

ATTACHMENT I

July 20, 2009

**National Bargained Benefit Plan
Attachment 1**

	MEDICAL BENEFITS																				
Eligibility	1 st of the month following 6 months of service																				
EE Class	RFT/RPT																				
Employee Cost Share	<p align="center">Incumbent Employees:</p> <table border="0"> <tr> <td>Plan Year</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> <tr> <td>Maximum Cost-Share</td> <td>11%</td> <td>14%</td> <td>17%</td> <td>20%</td> </tr> </table> <p align="center">Employees Hired After January 1, 2009:</p> <table border="0"> <tr> <td>Plan Year</td> <td>2009</td> <td>2010</td> <td>2011</td> <td>2012</td> </tr> <tr> <td>Maximum Cost-Share</td> <td>20%</td> <td>20%</td> <td>20%</td> <td>20%</td> </tr> </table>	Plan Year	2009	2010	2011	2012	Maximum Cost-Share	11%	14%	17%	20%	Plan Year	2009	2010	2011	2012	Maximum Cost-Share	20%	20%	20%	20%
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Full Time EE Contribution Per Month	<p align="center">Incumbent Employees:</p> <table border="0"> <tr> <td>Plan Year</td> <td>2010</td> </tr> <tr> <td>Contributions</td> <td>7%</td> </tr> <tr> <td> Employees</td> <td>\$30</td> </tr> <tr> <td> Employee + 1</td> <td>\$56</td> </tr> <tr> <td> Family</td> <td>\$83</td> </tr> </table> <p align="center">Employees Hired After January 1, 2009:</p> <table border="0"> <tr> <td>Plan Year</td> <td>2010</td> </tr> <tr> <td>Contributions</td> <td>13%</td> </tr> <tr> <td> Employees</td> <td>\$55</td> </tr> <tr> <td> Employee + 1</td> <td>\$105</td> </tr> <tr> <td> Family</td> <td>\$154</td> </tr> </table>	Plan Year	2010	Contributions	7%	Employees	\$30	Employee + 1	\$56	Family	\$83	Plan Year	2010	Contributions	13%	Employees	\$55	Employee + 1	\$105	Family	\$154
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Part Time EE Contributions	≥20: 50% of full premium cost <20 hrs: 100% of full premium cost																				
Working Spouse Contribution	N/A																				
Coinsurance (After annual deductible, except that annual deductible does not apply to In Network preventive care)	<u>Network/ONA:</u> 90% <u>Non-Network:</u> 80%																				

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Annual Deductible	<u>Network/ONA- Incumbents</u>		
		% of Base <u>Wages*</u>	<u>Max*</u>
	Employee	0.5%	\$500
	Employee +1	1.0%	\$1,000
	Family	1.5%	\$1,500
	(integrated Med/Surg, Rx, MH/SA)		
	<u>Network/ONA- Hired after January 1, 2009</u>		
		% of Base <u>Wages*</u>	<u>Max*</u>
	Employee	0.5%	\$500
	Employee +1	1.0%	\$1,000
	Family	1.5%	\$1,500
	(integrated Med/Surg, Rx, MH/SA)		
	<u>Non-Network</u>		
		% of Base <u>Wages*</u>	<u>Max*</u>
	Employee	1.5%	\$1,500
Employee +1	3.0%	\$3,000	
Family	4.5%	\$4,500	
(integrated Med/Surg, Rx, MH/SA)			
*Actual deductibles in 2010, 2011, and 2012 will be determined by utilizing actual plan costs, annual premiums (as calculated above) and annual OOP maximums (as calculated below).			

