

ATTACHMENT B

MEDICAL, DENTAL, VISION AGREEMENT

ACTIVE MEDICAL

The Company and Union agree to modify the current medical plan in the following ways:

1. Employee to pay 7.5% of medical plan premium.
2. Effective January 1, 2013, reduce the number of healthcare administrators from 4 to 2 (Kaiser and Anthem/Blue Cross) and continue the 2012 medical plan design. Health Net HMO and Blue Shield HMO will be discontinued.
3. Effective January 1, 2014, implement the jointly developed single plan design with two plan administrators (Kaiser and Anthem/Blue Cross) for all active employees.
 - a. Provide expanded free access to primary care.
 - i. All enrolled employees and dependents are each eligible for 4 free visits annually to their primary care provider, who must be trained as a generalist (General or Family Practice, Internal Medicine, Pediatrics, Family Nurse Practitioner, Obstetrics & Gynecology).
 - ii. Additional primary care visits will be subject to a 10% co-insurance, with no deductible.
 - iii. Visits to your specialist may also be covered under the 4 free primary care visits if that provider is dual-certified as a primary care doctor in any of the categories listed above.
 - b. Provide free preventive medication and routine lab work: The list of medications and lab tests subject to this Plan coverage provision is specified in the medication and routine lab work attachment. The medications and lab tests cover a variety of chronic conditions. Parties recognize that items on the list may evolve and agreed to discuss updates at the Joint Quarterly Benefits Meetings.
 - c. Provide free (unlimited) maternity, well-baby office visits and hospice services.
 - d. If not specifically mentioned, all prevention services and diagnostics mandated by law will be covered.
4. Funded Health Reimbursement Accounts (HRA) to off-set increased deductibles and maximum annual out of pocket limit will be established for all members with medical coverage in 2014 and beyond.
 - a. The HRA is a notional account
 - i. Account continues if terminated member elects COBRA
 - ii. Account continues for retirees who are eligible for the PG&E retiree medical plan whether they remain in the PG&E medical plan or not.
 - iii. Will not be paid out if a member terminates PG&E service or an active employee leaves the PG&E medical plans.
 - b. Unused HRA funds roll-over for use in future years to continue to reduce future out-of-pocket expenses and deductible.

- i. Available for retirees to use if they are eligible to participate in the PG&E medical plans
 - ii. Available for employee's use if the medical plan with HRA is discontinued in the future.
 - iii. Company and Union will further discuss administrative procedures.
- c. Employees enrolled on January 1, 2014 will receive HRA automatic deposits and incentive amounts for health screening and tobacco-free participation according to the Table under General Provisions of the attached Health Plan Design Grid.
- d. Health screening will be available for employees to participate in several ways including on-site at many PG&E work locations, through the employee's primary care provider, or visiting a network of contracted labs. The screening will include measurements for Body Mass Index and blood pressure and a finger prick blood test for cholesterol and glucose levels. HRA deposits are given for participation in the health screening, not based on outcomes. The company and union will jointly select a tobacco-use testing method to earn the tobacco-free incentive. Employees who do not test tobacco-free, but who successfully complete the tobacco cessation program the company offers will also be eligible to receive the tobacco-free incentive.
- e. Individual results are provided only to the enrolled employee and are kept completely confidential. No individual results will be shared with PG&E. Results are collected in a third party data warehouse and will be shared in aggregate (total population health) with the joint union and company committee to assist with on-going health and wellness program planning.
- f. All New hires after December 31, 2013 will receive HRA funding at the levels specified for 2015 and beyond.
- g. HRA funds may be used for any qualified medical, dental or vision expense. Allowable reimbursement expenses will be defined by IRS section 213(d).
- h. Annual medical plan deductible is \$1000 (individual) or \$2000 (family). Members who receive both the health screening and tobacco free incentive will reduce their annual deductible to \$0 when applying the Company provided HRA funds.
- i. Annual medical plan out-of-pocket maximum is \$2400 (individual) or \$4800 (family). Members who receive both the health screening and tobacco free incentive will have an effective annual out-of-pocket maximum of no more than \$1400 (individual) or \$2800 (family).
- j. Part-time and regular status intermittent employees enrolled under the medical plans will not have their deductible, maximum annual out-of-pocket or HRA allowances pro-rated.
- k. Additional HRA funding: Employees whose wage rate on January 1 is equal to or less than the End 18 month wage step of the Service Rep 1 rate (i.e. \$22.95/hr for 2012) will receive an additional \$500 in their HRA during that calendar year. New employees who join the plan during the year whose wage rate is equal to or

less than the End 18 month step of the Service Rep 1 rate will receive the additional \$500 in their HRA during that calendar year.

5. Change from co-payments to co-insurance for medical services outside of free services outlined in #3 above. The Company and Union will continue their joint collaboration to identify high-quality providers for various medical services and Centers of Excellence for high risk conditions. Once they are identified, enrolled employees and dependents who use these providers will be offered reduced co-insurance.
6. Provide a voluntary “one stop shop” for wellness programs, clinical support and benefits advocacy beginning in 2014. Expanded services will be available to enrolled employees and dependents to support efforts to be healthier and choose high quality care. This program will also provide services to enrolled employees and dependents who need help with medical billing issues, specialist referral issues, and chronic care support. In addition, the Company and Union agree to expand free health screenings on-site to employees at selected locations, and expanded tobacco cessation and other wellness programs. All these services will be provided at no cost to employees, and will be provided by a vendor that the representatives from the Union and Company scoring committee select. Individual results are provided only to the enrolled employee and are kept completely confidential.
7. Continue collaboration between PG&E management and the Union to drive improvement in quality healthcare and to improve the health of enrolled employees and dependents. Continued collaboration will include Union as equal partner in vendor selection, vendor monitoring and evaluation, health promotion, quality of care improvement initiatives, data review and changes to the free lab tests, and prescription drugs.
8. HRA Appeals Process due to Financial Hardship: The company and union agree that employees may appeal to request additional funding in their Health Reimbursement Account (HRA) due to a financial hardship. The decision to grant or deny the additional funding is non-grievable.
 - a. Employee must have reached the out-of-pocket maximum for a minimum of two years in a row to be eligible to appeal.
 - b. Employees must submit their appeal in writing to:
Pacific Gas and Electric Company
Benefits Department Appeals
1850 Gateway Blvd. 7th Floor
Concord, CA 94520
 - c. Within 60 calendar days of the date the appeal is received, the employee will receive a written response. There may be special circumstances where an extension of up to 90 calendar days may be required. The employee will be notified if such an issue occurs. If the Benefit Department denies the claim, the employee will receive a written response that will include the reason for the denial and an explanation of additional appeals procedure. The employee may then have the appeal reviewed by the Employee Benefits Appeals Committee (EBAC). The employee must submit a new appeal in writing stating the reasons for the appeal and enclosing all relevant documentation and information that supports the appeal. Employees will receive EBAC's decision within 90 calendar days of EBAC's receipt of the appeal unless

there are special circumstances where an extension of up to an additional 90 calendar days may be required.

