

## Healthcare

- **No bargained changes to health care in 2010**
- Highlights of the changes in the Medical Assistance Plan (MAP) that go into effect on January 1, 2011 are outlined below. Please note that co pay amounts are shown as dollar amounts (\$) and co insurance is shown as a percentage amount (%). Also note, this does not cover provisions of Health Maintenance Organizations (HMOs).

PROVISION	CURRENT ACTIVES AND NEW HIRES (2010) No bargained changes	CURRENT ACTIVES AND NEW HIRES (2011 and 2012)																					
The BellSouth Medical Assistance Plan (MAP)	Options: <ul style="list-style-type: none"> <li>▪ Point of Service (POS)</li> <li>▪ Preferred Provider Organization (PPO)</li> <li>▪ Indemnity</li> <li>▪ Health Maintenance Organizations (HMOs)</li> </ul>	Options: <ul style="list-style-type: none"> <li>▪ Point of Service (POS)</li> <li>▪ Preferred Provider Organization (PPO)</li> <li>▪ Indemnity</li> <li>▪ Health Maintenance Organizations (HMOs)*</li> </ul> *available at discretion of the Company																					
Active (Full-Time) Monthly Contributions	\$0 Individual/Family  Working Spouse Amounts: <div style="text-align: right; margin-left: 100px;"> <u>Monthly</u>              Alabama \$138.90              Florida \$186.82              Georgia \$161.32              Kentucky \$141.98              Louisiana \$167.48              Mississippi \$145.50              North Carolina \$145.06              South Carolina \$163.52              Tennessee \$161.32              All Others \$161.32           </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Current Employees</u></th> <th style="text-align: center;"><u>2011</u></th> <th style="text-align: center;"><u>2012</u></th> </tr> </thead> <tbody> <tr> <td>Individual</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$75</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <th style="text-align: left;"><u>New Hires</u></th> <th style="text-align: center;"><u>2011</u></th> <th style="text-align: center;"><u>2012</u></th> </tr> <tr> <td>Individual</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">\$35</td> </tr> <tr> <td>Family</td> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$75</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Working Spouse Contribution Eliminated in both 2011 &amp; 2012*</b></p>	<u>Current Employees</u>	<u>2011</u>	<u>2012</u>	Individual	\$10	\$35	Family	\$25	\$75	 			<u>New Hires</u>	<u>2011</u>	<u>2012</u>	Individual	\$35	\$35	Family	\$75	\$75
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	Company provided coverage begins as of the first day of the month Employee attains 6 months Seniority.	*An employee will be allowed to cover his/her spouse under the family plan <u>even</u> if the spouse works for a company who offers insurance. However, if the spouse elects his/her company coverage then the Coordination of Benefits provisions will continue to apply as described in the Summary Plan Description.																					

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## Mental Health/Chemical Dependency Provisions (MH/CD)

- No bargained changes to Mental Health/Chemical Dependency Provisions; however, there were changes as a result of the Mental Health Parity and Addiction Equity Act of 2008 effective January 1, 2010.
- Highlights of those changes and the changes in MH/CD provisions that go into effect on January 1, 2011 are outlined below