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Annual Out of Pocket Maximum	<p>Network/ONA Incumbents</p> <table border="0"> <tr> <td></td> <td>% of</td> <td colspan="2">Maximum*</td> </tr> <tr> <td></td> <td>Base</td> <td>< or =</td> <td>></td> </tr> <tr> <td><u>Tier</u></td> <td><u>Wages*</u></td> <td><u>\$50K</u></td> <td><u>\$50K</u></td> </tr> <tr> <td>Employee</td> <td>1.5%</td> <td>\$2,000</td> <td>\$2,500</td> </tr> <tr> <td>Employee +1</td> <td>2.25%</td> <td>\$3,000</td> <td>\$4,000</td> </tr> <tr> <td>Family</td> <td>3.0%</td> <td>\$4,000</td> <td>\$5,300</td> </tr> </table> <p>(integrated Med/Surg, Rx, MH/SA)</p> <p>Hired after January 1, 2009</p> <table border="0"> <tr> <td></td> <td>% of</td> <td colspan="2">Maximum*</td> </tr> <tr> <td></td> <td>Base</td> <td>< or =</td> <td>></td> </tr> <tr> <td><u>Tier</u></td> <td><u>Wages*</u></td> <td><u>\$50K</u></td> <td><u>\$50K</u></td> </tr> <tr> <td>Employee</td> <td>1.5%</td> <td>\$2,000</td> <td>\$2,500</td> </tr> <tr> <td>Employee +1</td> <td>2.25%</td> <td>\$3,000</td> <td>\$4,000</td> </tr> <tr> <td>Family</td> <td>3.0%</td> <td>\$4,000</td> <td>\$5,300</td> </tr> </table> <p>(integrated Med/Surg, Rx, MH/SA)</p> <p>Non-Network</p> <table border="0"> <tr> <td></td> <td>% of</td> <td colspan="2">Maximum*</td> </tr> <tr> <td></td> <td>Base</td> <td>< or =</td> <td>></td> </tr> <tr> <td><u>Tier</u></td> <td><u>Wages*</u></td> <td><u>\$50K</u></td> <td><u>\$50K</u></td> </tr> <tr> <td>Employee</td> <td>4.5%</td> <td>\$6,000</td> <td>\$7,500</td> </tr> <tr> <td>Employee +1</td> <td>6.75%</td> <td>\$9,000</td> <td>\$12,000</td> </tr> <tr> <td>Family</td> <td>9.0%</td> <td>\$12,000</td> <td>\$15,900</td> </tr> </table> <p>(integrated Med/Surg, Rx, MH/SA)</p> <p>*Actual OOP Maximums in 2010, 2011, and 2012 will be determined by utilizing actual plan costs, annual premiums (as calculated above) and annual Deductibles (as calculated above).</p>		% of	Maximum*			Base	< or =	>	<u>Tier</u>	<u>Wages*</u>	<u>\$50K</u>	<u>\$50K</u>	Employee	1.5%	\$2,000	\$2,500	Employee +1	2.25%	\$3,000	\$4,000	Family	3.0%	\$4,000	\$5,300		% of	Maximum*			Base	< or =	>	<u>Tier</u>	<u>Wages*</u>	<u>\$50K</u>	<u>\$50K</u>	Employee	1.5%	\$2,000	\$2,500	Employee +1	2.25%	\$3,000	\$4,000	Family	3.0%	\$4,000	\$5,300		% of	Maximum*			Base	< or =	>	<u>Tier</u>	<u>Wages*</u>	<u>\$50K</u>	<u>\$50K</u>	Employee	4.5%	\$6,000	\$7,500	Employee +1	6.75%	\$9,000	\$12,000	Family	9.0%	\$12,000	\$15,900
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Office Visit	<p>Network/ONA:</p> <p>Preventive 100% Company paid, Deductible waived</p> <p>Sickness/ Illness 90%, after Deductible</p> <p>Non-Network: 80% of R&C after deductible</p>																																																																								
Emergency Room (ER copay waived if admitted)	<p>Network/ONA: 90%, after Deductible</p> <p>Non-Network: \$100 copay, annual deductible, then 80% coverage of R&C</p>																																																																								
Urgent Care Center	<p>Network/ONA:</p> <p>Preventive 100% Company paid, Deductible waived</p> <p>Sickness/ Illness 90%, after Deductible</p> <p>Non-Network: 80% of R&C after deductible</p>																																																																								
Hospital	<p>In Network/ONA: 90% after deductible</p> <p>Non-Network: \$35 copay, annual deductible, then 80% coverage of R&C</p>																																																																								
Diagnostic Testing	<p>Network/ONA: 90%, after Deductible</p> <p>Non-Network: AS IN CURRENT PLAN</p>																																																																								

