

## Benefit Changes for 2009

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|---------|---|--|
| PPO     | Annual medical deductible                         | Increase to \$350 per individual and \$875 family  |
|         | Annual medical out-of-pocket maximum (in-network) | Increase to \$1,350 per individual and \$2,700 family (in-network); \$4,050 per individual and \$8,100 family (out-of-network) |
|         | Emergency room use                                | Increase to \$75 per visit   |
|         | Prescription drug                                 | Increase to \$25 for preferred brand and \$50 for non-preferred brand  |
|         | Annual pharmacy copay maximum                     | Increase to \$1,620 per individual   |
|         | Diabetic supplies (strips, lancets, syringes)     | Coinsurance waived when using in-network provider  |
|         | Diabetic prescription drug (oral and insulin)     | Copay waived for generic and preferred brand when using in-network provider; \$50 for non-preferred brand                      |
| POS     | Physician office visit (in-network)               | Increase to \$25 copay general; \$30 copay specialist  |
|         | Maternity (in-network)                            | Increase to \$25 copay general; \$30 copay specialist  |
|         | Chiropractic care                                 | Increase to \$25 copay   |
|         | Emergency room use                                | Increase to \$75 per visit   |
|         | Prescription drug                                 | Increase to \$25 for preferred brand and \$50 for non-preferred brand  |
|         | Diabetic supplies (strips, lancets, syringes)     | Copay waived when using in-network provider  |
|         | Diabetic prescription drug (oral and insulin)     | Copay waived for generic and preferred brand when using in-network provider; \$50 for non-preferred brand                      |
| HMO     | Physician office visit                            | Increase to \$20 copay PCP; \$25 copay specialist  |
|         | Maternity   | Increase to \$20 copay PCP; \$25 specialist  |
|         | Chiropractic care                                 | Increase to \$20 copay per visit   |
|         | Emergency room                                    | Increase to \$75 copay per visit   |
|         | Prescription drug                                 | Increase to \$25 for preferred brand and \$50 for non-preferred brand  |
|         | Diabetic supplies (strips, lancets, syringes)     | Copay waived when using in-network provider  |
|         | Diabetic prescription drug (oral and insulin)     | Copay waived for generic and preferred brand when using in-network provider; \$50 for non-preferred brand                      |
| PPO Ltd | Emergency room use                                | Increase to \$75 copay per visit   |
|         | Diabetic supplies (strips, lancets, syringes)     | Coinsurance waived when using in-network provider  |
|         | Diabetic prescription drug (oral and insulin)     | Coinsurance waived for generic and preferred brand when using in-network provider; 40% for non-preferred brand                 |