PROVISION	Mental Health/Chemical Dependency (MH/CD) (2010)			Mental Health/Substance Abuse (MH/SA) (2011 and 2012)									
Annual Deductibles	PPO/POS/ <u>Indemnity</u> Individual	<u>Network</u> \$200	Non- <u>Network</u> \$200	Mental Health/Substance Abuse does not have a separate deductible – it is integrated with the Medical Deductibles listed above									
Copay is shown as a dollar amount (\$)  Coinsurance is shown as a percentage (%)	PPO/POS/ <u>Indemnity</u>	<u>Network</u>	Non- <u>Network</u>	<table border="0"> <tr> <td></td> <td data-bbox="1175 957 1321 1062">Network/ PPO/ <u>Indemnity</u></td> <td data-bbox="1354 957 1500 1062">Non-Ntwk/ <u>Non-PPO</u></td> </tr> <tr> <td data-bbox="1005 1104 1151 1136"><b>In-Patient</b></td> <td data-bbox="1175 1104 1321 1167">10% after deductible</td> <td data-bbox="1354 1104 1500 1167">40% after deductible</td> </tr> <tr> <td data-bbox="1005 1272 1151 1304"><b>Outpatient</b></td> <td data-bbox="1175 1272 1321 1335">10% after deductible</td> <td data-bbox="1354 1272 1500 1335">40% after deductible</td> </tr> </table>		Network/ PPO/ <u>Indemnity</u>	Non-Ntwk/ <u>Non-PPO</u>	<b>In-Patient</b>	10% after deductible	40% after deductible	<b>Outpatient</b>	10% after deductible	40% after deductible
	Network/ PPO/ <u>Indemnity</u>	Non-Ntwk/ <u>Non-PPO</u>											
<b>In-Patient</b>	10% after deductible	40% after deductible											
<b>Outpatient</b>	10% after deductible	40% after deductible											
	<b>Outpatient</b>	\$15 –no deductible	10% after deductible										
Annual Out-of-Pocket Maximums (OOP)	PPO/POS/ <u>Indemnity</u>  Individual  Family	<u>Network</u>  \$1,300  \$2,600	Non- <u>Network</u>  \$1,750  \$3,500	Mental Health/Substance Abuse does not have a separate annual out-of-pocket maximum (OOP) – it is integrated with the Medical Annual Out-Of-Pocket Maximums (OOP) listed above									

## Prescriptions

- No bargained changes to prescription drug program in 2010
- Changes in prescription plan will go into effect on January 1, 2011. Highlights of changes to the Prescription Drug Program are outlined below:

PROVISION	Prescription Drug Program (RX) (2010)	Prescription Drug Program (RX) (2011 and 2012)																	
<b>Annual Deductible</b>	None	None																	
<b>Network Out-Of-Pocket Maximums (OOP)</b>	Network -PPO/ POS/Indemnity \$700, then \$8 copays	Individual \$900 Family \$1,800																	
<b>Non - Network Out-Of-Pocket Maximums (OOP)</b>	Cost for non-network prescription drugs does not apply to OOP Maximums	Cost for non-network prescription drugs does not apply to OOP Maximums																	
<b>Retail – Network Copays</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>&lt;30 days</u></td> <td style="text-align: center;"><u>31-60 days</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$12.50</td> </tr> <tr> <td>Brand</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">\$42.50</td> </tr> </table>		<u>&lt;30 days</u>	<u>31-60 days</u>	Generic	\$10	\$12.50	Brand	\$35	\$42.50	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Up to 30 days</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">\$10</td> </tr> <tr> <td>Formulary*</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td>Non-formulary*</td> <td style="text-align: center;">\$40</td> </tr> </table>		<u>Up to 30 days</u>	Generic	\$10	Formulary*	\$20	Non-formulary*	\$40
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<b>Retail – Non-Network Copays</b>	Not covered	Up to 30 days supply – participant pays the greater of the applicable Network copay or balance remaining after the plan pays 75%																	
<b>Mail Order Copays</b>	<table style="width: 100%; border: none;"> <tr> <td></td> <td colspan="2" style="text-align: center;"><u>Up to 90-day supply</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">\$15</td> <td></td> </tr> <tr> <td>Brand</td> <td style="text-align: center;">\$50</td> <td></td> </tr> </table>		<u>Up to 90-day supply</u>		Generic	\$15		Brand	\$50		<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Up to 90-day supply</u></td> </tr> <tr> <td>Generic</td> <td style="text-align: center;">\$20</td> </tr> <tr> <td>Formulary*</td> <td style="text-align: center;">\$40</td> </tr> <tr> <td>Non-formulary*</td> <td style="text-align: center;">\$80</td> </tr> </table>		<u>Up to 90-day supply</u>	Generic	\$20	Formulary*	\$40	Non-formulary*	\$80
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Formulary*	\$40																		
Non-formulary*	\$80																		

\* Formerly referred to as Brand

The following provisions will be added to the prescription drug program in 2011 and 2012:

- Specialty pharmacy program
- Personal Choice – 100% participant paid
- Mandatory Generic
- Mandatory mail order for maintenance RX – Applies after second fill at retail.
  - Allow for prescription pick-up at CVS pharmacies for maintenance prescriptions required to be filled by mail order at no additional charge.

**Dental**

- No bargained changes for the life of the agreement

**Vision**

- No bargained changes for the life of the agreement