- d. No special form is needed – employees must describe their financial hardship and supply supporting documentation demonstrating their financial hardship.
- e. Each appeal will be considered separately.
- f. If the appeal is granted, the employee will be given a one-time deposit into their Health Reimbursement Account of \$1000 if they have single coverage and \$2000 if they have family coverage.
- g. Employees may be eligible to appeal once every two years provided they have reached the out-of-pocket maximum in each of the previous two years.

Health Plan Design

HRA Deposits	Single Coverage	Family Coverage
2014 <ul style="list-style-type: none"> You automatically get: If you take a health screening: If you test tobacco-free or complete PG&E's tobacco cessation program: Yearly Total 	<ul style="list-style-type: none"> \$ 750 \$ 250 \$ 250 \$ 1,250 	<ul style="list-style-type: none"> \$1,500 \$ 500 \$ 500 \$ 2,500
2015-2020 <ul style="list-style-type: none"> You automatically get: If you take a health screening: If you test tobacco-free or complete PG&E's tobacco cessation program: Yearly Total 	<ul style="list-style-type: none"> \$ 500 \$ 250 \$ 250 \$ 1,000 	<ul style="list-style-type: none"> \$ 1,000 \$ 500 \$ 500 \$ 2,000
Annual Deductible (includes prescription drugs)	• \$ 1,000	• \$ 1,000 / person • \$ 2,000 / family
Out-of-Pocket Maximum (includes deductible)	• \$ 2,400	• \$ 2,400 / person • \$ 4,800 / family
Co-Insurance		
Additional Primary Care (beyond 4 free visits)	• 10% (no deductible)	• 10% (no deductible)
Specialty / Hospital Care/ Other	• 20% after deductible	• 20% after deductible
Co-insurance costs will never exceed annual out-of-pocket maximums		
Effective Deductibles (if you earn all incentives):		
2014	• \$ 0 You have \$250 rollover	• \$ 0 You have \$500 rollover
2015-2020	• \$ 0	• \$ 0
Effective Out-of-Pocket Maximum - includes deductible (if you earn all incentives):		
2014	• \$ 1,150 • no more than	• \$ 2,300 • no more than
2015-2020	\$1,400	\$ 2,800

Other Provisions	Health Plan Design
General	<ul style="list-style-type: none"> No lifetime benefit maximum No pre-existing condition exclusions
Expanded Primary Care Offering	<p>Preventive drugs:</p> <ul style="list-style-type: none"> No cost if listed on Attachment B1. Anthem/Blue Cross members need to get through mail-order <p>Preventive screenings:</p> <ul style="list-style-type: none"> No cost if listed on Attachment B2. <p>Primary Care office visits:</p> <ul style="list-style-type: none"> Up to 4 primary care visits at no cost 10% coinsurance for subsequent visits (not subject to deductible) Unlimited maternity and well-baby office visits included at no cost
Specialty/Hospital Care/	<ul style="list-style-type: none"> Subject to deductible 20% coinsurance up to maximum annual out-of-pocket Includes specialty office visits, inpatient hospital care, outpatient hospital care,

Emergency Room Visits/Ambulance Services	skilled nursing facility, home health care, substance abuse centers, mental health centers, ambulance services and emergency room visits
Hospice	<ul style="list-style-type: none"> • Covered at no cost
Maternity Care	<ul style="list-style-type: none"> • Unlimited office visits covered at no cost • Hospital-based delivery covered at 20% coinsurance (subject to deductible)
Well-Baby Care	<ul style="list-style-type: none"> • Office visits covered at no cost
Urgent Care Visits	<ul style="list-style-type: none"> • Not subject to deductible • Covered as Primary Care with a 10% coinsurance
Routine Physical Examinations	<ul style="list-style-type: none"> • Annual physical exam covered at no cost as part of the 4 free primary care visits
Immunizations	<ul style="list-style-type: none"> • No cost
X-Rays and Lab Tests	<ul style="list-style-type: none"> • Subject to deductible • Covered as Specialty Care with a 20% coinsurance • Routine lab tests and x-rays for chronic care and routine preventive screenings provided at no cost if listed on attachment B2.
Outpatient Physical Therapy	<ul style="list-style-type: none"> • Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Speech Therapy	<ul style="list-style-type: none"> • Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Occupational Therapy	<ul style="list-style-type: none"> • Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Chiropractic Care	<ul style="list-style-type: none"> • Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Acupuncture	<ul style="list-style-type: none"> • Subject to deductible • 10% coinsurance for the first 5 visits • 20% coinsurance beyond 5 visits
Durable Medical Equipment	<ul style="list-style-type: none"> • Subject to deductible • Covered as Specialty Care with a 20% coinsurance
Hearing Aid	<ul style="list-style-type: none"> • Subject to deductible • Covered as Specialty Care with a 20% coinsurance • Evaluations, fittings, equipment; frequency 1 per ear every 3 years
Behavioral Health (includes substance abuse) Outpatient Visits (through Value Options)	<ul style="list-style-type: none"> • Not subject to deductible • 10% coinsurance
Behavioral Health (includes substance abuse) Inpatient Services (Through Value Options)	<ul style="list-style-type: none"> • Subject to deductible • 20% coinsurance
DOT Mandated Treatment – in	<ul style="list-style-type: none"> • No cost

patient or out-patient (Through Value Options)	
Infertility Medical Services	<ul style="list-style-type: none"> • Subject to deductible • Covered as Specialty Care with a 20% coinsurance • \$7,000 lifetime maximum; balances from prior plans carry forward
Annual Prescription Drug Deductible and Out-of-Pocket Maximum	<ul style="list-style-type: none"> • N/A - Bundled with medical services in the overall deductible and out-of-pocket maximum outlined above
Preventive Drugs	<ul style="list-style-type: none"> • No cost if listed on Attachment B1. Anthem/Blue Cross members need to get through mail-order.
Retail Drugs	<ul style="list-style-type: none"> • Subject to deductible 30-day prescriptions supplied at a participating pharmacy — plan pays: <ul style="list-style-type: none"> • 85% for generic • 75% for brand Maintenance medications: - after three prescription fills at retail pharmacy, plan pays \$0 – maintenance drugs must be obtained from Mail Order Pharmacy.
Mail Order Drugs	<ul style="list-style-type: none"> • Subject to deductible Plan pays: <ul style="list-style-type: none"> • 90% for generic • 80% for brand
Infertility, Sexual Dysfunction, and Memory Enhancement Drugs.	<ul style="list-style-type: none"> • Subject to deductible • 50% coinsurance for retail and mail order, unless medically necessary • Medically necessary drugs are covered at standard reimbursement rates

Coverage Management:

- As currently provided in the Summary of Benefit Handbook, preauthorization will still be required for most inpatient, residential and skilled nursing, home health, and expensive medical equipment, physical therapies and for select surgical procedures regardless of setting; enrolled employees and dependents who do not obtain pre-authorization will continue to pay a penalty. Exceptions apply for life-threatening emergencies.
- Continuation of the current prescription drug program feature that the enrolled employee or dependent pays the difference for brand name drugs when generics are available. Expansion of mail-order program to include mandatory mail order for maintenance drugs after three retail prescriptions, maintenance drugs on Attachment A are free from mail-order only. Select step therapies will be put into place after Company and Union jointly review. Controlled substances are excluded from mandatory mail order program.
- As currently provided in the Summary of Benefit Handbook, services and care that are not deemed medically necessary by the plan administrator will not be covered.

