

## Plan Designs for Eligible Retired Employees

	Pre Medicare Eligibility		Post Medicare
	Legacy MW PPO w/ Blended Cap	Regional Medical Plan (as amended)	Legacy MW Non-PPO
<b>Medical Components</b>			
Monthly Contributions	See Note	None	None
Deductibles (Network)	No Change	\$400/\$800	No Change
Coinsurance ( Network/Non-Network)	No Change	10%/50%	No Change
OOP Max (Network)	No Change	\$1000/\$3000	No Change
OOP Max Type	No Change	Individual Basis	No Change
Copays			No Change
Office Visits	No Change	None	No Change
Hospital ER	No Change	None	No Change
Hospital Admission	No Change	None	No Change
<b>Rx Components</b>			
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/\$3,000 (applies to Generic and Formulary) Individual Basis	\$1,500/\$3,000 (applies to Generic and Formulary) Individual Basis	\$1,500/\$3000 (applies to Generic and Formulary) Individual Basis
OOP Max Type	2010 Actual (Max)	2010 2011 2012	2010 2011 2012
Copays			
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;  
 MW Medicare Eligible must be in Non-PPO plan option.

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