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	MEDICAL BENEFITS
Lifetime Maximum	Network/OOA: Unlimited Non-Network: Unlimited for actives; retirees/LTD have limit of \$500k per person in non-network charges
COB	Standard – Birthday rule
Survivor	12 months at active rates; then COBRA
Retiree Eligibility	See Attachment II

	PRESCRIPTION DRUG BENEFITS
Prescription Drugs	See Chart Below
Bargained Plan Rx Program	

Brand Restriction: If generic is available and brand is purchased, pay generic coinsurance amount plus cost difference between brand and generic	
Deductible: Integrated with Medical Surgical and Mental Health Benefits	
Max OOP: Integrated with Medical Surgical and Mental Health Benefits	
Retail (up to a 30 day supply per Rx or refill)	
Retail Generic	\$8, after Deductible
Retail Brand	Formulary: \$17, after Deductible Non-Formulary: \$35, after Deductible
Personal Choice	100 % employee paid
Mail Order (up to a 90 day supply per Rx or refill)	
Mail Order Generic	\$17, after Deductible
Mail Order Brand	Formulary: \$35, after Deductible Non-Formulary: \$70, after Deductible
Personal Choice	100 % employee paid

	MENTAL HEALTH BENEFITS
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Deductible	Integrated with Medical Surgical and Rx
OOP Max	Integrated with Medical Surgical and Rx
Copayments and Coinsurance	<p><u>Inpatient:</u></p> <ul style="list-style-type: none"> ◆ <u>In Network:</u> 90%, after Deductible ◆ <u>Non-network:</u> \$35 copay, annual deductible, then 80% coverage of R&C <p><u>Outpatient</u></p> <ul style="list-style-type: none"> ◆ <u>In Network:</u> 90%, after Deductible ◆ <u>Non-network:</u> 80% of R&C after Deductible
Limitations	<p><u>Inpatient:</u></p> <ul style="list-style-type: none"> ◆ <u>In Network:</u> 90%, after Deductible ◆ <u>Non-network:</u> \$35 copay, annual deductible, then 80% coverage of R&C <p><u>Outpatient</u></p> <ul style="list-style-type: none"> ◆ <u>In Network:</u> 90%, after Deductible ◆ <u>Non-network:</u> 80% of R&C after Deductible

	SUBSTANCE ABUSE BENEFITS
Deductible	Integrated with Medical Surgical and Rx
OOP Max	Integrated with Medical Surgical and Rx
Copayments and Coinsurance	<p><u>Inpatient:</u></p> <ul style="list-style-type: none"> ◆ <u>In Network:</u> 90%, after Deductible ◆ <u>Non-network:</u> \$35 copay, annual deductible, then 80% coverage of R&C <p><u>Outpatient</u></p> <ul style="list-style-type: none"> ◆ <u>In Network:</u> 90%, after Deductible ◆ <u>Non-network:</u> 80% of R&C after Deductible
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	EMPLOYEE ASSISTANCE PLAN
Eligibility	DOH
EE Class	All employees
Cost	100% Company Paid
Design	1 – 8 visits Assessment, counseling and referral
Survivors	No; COBRA available

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Retired Employees	No; COBRA available
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	DENTAL BENEFITS
Eligibility	1 st of the month following 1 month of service
EE Class	RFT/RPT
Full Time EE Contribution	FFS DHMO Employee Only: \$2 \$1 Employee + 1: \$4 \$2 Employee + ≥2: \$6 \$3
Part Time EE Contributions	≥30<40: 25% of full cost ≥20<30: 50% of full cost <20 hrs: 100% of full cost
Annual Deductible	FFS: \$25 per person DHMO: None
Annual Maximum	FFS: \$1,300 DHMO: Unlimited
Diagnostic & Preventive	FFS: 100% R&C; No Deductible DHMO: 100%
Minor Restorative	FFS: Per schedule after deductible DHMO: 100%
Major Restorative	FFS: Per schedule after deductible DHMO: 75%
Orthodontia	FFS: Per schedule up to 50% after deductible Lifetime Max: \$1,400 DHMO: 60% (24-month lifetime maximum)
COB	Standard – Birthday rule
Survivor	No; COBRA available
Retiree Eligibility	No; COBRA available