Note: Preauthorization and drug programs described above do not apply to Kaiser. No change to current pre-authorization and drug program practices at Kaiser.

For Kaiser and Anthem NAP CAP members, the amount of employee premium contribution for 2014 will be the same as the contribution amount for 2013 unless the overall cost for the premium falls. Anthem HSA members will pay a premium contribution in 2014 in the same amount as the 2013 Kaiser or Anthem NAP CAP rate.

Medco Preventive Medication List

Drug Category	Examples of products
Anticoagulants/ antiplatelets	<ul style="list-style-type: none"> • aspirin/dipyridamole (Aggrenox[®]) • clopidogrel • dipyridamole • prasugrel (Effient[™]) • ticlopidine • warfarin
Antiemetics/ antivertigo agents	<ul style="list-style-type: none"> • aprepitant (Emend[®]) • dimenhydrinate • dolasetron (Anzemet[®]) • granisetron • meclizine • ondansetron • prochlorperazine • promethazine • scopolamine (Transderm Scop[®]; Scopace[®]) • trimethobenzamide
Antiestrogens	<ul style="list-style-type: none"> • anastrozole • exemestane • letrozole • tamoxifen • raloxifene (Evista[®])
Blood pressure/heart health	<ul style="list-style-type: none"> • ACE inhibitors: benazepril; benazepril-HCTZ; captopril; captopril-HCTZ; enalapril; enalapril-HCTZ; fosinopril ;fosinopril-HCTZ; lisinopril; lisinopril-HCTZ; moexipril; moexipril-HCTZ; perindopril; quinapril; quinapril-HCTZ; ramipril;trandolapril • Angiotensin II receptor blockers: ibesartan; ibesartan-HCTZ; losartan; losartan-HCTZ; olmesartan (Benicar[®]); olmesartan-HCTZ (Benicar HCT[®]); telmisartan (Micardis[®]); telmisartan-HCTZ (Micardis HCT[®]); valsartan; valsartan-HCTZ • Beta-blockers: acebutolol; atenolol; atenolol/chlorthalidone; betaxolol; bisoprolol; bisoprolol-HCTZ; labetalol; metoprolol; metoprolol-HCTZ; nadolol; nadolol-bendroflumethiazide; nebivolol (Bystolic[™]); pindolol; propranolol; sotalol; sotalol AF; timolol; timolol-HCTZ, • Calcium channel blockers: amlodipine; diltiazem; felodipine; isradipine; nifedipine; nisoldipine; verapamil; verapamil ext. release • Thiazide diuretics and related diuretics: amiloride; amiloride-HCTZ; chlorothiazide; chlorthalidone; eplerenone; furosemide; hydrochlorothiazide; indapamide; metolazone; spironolactone; spironolactone-HCTZ; triamterene; triamterene-HCTZ • Miscellaneous: aliskiren (Tekturna[®]); aliskiren-HCTZ (Tekturna HCT[®]); carvedilol; cilostazol, clonidine; clonidine-chlorthalidone; doxazosin; digoxin, hydralazine HCl, minoxidil tablets only, guanfacine HCl; enalapril-felodipine; hydralazine; methyl dopa; methyl dopa-HCTZ; prazosin; terazosin; amlodipine/benazepril; amlodipine/valsartan (Exforge[®]);
Anti-infectives	<ul style="list-style-type: none"> • atovaquone (Mepron[®]) • pentamidine (NebuPent[®]) • posaconazole (Noxafil[®])

Attachment B1

Drug Category	Examples of products
Antimalarials	<ul style="list-style-type: none"> • artemether/lumefantrine (Coartem[®]) • atovaquone/proguanil • chloroquine • hydroxychloroquine • mefloquine • primaquine • pyrimethamine (Daraprim[®]) • pyrimethamine-sulfadoxine (Fansidar[®]) • quinine (Qualaquin[®])
Anti-ulcer agents	<ul style="list-style-type: none"> • H2-antagonists: cimetidine; famotidine; nizatidine; ranitidine • Miscellaneous agents: misoprostol; sucralfate • Proton pump inhibitors: esomeprazole (Nexium[®]); lansoprazole; omeprazole; pantoprazole; • metoclopramide HCl tablet, solution
Antivirals	<ul style="list-style-type: none"> • acyclovir • amantadine • famciclovir • foscarnet • ganciclovir • oseltamivir (Tamiflu[®]) • rimantadine • valacyclovir • valganciclovir (Valcyte[®]) • zanamivir (Relenza[®])
Arthritis/Pain	<ul style="list-style-type: none"> • methylprednisolone sodium succinate powder for injection • methylprednisolone acetate suspension for injection • methylprednisolone • prednisolone acetate suspension (generic Pred Forte) • prednisone • indomethacin • naproxen • naproxen delayed-release • naproxen sodium • diclofenac sodium • diclofenac sodium ext-release • diclofenac solution • etodolac • ibuprofen suspension • ibuprofen • ketoprofen • ketorolac ophthalmic soln • meloxicam • nabumetone • piroxicam • sulindac

Attachment B1

Drug Category	Examples of products
Asthma therapies	<ul style="list-style-type: none"> • montelukast • zafirlukast • albuterol sulfate tablet, syrup, inhalant solution • aminophylline tablet • budesonide inhalant suspension (Pulmicort Respules) • terbutaline • theophylline ext-release tabs • cromolyn sodium solution, inhalant solution • ipratropium bromide solution, inhalant solution • ipratropium/albuterol sulfate • guaifenesin/dyphylline elixir
Bowel evacuant products	<ul style="list-style-type: none"> • polyethylene glycol 3350 combination products such as Colyte[®], Golytely[®], HalfLytely[®], Nulytely[®], Trilyte[®], Moviprep[®] (generics only); sodium phosphates
Calcium replacement products	<ul style="list-style-type: none"> • calcium acetate • calcium carbonate • calcium citrate • calcium gluconate
Cancer (adjunctive agents)	<ul style="list-style-type: none"> • amifostine • darbepoetin alfa (Aranesp[®]) • dexrazoxane • epoetin alfa (Procrit[®]) • filgrastim (Neupogen[®]) • leucovorin • mesna (Mesnex[®]) • pegfilgrastim (Neulasta[®]) • sargramostim (Leukine[®])
Cholesterol- lowering agents	<ul style="list-style-type: none"> • atorvastatin/amlodipine • cholestyramine • colessevelam (WelChol[®]) • colestipol • ezetimibe (Zetia[®]) • ezetimibe/simvastatin (Vytorin[®]) • fenofibrate (Antara[®], Fenoglide[™], Lipofen[®], TriCor[®]) • fenofibric acid (TriLipix[™]) • gemfibrozil • HMG-coA reductase inhibitors: atorvastatin; fluvastatin; lovastatin (Altoprev[®]); pravastatin; rosuvastatin (Crestor[®]); simvastatin • niacin (Niaspan[®]); niacin ER/simvastatin (Simcor[®]) • omega-3-acid ethyl esters (Lovaza[®])
Contraceptives, non-oral	<ul style="list-style-type: none"> • diaphragms (Ortho-Diaphragm[™]) • medroxyprogesterone 150mg injectable • intravaginal system (NuvaRing[®]) • transdermal system (generic for Ortho-Evra[®])

