum		Individual – \$1,000	Family – \$3,000
Copays		None	

In Choice 2, non-network deductibles and out-of-pocket maximums are adjusted to remain at three times the network amounts. Out-of-pocket maximums do not include deductibles.

PRESCRIPTION DRUGS (Applies to Choice 1 and Choice 2)

	2010		2011		2012	
Deductible (Retail and Mail Order)	\$75		\$125		\$175	
Coinsurance	None		None		None	
Out-of-Pocket Maximum	Individual \$1,500	Family \$3,000	Individual \$1,500	Family \$3,000	Individual \$1,500	Family \$3,000
Copays	2010		2011		2012	
Retail Generic	\$10		\$10		\$11	
Retail Preferred	\$30		\$30		\$33	
Retail Nonpreferred	\$50		\$50		\$55	
Mail Generic	\$20		\$20		\$28	
Mail Preferred	\$75		\$75		\$83	
Mail Nonpreferred	\$125		\$125		\$138	

In addition to the changes noted above, there will be common prescription drug provisions for all regions effective Jan. 1, 2010.



Retiree Medical Plans – Not Eligible for Medicare

Jan. 2010 - Dec. 2012

As outlined below, retirees not eligible for Medicare will have an annual choice between the Existing Regional Medical Option and the Alternative Medical Option. A \$12,500 cap applies to the Existing Regional Medical Option. For retirees choosing an HMO, changes will be included in your annual enrollment materials.

Please refer to the other side of this chart if you also will be covering dependents who are eligible for Medicare.

	CHOICE 1 Existing Regional Medical Option	CHOICE 2 Alternative Medical Option
MONTHLY CONTRIBUTIONS		
Individual	\$13.46	
Individual + 1 Dependent	\$24.86	None
Individual + 2 or More Dependents	\$34.36	

In Choice 1, the monthly contributions will be reviewed and adjusted annually, if necessary, based on the \$12,500 cap.

MEDICAL (Network)			
Deductibles	For medical expenses, current plan provisions continue to apply.	Individual – \$400	Family – \$800
Coinsurance		10%	
Out-of-Pocket Maximum		Individual – \$1,000	Family – \$3,000
Copays		None	

In Choice 2, non-network deductibles and out-of-pocket maximums are adjusted to remain at three times the network amounts. Out-of-pocket maximums do not include deductibles.

PRESCRIPTION DRUGS					
Deductible	\$50 Per Covered Individual (Retail only)		2010 \$75	2011 \$125	2012 \$175
			(Retail and Mail Order)		
Coinsurance	None		None		
Out-of-Pocket Maximum	Individual – \$1,500	Family – \$3,000	Individual – \$1,500	Family – \$3,000	
Copays	2010		2010	2011	2012
Retail Generic	\$8		\$10	\$10	\$11
Retail Preferred	\$26		\$30	\$30	\$33
Retail Nonpreferred	\$50		\$50	\$50	\$55
Mail Generic	\$17		\$20	\$20	\$28
Mail Preferred	\$54		\$75	\$75	\$83
Mail Nonpreferred	\$108		\$125	\$125	\$138

In Choice 1, the prescription-drug copays will be reviewed and adjusted annually. In addition to the changes noted above, there will be common prescription-drug provisions in all regions effective Jan. 1, 2010.