	VISION BENEFITS
Eligibility	1st of the month following 1 month of service

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	VISION BENEFITS
EE Class	RFT/RPT
Full Time EE Contribution	Employee Only: \$0 Employee + 1: \$0 Employee + \geq 2: \$0
Part Time EE Contributions (Shall not be less than FT contr.)	\geq 30<40: 25% of full cost \geq 20<30: 50% of full cost <20 hrs: 100% of full cost
In Network	100% after \$15 copay for exam, lenses, and frames; once every 12 months for EE; once every 24 months for dependents
Contact Lens Allowance	\$75/In network full-copay (lenses only)
Frame Allowance	\$105 Retail
2 nd Pair Benefit	\$30 copay, once every 24 months
Frequency: EE	Exam & lenses: 12 months Frames: 24 months
Frequency: Dependent	Exam & lenses: 24 months Frames: 24 months
Non-Network Allowance	Schedule <ul style="list-style-type: none"> ▪ Exam \$28 ▪ Lenses \$30-\$80 ▪ Frames: \$30 ▪ Contacts: \$75
COB	Standard – Birthday rule
Survivor	No; COBRA available
Retiree Eligibility	No; COBRA available

	MEDICAL PLUS BENEFITS
Eligibility	1 st of the month following 6 months of service
EE Class	RFT/RPT
Employee Contributions (FT and PT)	Employee only – \$4 Employee & family – \$6
Benefits	Covers expenses for named investigational treatments not covered by traditional health care plans.
COB	Standard – Birthday rule
Survivor	Company extended coverage at employee rates for 3 months; then COBRA for 36 months

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Retiree Eligibility	Eligible same as Medical Plan; retiree pays 100% of premium equivalent
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FLEXIBLE SPENDING ACCOUNTS	
Dependent Care Spending Accounts	
Eligibility	1 st of the month following 1 month of service
EE Class	RFT/RPT
Maximum	\$5,000
Minimum	\$100
Health Care Spending Accounts	
Eligibility	1 st of the month following 1 month of service
EE Class	RFT/RPT
Maximum	\$5,000
Minimum	\$100
Survivor	No
Retiree Eligibility	No; COBRA available for HCSA remainder of calendar year

LIFE INSURANCE	
Eligibility	1 st of the month following 1 month of service
EE Class	RFT / RPT
Basic Life Insurance Benefit	Company Paid 1-½x covered comp \$500,000 max (Basic + Supp) Reduction schedule post 65
Supplemental Life Insurance Benefit	EE paid 1-4x covered comp \$500,000 max (Basic + Supp)
Accelerated Death Benefit	Yes – up to 75%
AD&D	Included with Basic Life Insurance 1-½x covered comp
Seatbelt Incentive	Yes

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Dependent Benefit Amount	Employee Paid Spouse/RDP: \$25k-\$200k, Smoker/nonsmoker rates Child: \$5,000 - \$20,000, \$0.13 per \$1,000
LTD Coverage	<u>Basic Life</u> : Company paid for 3 years <u>Supplemental Life</u> : EE paid; max 3 yrs. <u>Dependent</u> : to end of month in which LTD begins
Portability upon termination	Yes – all employee paid coverages
Conversion upon termination	Yes – basic, supp & dependent coverages
Survivor	No
Retired Employees	No

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	LONG-TERM CARE
Eligibility	DOH
EE Class	RFT / RPT \geq 20 hours
Cost	Employee paid
Spouse/RDP	Yes, EOI
Parents	Yes, EOI
Parents-in-Law	Yes, EOI
Retired Employees	May continue if enrolled at time of retirement
Nursing Home Coverage	Yes
Comprehensive Coverage	Yes

	ADOPTION ASSISTANCE PROGRAM
Eligibility	1 st of the month in which EE attains 6 months of service
EE Class	RFT; RPT with \geq 20 hours/wk.
Maximum	\$5,000
Spouse Adoption	Yes

	TUITION REIMBURSEMENT PLAN
Eligibility	12 months of service
EE Class	RFT/RPT
Maximum (same for FT & PT)	\$5,250
Reimbursement for classes:	FT: 100% \geq 20 hrs: 75% <20 hrs: 50%

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