Attachment B1

Drug Category	Examples of products
Contraceptives, oral	<ul style="list-style-type: none"> • Apri[®] • Estrostep Fe[®] (generic only) • Lybrel[®] (generic only) • Ortho Tri-Cyclen[®] (generic only) • Ovcon[®] (generic only) • Seasonale[®] (generic only) • TriNessa[®] (generic only) • Trivora[®] (generic only) • Yasmin[®] (generic only) • Seasonique[®] (generic only) • YAZ[®]
Dental aids	<ul style="list-style-type: none"> • minocycline (Arestin[®])
Diabetes	<ul style="list-style-type: none"> • acarbose • glimeprimide • glipizide • glipizide ext-release • glyburide • glyburide, Micronized • glyburide/metformin • metformin HCl • metformin ext-release • nateglinide • Glucagon • insulin aspart (Humalog) • insulin regular (Humulin R) • insulin NPH (Humulin N) • insulin NPH and insulin regular (Humulin 70/30) • insulin aspart protamine and insulin aspart (Humalog MIX 70/30) • insulin glargine (Lantus) • Accu-Chek test strips • One Touch test strips • Insulin pen needles – BD Ultrafine • Insulin syringes – BD • Lancet device – BD • Lancets – BD, Microlet
Estrogen replacement products	<ul style="list-style-type: none"> • conjugated estrogens (Premarin[®]) • esterified estrogens/methyltestosterone • estradiol (Climara[®], Estraderm[®], Vivelle[®]) • estradiol gel (Divigel[®]) • estradiol MTDS (Evamist[™]) • estradiol/norethindrone (CombiPatch[®]) • estrogen/medroxyprogesterone (Premphase[®], Prempro[™]) • ethinyl estradiol/norethindrone (generic for Femhrt[®]) • synthetic conjugated estrogens, A (Cenestin[®]) • synthetic conjugated estrogens, B (Enjuvia[™])

Attachment B1

Drug Category	Examples of products
Fluoride preparations, oral and topical	<ul style="list-style-type: none"> • Cavarest Gel™ (generic only) • Easygel™ (generic only) • EtheDent™ (generic only) • Fluoritab™ (generic only) • Luride Lozi-Tabs® (generic only) • Neutragard® (generic only) • Phos-Flur® (generic only) • sodium fluoride (generic only) • Gel-Kam® (generic only) • PreviDent® Rinse (generic only)
Gout	<ul style="list-style-type: none"> • allopurinol • febuxostat (Uloric®)
Heparin/low molecular weight heparin products	<ul style="list-style-type: none"> • heparin • low-molecular-weight heparin: dalteparin (Fragmin®); enoxaparin; fondaparinux
Iron replacement agents	<ul style="list-style-type: none"> • Chromagen® (generic only) • ferumoxytol (generic for Feraheme™) • FoliTab™ (generic only) • Foltrin™ (generic only) • Niferex® Forte (generic only)
Magnesium replacement products	<ul style="list-style-type: none"> • magnesium gluconate • magnesium oxide
Miscellaneous agents	<ul style="list-style-type: none"> • isoxsuprine
Osteoporosis	<ul style="list-style-type: none"> • alendronate; • calcitonin • etidronate • ibandronate (Boniva®) • raloxifene (Evista®)
Phosphate/ potassium replacement products	<ul style="list-style-type: none"> • potassium bicarbonate/citric acid (Effer-K®) • potassium chloride • potassium gluconate • potassium phosphate • potassium and sodium phosphate • sodium phosphate
Prenatal vitamins	<ul style="list-style-type: none"> • Nata chew® (generic only) • Natafort® (generic only) • Natelle® (generic only) • Pre Care® (generic only) • Prenatal Plus®, Prenatal RX™ (generic only) • Prima Care® (generic only) • Vitafol-OB™ (generic only)
Prescription vitamins	<ul style="list-style-type: none"> • multivitamin w/ fluoride • Strovite Advance®, Strovite Plus® (generic only) • Theragran® (generic only) • Therobec™, Therobec Plus™ (generic only)

Attachment B1

Drug Category	Examples of products
Progestins	<ul style="list-style-type: none"> • medroxyprogesterone • norethindrone • progesterone • progesterone, micronized (Crinone[®], Prometrium[®])
Renal disease agents	<ul style="list-style-type: none"> • lanthanum (Fosrenol[®]) • sevelamer (Renagel[®]) • sevelamer carbonate (Renvela[®])
Smoking cessation products	<ul style="list-style-type: none"> • bupropion (generic for Zyban only) • nicotine products (Nicotrol[®] Inhaler, Nicotrol[®] Nasal Spray) • varenicline (Chantix[™])
Vaccines	<ul style="list-style-type: none"> • seasonal influenza vaccines
Vitamin B products	<ul style="list-style-type: none"> • Folgard RX[™] (generic only) • Foltx[®] (generic only)
Vitamin B1 products	<ul style="list-style-type: none"> • thiamine
Vitamin B6 products	<ul style="list-style-type: none"> • pyridoxine
Vitamin B12 products	<ul style="list-style-type: none"> • cyanocobalam • cyanocobalamin/folic acid (Foltrate[®])
Vitamin D products	<ul style="list-style-type: none"> • calcitriol • ergocalciferol
Vitamin K products	<ul style="list-style-type: none"> • phytonadione (Mephyton[®])
Vitamins with folic acid	<ul style="list-style-type: none"> • therapeutic vitamins with minerals
Weight loss agents	<ul style="list-style-type: none"> • benzphetamine • diethylpropion • orlistat (Xenical[®]) • phendimetrazine • phentermine
Zinc replacement products	<ul style="list-style-type: none"> • zinc gluconate • zinc sulfate
Mental Health	<ul style="list-style-type: none"> • bupropion • citalopram • fluoxetine • lamotrigine • buspirone • divalproex • lithium

Abbreviations: HCTZ = hydrochlorothiazide

Kaiser Preventive Medication List

Drug Category	Examples of products
Anticoagulants/ antiplatelets *	<ul style="list-style-type: none"> • aspirin/dipyridamole (Aggrenox[®]) • clopidogrel (Plavix) • dipyridamole • prasugrel (Effient[™]) • ticlopidine • warfarin
Antiemetics/ antivertigo agents	<ul style="list-style-type: none"> • aprepitant (Emend[®]) • dimenhydrinate • Ondasetron • Ondasetron • meclizine • ondansetron • prochlorperazine • promethazine • scopolamine (Transderm Scop[®]; Scopace[®]) • trimethobenzamide
Antiestrogens	<ul style="list-style-type: none"> • anastrozole • exemestane • letrozole • tamoxifen • raloxifene (Evista[®])
Blood pressure/heart health: ACE Inhibitors	<ul style="list-style-type: none"> • benazepril • Lisinopril, Lisinopril HCTZ • captopril • enalapril • fosinopril • lisinopril • lisinopril-HCTZ • Imoexipril
Blood pressure/heart health : Angiotensin II receptor blockers	<ul style="list-style-type: none"> • Losartan • Losartan & HCTZ
Blood pressure/heart health : Beta blockers	<ul style="list-style-type: none"> • atenolol • atenolol/chlorthalidone • carvedilol • bisoprolol

Attachment B1

	<ul style="list-style-type: none"> • bisoprolol-HCTZ • labetalol • metoprolol • metoprolol tartrate • propranolol • sotalol
Drug Category	Examples of products
Blood pressure/heart health : Calcium channel blockers	<ul style="list-style-type: none"> • amlodipine • diltiazem • amlodipine • isradipine • amlodipine, nifedipine • nifedipine • amlodipine, nifedipine • verapamil • verapamil ext. release
Blood pressure/heart health : Thiazide diuretics and related diuretics	<ul style="list-style-type: none"> • chlorthalidone • furosemide • hydrochlorothiazide • indapamide • metolazone • spironolactone • spironolactone-HCTZ • triamterene • triamterene-HCTZ
Blood pressure/heart health: Miscellaneous	<ul style="list-style-type: none"> • Lisinopril • lisinopril-HCTZ • carvedilol • captopril • clonidine • losartan • doxazosin • digoxin • hydralazine HCl • minoxidil tablets only • guanfacine HCl • losartan • hydralazine • methyl dopa • atenolol • prazosin

Attachment B1

	<ul style="list-style-type: none"> • terazosin • Amlodipine plus lisonopril • amlodipine
Anti-infectives	<ul style="list-style-type: none"> • atovaquone (Mepron[®]) • pentamidine (NebuPent[®]) • Voriconazole
Drug Category	Examples of products
Antimalarials	<ul style="list-style-type: none"> • artemether/lumefantrine (Coartem[®]) • atovaquone/proguanil • chloroquine • hydroxychloroquine • mefloquine • primaquine • pyrimethamine (Daraprim[®])
Anti-ulcer agents: H2-antagonists Anti-ulcer agents: Misc Agents Anti-ulcer agents: Proton Pump Inhibitors	<ul style="list-style-type: none"> • cimetidine • famotidine • ranitidine • Misoprostol • sucralfate • omeprazole • pantoprazole • metoclopramide HCl tablet, solution
Anti-ulcer agents: Other	<ul style="list-style-type: none"> • None
Antivirals	<ul style="list-style-type: none"> • acyclovir • amantadine • famciclovir • foscarnet • ganciclovir • oseltamivir (Tamiflu[®]) • rimantadine • Acyclovir • valganciclovir (Valcyte[®]) • zanamivir (Relenza[®])
Arthritis/Pain	<ul style="list-style-type: none"> • methylprednisolone sodium succinate powder for injection • methylprednisolone acetate suspension for injection • methylprednisolone • prednisolone acetate suspension (generic Pred Forte) • prednisone • indomethacin

Attachment B1

	<ul style="list-style-type: none"> • naproxen • Naproxen • naproxen sodium • etodolac • ibuprofen suspension • ibuprofen • ketorolac ophthalmic soln • meloxicam • nabumetone • sulindac
Drug Category	Examples of products
Asthma therapies	<ul style="list-style-type: none"> • montelukast • Montelukast, QVAR (beclomethasone) or Asmanex (mometasone) • albuterol sulfate tablet, syrup, inhalant solution • aminophylline tablet • budesonide inhalant suspension (Pulmicort Respules) • terbutaline • theophylline ext-release tabs • cromolyn sodium solution, inhalant solution • ipratropium bromide solution, inhalant solution • ipratropium/albuterol sulfate
Bowel evacuant products: polyethylene glycol 3350 combination products such as	<ul style="list-style-type: none"> • Colyte® • Golytely® • Nulytely® • Trilyte® • Moviprep® (generics only) • sodium phosphates
Calcium replacement products	<ul style="list-style-type: none"> • calcium acetate • calcium gluconate □ □
Cancer (adjunctive agents)	<ul style="list-style-type: none"> • amifostine • Epoetin Alfa • dexrazoxane • epoetin alfa (Procrit®) • filgrastim (Neupogen®) • leucovorin • mesna (Mesnex®) • sargramostim (Leukine®)

Attachment B1

Cholesterol- lowering agents	<ul style="list-style-type: none"> • amlodipine • cholestyramine • colestipol • Ezetimibe and Simvastatin, or simvastatin alone • Simvastatin • fenofibrate (Antara[®], Fenoglide[™], Lipofen[®], TriCor[®]) • fenofibrate • gemfibrozil
HMG-CoA Reductase Inhibitors	<ul style="list-style-type: none"> • atorvastatin • Simvastatin • lovastatin (Altoprev[®]) • pravastatin • simvastatin • niacin (Niaspan[®])
Contraceptives, non-oral	<ul style="list-style-type: none"> • medroxyprogesterone 150mg injectable • intravaginal system (NuvaRing[®]) • intravaginal system (NuvaRing[®]) • monophasic or triphasic oral contraceptives
Drug Category	Examples of products
Contraceptives, oral	<ul style="list-style-type: none"> • Apri[®] • Estrostep Fe[®] (generic only) • Lybrel[®] (generic only) • Ortho Tri-Cyclen[®] (generic only) • Ovcon[®] (generic only) • Seasonale[®] (generic only) • TriNessa[®] (generic only) • Trivora[®] (generic only) • Yasmin[®] (generic only) • Seasonique[®] (generic only) • Ocella
Dental aids	<ul style="list-style-type: none"> • N/A - covered under dental coverage
Diabetes	<ul style="list-style-type: none"> • acarbose • Glipizide • glipizide • glyburide • glipizide/metformin • metformin HCl • metformin ext-release • nateglinide • Glucagon • Novolog = insulin aspart

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	<ul style="list-style-type: none"> • Novolin R = insulin regular • Novolin N = insulin NPH • Novolin 70/30 • Novolog Plus NPH • insulin glargine (Lantus) • Accu-Chek test strips • One Touch test strips • Insulin pen needles – BD Ultrafine • Insulin syringes – BD • Lancet device – BD • Lancets – BD, Microlet
Estrogen replacement products	<ul style="list-style-type: none"> • esterified estrogens/methyltestosterone • estradiol (Climara[®], Estraderm[®], Vivelle[®]) • Estradiol • Estradiol, medroxyprogesterone • ethinyl estradiol/norethindrone (generic for Femhr[®])
Drug Category	Examples of products
Fluoride preparations, oral and topical	<ul style="list-style-type: none"> • Fluoritab[™] (generic only) • Luride • Neutragard[®] (generic only) • Phos-Flur[®] (generic only) • sodium fluoride (generic only) • Gel-Kam[®] (generic only) • Prevident gel
Gout	<ul style="list-style-type: none"> • allopurinol • Allopurinol
Heparin/low molecular weight heparin products low-molecular-weight heparin:	<ul style="list-style-type: none"> • heparin • Enoxaparin
Iron replacement agents	<ul style="list-style-type: none"> • Chromagen[®] • ferumoxytol (generic for Feraheme[™]) • Foltrin[™] (generic only) (No prescription Required) • Niferex[®] Forte
Magnesium replacement products	<ul style="list-style-type: none"> • None □
Osteoporosis	<ul style="list-style-type: none"> • alendronate • calcitonin • etidronate

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	<ul style="list-style-type: none"> • Fosamax Plus D • raloxifene (Evista[®])
Phosphate/ potassium replacement products	<ul style="list-style-type: none"> • potassium chloride • potassium phosphate • sodium phosphate
Prenatal vitamins	<ul style="list-style-type: none"> • None
Prescription vitamins	<ul style="list-style-type: none"> • None
Drug Category	Examples of products
Progestins	<ul style="list-style-type: none"> • medroxyprogesterone • norethindrone • progesterone • norethindrone • medroxyprogesterone
Renal disease agents	<ul style="list-style-type: none"> • lanthanum (Fosrenol[®]) • sevelamer (Renagel[®]) • sevelamer carbonate (Renvela[®])
Smoking cessation products	<ul style="list-style-type: none"> • bupropion (generic for Zyban only) • nicotine products (gum, lozenges, patches)
Vaccines	<ul style="list-style-type: none"> • seasonal influenza vaccines
Vitamin B products	<ul style="list-style-type: none"> • None <input type="checkbox"/>
Vitamin B1 products	<ul style="list-style-type: none"> • None
Vitamin B6 products	<ul style="list-style-type: none"> • None
Vitamin B12 products	<ul style="list-style-type: none"> • None <input type="checkbox"/>
Vitamin D products	<ul style="list-style-type: none"> • calcitriol • ergocalciferol
Vitamin K products	<ul style="list-style-type: none"> • phytonadione (Mephyton[®])
Vitamins with folic acid	<ul style="list-style-type: none"> • therapeutic vitamins with minerals
Weight loss agents	<ul style="list-style-type: none"> • None
Zinc replacement products	<ul style="list-style-type: none"> • None <input type="checkbox"/>
Depression	<ul style="list-style-type: none"> • Bupropion • Citalopram • Fluoxetine

Attachment B1

Bipolar disorder	<ul style="list-style-type: none">• Lamotrigine• Divalproex• Lithium
Anxiety	<ul style="list-style-type: none">• Buspirone

Attachment B2

Medication and Lab Testing Allowed at No Cost to Member Inside Expanded Primary Care Package

Radiology Procedures		
Procedure Code	Description	Detail Description
71020	RADEX CH 2 VIEWS FRNT&LAT	Radiologic examination, chest, 2 views, frontal and lateral;

Pathology and Laboratory Procedures		
Procedure Code	Description	Detail Description
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)
80061	LIPID PANEL	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)
81000	URNLS DIP STICK/TABLET RGNT NON-AUTO MIC	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
82270	BLD OCLT PROXIDASE ACTV QUAL FECES 1 DETER	Blood, occult, by peroxidase activity (e.g., guaiac); feces, consecutive collected specimen with single determination, for colorectal neoplasm screening (i.e., patient was provided 3 cards triple card for consecutive collection)
82948	GLUC BLD RGNT STRIP	Glucose; blood, reagent strip
83036	HGB GLYCOSYLATED	Hemoglobin; glycosylated (A1C)
85025	BLD# COMPL AUTO HHRWP&AUTO DIFFIAL	Blood count; complete (CBC), automated (Hemoglobin, RBC, WBC and platelet count) and automated differential WBC count
85610	PROTHROMBIN TM	Prothrombin time;
85651	SEDIMENTATION RATE RBC NON-AUTO	Sedimentation rate, erythrocyte; non-automated

Attachment B2

Vaccines		
Procedure Code	Description	Detail Description
90633	HEPATITIS A VACCINE PEDIATRIC 2 DOSE SCHEDULE IM	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90656	INFLUENZA VIRUS VACC SPLIT PRSRV FR 3 YEARS + IM	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90703	TETANUS TOXOID ADSORBED INTRAMUSCULAR	Tetanus toxoid adsorbed, for intramuscular use
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE SUBQ	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90716	VARICELLA VIRUS VACCINE LIVE SUBQ	Varicella virus vaccine, live, for subcutaneous use
90732	PNEUMOCOCCAL POLYSAC VACCINE 23-V 2 YR + SUBQ/IM	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

Other Procedures	
DESCRIPTION	DETAILED DESCRIPTION
ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
SPMTRY W/VC EXPIRATORY FLO +-MXML VOL VNTJ	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation
Mammogram	n/a
Pap Smear	n/a
Colonoscopy	n/a
Prevention Office Visit	n/a

Medication Testing Allowed at No Cost to Member		Inside Expanded Primary Care Package
Medication Use	Medication Name	Explanation of Narrow Therapeutic Index Classification
Congestive heart failure	Digoxin	The medications listed here are narrow therapeutic index drugs. These medications have a narrow therapeutic dosage range compared to other medications. For these medications, dosage levels that are too high can be toxic or even fatal. The therapeutic dose of these drugs is closer to the toxic dose than is the case with most other drugs.
Blood clot prevention	Warfarin	
Asthma	Theophylline	
Asthma	Aminophylline	

HEARING AIDS

ACTIVE AND RETIREE MEDICAL

80% coverage for hearing aids with the one per ear every three years frequency limit

What the Plan Covers:

Hearing Aid Services. The following hearing aid services are covered when provided by or purchased as a result of a written recommendation from an otolaryngologist or a state-certified audiologist.

1. Audiological evaluations to measure the extent of hearing loss and determine the most appropriate make and model of hearing aid. These evaluations will be covered under plan benefits for office visits to physicians.
2. Hearing aids (monaural or binaural) including ear mold(s), the hearing aid instrument, batteries, cords and other ancillary equipment.
3. Visits for fitting, counseling, adjustments and repairs for a one year period after receiving the covered hearing aid.

What the Plan does Not Cover (i.e., Exclusions)

No benefits will be provided for the following:

1. Charges for extra features that are beyond the specifications prescribed for the correction of hearing loss or are not medically necessary.



VSP Signature & VSP Choice Plans

Below is a summary of benefits available through VSP's Signature and Choice Plans.

For a complete proposal or for a network access report, please contact your VSP Representative.

		VSP Choice Plan Full-service Plan
Provider Network		
Network Disruption	N/A	1%
Claim Disruption	N/A	208
WellVision Exam [®]	Thorough eye exam covered in full ¹	Same as Signature Plan
Lenses	Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full ¹	Same as Signature Plan
Lens Options	Photochromic and UV protection are covered in full.	Same as Signature Plan
	Dependent children are eligible for covered in full polycarbonate prescription lenses	Same as Signature Plan
Frame	Frames are covered in full ¹ up to the retail allowance of \$150	Same as Signature Plan
	20% off any amount above the allowance	Same as Signature Plan
Contact Lenses	15% off contact lens services, excluding materials	Same as Signature Plan
	Instead of eyeglasses, elective contact lens services and materials are covered up to \$150 toward any type of prescription contact lenses	Same as Signature Plan
	Necessary contact lenses are covered-in-full ¹ for members who have specific conditions for which contact lenses provide better visual correction.	Same as Signature Plan
Laser VisionCare Preferred Program	Through VSP's Laser VisionCare Preferred Program, you are provided a one time \$250 allowance per eye to use towards the cost of laser vision correction surgery.	Same as Signature Plan
Eye Health Management Program [®]	Includes member materials, care from VSP providers, and data that supports your wellness initiatives	Same as Signature Plan
Laser VisionCare	Discounts averaging 15-20% off or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK ²	Same as Signature Plan
Non-VSP Schedule of Allowances	Exam - \$30, Single Vision Lenses - \$20, Bifocal Lenses - \$35, Trifocal Lenses - \$45, Lenticular Lenses - \$75, Progressives - \$45 Elective Contact Lenses - \$75, Frame - \$25, Necessary Contact Lenses - \$250	Exam - \$45, Single Vision Lenses - \$30, Bifocal Lenses - \$50, Trifocal Lenses - \$65, Lenticular Lenses - \$100, Progressives - \$50, Elective Contact Lenses - \$105, Frame - \$70, Necessary Contact Lenses - \$250
Value-added Benefits	30% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses ³ Guaranteed pricing on all other lens options, saving our members an average of 35-40%	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses Guaranteed pricing on the most popular lens options, saving our members an average of 20-25% ⁴

¹ Less any applicable copay

² Using wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. Laser VisionCare discounts are only available from VSP-contracted facilities.

³ 30% discount applies to glasses purchased the same day as the member's eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

⁴ Most popular lens options include progressives, anti-reflective, photochromics, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options available at 20% discount.

DENTAL

Add dental implant coverage to be covered under major care of the Dental Plan (85% up to annual maximum).

ATTACHMENT C
BENEFIT AGREEMENT

1. SUPPLEMENTAL LIFE INSURANCE PLAN

- Plan Design for Supplemental Life:

Step rates for Supplemental Life insurance based upon age

- Coverage based on annual salary levels. 1-6X coverage levels to a maximum of \$1Million
- \$50K coverage level
- Eliminate the 1.5X coverage level option in previous contracts

Employee Supplemental Life Rates (per \$1,000 of covered benefit)			
<u>Age</u>	<u>Current</u>	<u>2014 Rates</u>	
< 25	\$0.370	\$0.115	
25 – 29	\$0.370	\$0.135	
30 – 34	\$0.370	\$0.155	
35 – 39	\$0.370	\$0.165	
40 – 44	\$0.370	\$0.195	
45 – 49	\$0.370	\$0.295	
50 – 54	\$0.370	\$0.370	
55 – 59	\$0.370	\$0.370	
60 – 64	\$0.370	\$0.410	
65 – 69	\$0.370	\$0.410	
70 +	\$0.370	\$0.410	

The company would continue to offer each employee basic life insurance of \$10,000 at no cost

2. DEPENDENT LIFE PLAN

- Offer Dependent Life
 - Spouse/Domestic Partner Life plan
 - Employees select: \$10K, \$25K, \$50K, \$75K, or \$100K
 - Guarantee issue up to \$25K, then Medical Evidence of Insurability required
 - Child /Children plan
 - Employees select: \$5K, \$10K, or \$25K

Dependent Life Plan Design		
Spouse/Domestic Partner Plan	Choice of \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000.	
Maximum	Up to 50% of employee coverage	
Evidence of Insurability Level	\$25,000	
Child/Children Plan: Birth to 14 days 14 days to age 26	Birth to 14 days: \$1,000 14 days to age 26: Choice of \$5,000, \$10,000 or \$25,000	
Rate Information		
Spouse Rate Per \$1,000 / Month (based on employee age)	Age	Rate
	<30	\$0.060
	30-34	\$0.080
	35-39	\$0.090
	40-44	\$0.100
	45-49	\$0.150
	50-54	\$0.230
	55-59	\$0.430
	60-64	\$0.660
	65-69	\$1.270
	70-74	\$2.060
Child Rate \$5,000 Option - Per EE / Month		\$0.420
Child Rate \$10,000 Option - Per EE / Month		\$0.840
Child Rate \$25,000 Option - Per EE / Month		\$2.100

3. ACCIDENTAL DEATH AND DISMEMBERMENT PLAN

MetLife's Accidental Death and Dismemberment (AD&D) coverage pays a benefit for a covered accident that results in a loss of life, speech, hearing and/or sight, paralysis and more

Basic Accidental Death and Dismemberment

- Plan Design:
 - Company paid Basic AD&D for Employee
 - Basic AD&D coverage is \$10,000
 - No Medical Evidence of Insurability

Voluntary Accidental Death and Dismemberment

- Plan Design:
 - Coverage based on annual salary. 1 to 6X coverage levels; maximum of \$1 Million
 - No Medical Evidence of Insurability
- Rate:
 - \$.02 Per \$1,000 / Month Employee Only
 - \$.03 Per \$1,000 / Month Employee, Spouse + Child/Children

Employees do not have to select Supplemental Life to participate in Voluntary Accidental Death and Dismemberment

Living Benefits:

- Travel Assistance & Identity Theft Solutions (Covers all employees with Basic AD&D)
 - Travel Assistance offers access to valuable services such as:
 - Medical assistance while traveling
 - Emergency medical evacuation
 - Help with lost documents and credit cards
 - Identity theft guidance and support
 - Additional key benefit of the Travel Assistance program is that covered persons may use the service while traveling for business or pleasure. Also, dependent spouses and children are covered for these services whether they are traveling with the employee or not.
 - Identity Theft Solutions (Covers all employees with Basic AD&D)
 - an additional, value-added benefit packaged with Travel Assistance. Identity Theft Solutions is part of MetLife's continued commitment to meeting your customers' diverse needs – today and as they evolve over time. This new enhancement educates employees and their dependents on preventing an occurrence and provides personal assistance and guidance to help alleviate the stress and time burden that victims often face.
- Hospital Confinement Benefit (Covers only employees with Voluntary AD&D)

- Pays an additional monthly benefit if a covered person is confined in a Hospital as a result of an accidental injury.

If covered person dies:

- Air Bag Benefit: (Covers all employees with Basic AD&D)
 - If an Air Bag is deployed for the covered person during the accident and the covered person dies as a result of the accident while driving or riding in a passenger car and wearing a properly fastened seat belt, beneficiaries will receive an extra 10% of the face value of the coverage.
- Seat Belt Benefit (Covers all employees with Basic AD&D)
 - Beneficiaries will receive an extra 10% of the face value of the coverage if a covered person dies from injuries sustained in an accident while driving or riding as a passenger in a Passenger Car, provided the person was wearing a properly fastened Seat Belt at the time of the accident.
- Common Carrier Benefit (Covers only employees with Voluntary AD&D)
 - Pays an additional benefit if a covered person dies as a result of an accidental injury while traveling in a Common Carrier. If a person dies in an accident on a common carrier, they would receive an additional 100% of the face amount of their AD&D insurance (200% total)
- Child Care Benefit (Covers only employees with Voluntary AD&D)
 - Provides an additional amount to attend a licensed Child Care Center for up to 4 consecutive years. For children under 12 years of age, whose covered parent dies in an accident covered by this policy, they would receive childcare benefits for a maximum of 4 years. There is a cap of \$5000/year and payments cannot exceed (in total) 12% of the face value of the AD&D insurance.
- Child Education Benefit (Covers only employees with Voluntary AD&D)
 - Provides an additional benefit equal to the tuition charges for each eligible dependent child to attend college or another accredited institution for up to 4 consecutive years. There is a cap of \$10,000/year and payments cannot exceed (in total) 20% of the face value of the AD&D insurance.
- Spouse Education (Covers only employees with Voluntary AD&D) Provides an additional amount equal to the tuition charges for 1 academic year up to \$5,000 per year and payment cannot exceed 3% of the face value of the AD&D insurance.

**Basic and Voluntary
Accidental Death and Dismemberment Benefits**

Covered Loss	Benefits Amount
Life	Full Amount
Seat Belt Benefit for Loss of Life	Full Amount and 10% of Full Amount
Air Bag Benefit for Loss of Life	Full Amount and 10% of Full Amount
Seat Belt and Air Bag Benefit for Loss of Life	Full Amount and 20% of Full Amount
A hand	50% of Full Amount
A foot	50% of Full Amount
An Arm	75% of Full Amount
A Leg	75% of Full Amount
Sight of an eye	50% of Full Amount
Any combination of a hand, a foot, and or sight of an eye	100% of Full Amount
Thumb and Index finger on same hand	25% of Full Amount
Speech and hearing in both ears	100% of Full Amount
Speech	50% of Full Amount
Hearing in both Ears	50% of Full Amount
Paralysis of both arms and legs (Quadriplegia)	100% of Full Amount
Paralysis of both legs (Paraplegia)	50% of Full Amount
Paralysis of one arm <u>and</u> one leg on the same side of the body (Hemiplegia)	50% of Full Amount
Paralysis of one arm <u>or</u> leg	25% of Full Amount

4. WILL PREPARATION BENEFITS

- Included with Supplemental Life at no additional cost
- Fully covers the legal fees associated with preparing or updating wills for employees and spouses, when using a participating attorney.
- Covers Simple and Complex Wills
- Living Wills, Health Directives, Testamentary Trusts and Power of Attorney
 - Living Will:
 - Ensures your wishes are carried out, and protects your loved ones from making these very difficult and personal decisions by themselves.
 - Also called an "advanced directive;"
 - Document authorized by statutes in all states
 - Individual is appointed as his/her representative to make decisions on maintaining extraordinary life-support in a circumstance where an individual cannot communicate their wishes
 - Power of Attorney:
 - Allows you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated. It is a written document that grants an individual the power to act on the grantor's behalf.
- Easy to use initiating a request via 1-800-821-6400
- Over 10,000 participating attorneys in the Hyatt Legal Plans' network.
- Out-of-Network option.

5. ADMINISTRATIVE CHANGES

Below are Administrative changes:

Change unit of measure from per/\$100 to per/\$1,000 of coverage.

Changes to coverage: Employee may decrease level of Supplemental insurance at any time.

Evidence of Insurability: When an employee is first eligible for Supplemental life insurance, the employee may elect up to 2X without a Statement of Health (SOH). If the employee wants to elect a coverage level greater than 2X when first eligible, the employee must complete a SOH, that is subject to approval by MetLife.

After the employee's initial enrollment, an employee can increase his supplemental life insurance coverage at any time by completing a SOH. Any increase in coverage level(s) are subject to approval by MetLife

One-Time Special Enrollment period: For the special enrollment period campaign only, to take place during the fall of 2013, employees may elect up to 2X Life insurance coverage without completing an Evidence of Insurability form. For all coverage levels greater than 2X, the employee must complete an on-line short form (or paper submission) during the EnrollSmart Campaign. The on-line short form is an abbreviated questionnaire. A Full Statement of Health (if needed) may be required after the MetLife analysis of the short form questionnaire.

RETIREMENT

The Company proposes a new retirement income platform to replace the current defined benefit pension (formula using a percentage of final pay times years of service) plus employer matching contribution in the Retirement Savings Plan for Union-Represented Employees (RSP-U) with a cash balance defined benefit pension plus increased employer match in the RSP-U. The cash balance pension design would annually credit each employee with a percentage of pay which will accumulate with interest during employment. The higher employer match would automatically apply to RSP-U contributions made by employees participating in the cash balance plan.

Cash Balance Pension Plan:

The Company proposes the following basic cash balance design:

1. On the last day of each year, a cash balance plan participant will be credited with Pay Credits equal to a percentage of base compensation, shift, Sunday and nuclear premium paid for that year. Annual pay credits would be awarded based on a point system derived from a combination of age and service:

Points (Age + Service)	Pay Credits
< 40	5%
40 - 49	6%
50 - 59	7%
60 - 69	8%
70 - 79	9%
80+	10%

2. On the last day of each year, an annual interest credit based on an average of the 30-year Treasury rates for the year would be applied to the accumulated account balance.
3. Retirement benefits will be based on the accumulated account balance at retirement or termination. The normal form of benefit will be a monthly pension benefit payable for life that is actuarially equivalent to the Cash Balance Account Balance. Actuarial equivalence will be based on your account balance and age at benefit start date, and the interest and mortality rates specified by the Internal Revenue Service. Employees will also have the option to elect one-time payment of the account balance in a lump sum.
4. Other Cash Balance Plan Highlights:
 - Participation in the Plan continues to begin on the first day of employment; there is no waiting period to begin earning a benefit
 - Participants will have a vested right to cash balance benefits after three years of service. Vesting for the final pay plan will continue at five years of service.
 - Normal retirement age will continue to be age 65. Employees who end employment before reaching normal retirement age are eligible to receive the full account balance or an actuarially equivalent monthly benefit. There is no reduction in account balance for early retirement.
 - Lump sum distributions of the Cash Balance account will be eligible for direct rollover to an Individual Retirement Account (IRA) or other qualified employer retirement plan that accepts rollovers. If a former employee defers distribution of the cash balance account, interest will continue to be credited until the benefit is distributed.

- Employees electing conversion to a monthly pension benefit will continue to have survivor benefit options for a spouse or another named beneficiary. In the event of death prior to retirement, the full Cash Balance account balance would be payable to your spouse, or another named beneficiary.

Retirement Savings Plan for Union-Represented Employees

Employees participating in the cash balance pension also will be eligible for an employer matching contribution in the Retirement Savings Plan for Union-Represented Employees (RSP-U) of 75% of the employee's pre-tax and/or after-tax contributions up to 8% of pay.

Application of the new Cash Balance and RSP-U Program:

- Any employees hired on or after January 1, 2013 will participate in the new cash balance plan, and will be eligible to receive the higher 75% employer matching contribution on up to 8% of pay after completion of one year of service.
- During 2013, current employees (those hired before 2013) would be offered the choice to participate in the new cash balance and RSP-U program. Those choosing the new plan would begin to accrue benefits under the cash balance plan, and would be eligible for the increased RSP-U employer matching contribution, beginning January 1, 2014. Pension benefits earned under the current final pay pension formula would be frozen as of December 31, 2013.

Automatic Enrollment in RSP-U Program

Effective January 1, 2013, employees participating in the cash balance plan will be automatically enrolled in the Retirement Savings Plan upon reaching eligibility for company matching contributions (one year of service). Automatic enrollment payroll deductions will equal the percentage of pay eligible for company match (8% of pay). Employees may increase, reduce or cancel the payroll deduction at any time.