

## Benefit Comparison: Tentative Agreement vs. Expiring Contract

Plan/Component	Tentative Agreement	Old Contract
<b>401(k) Plan</b>		
Eligibility / Vesting Periods	Eligible first date of employment. Vested after two years of continuous service	January 1st or July 1st following six months service / 100% immediate.
Employee Contributions	Up to 40% of pay (pre-tax).	Up to 40% of pay (pre-tax).
Company Contribution / Company Match	Fixed: Hired on or before 12/31/05 = 4% fixed; Hired 1/1/06 - contract ratification = 3% fixed; Hired after ratification = 2% fixed. / Match: 100% for employee contribution of first 1% then 50% for employee contribution up to next 5%.	Fixed: 3% / Match: 100% up to 2%
Automatic Enrollment	Employees who do not enroll within 31 days of hiring will be automatically enrolled at a 3% pre-tax contribution.	N/A
<b>Medical Plan Options</b>	Premium, Select, CDHP, or HMO	POS II, POSII with 100% hospital coverage, Managed Choice, or HMO
Coverage Tiers	Employee only; Employee + 1 dependent; Employee + 2; Employee + 3 or more.	Employee; Employee + Spouse or Employee + Child(ren); Family
Pricing Strategy For Employee Premiums	Percentage of salary based upon plan election and number of covered members. Ranges from 0.5% to 3.5%.	Managed Choice < HMO < POS II < POS II with 100% hospital coverage. HMO premiums vary by HMO
<b>HMO</b>	BC/BS of Massachusetts	3 HMOs (BC/BS of MA, HIP of NY, Group Health of WA)
<b>Plan Comparisons</b>	Aetna Premium / Aetna Select	POS II / Managed Choice
<i>In Network:</i>		
Co-pay	Premium: \$20 (for office visits and specialist visits); Select: \$20 (office visit), \$40 (specialist visit)	POS II: \$20 (office visits); Managed Choice: \$20 (office visits)
Co-Insurance	100/0% for office visits. Premium: 90/10%, Select: 80/20% for hospital, surgery, other physician services (employer/employee).	100/0 for office visits. POS II: 85/15, Managed Choice: 90/10 for hospital, surgery, other covered services (employer/employee).

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Annual Out-Of-Pocket Maximum	Premium: \$1,000 - individual, \$2,000 - family. Select: \$2,500 - individual, \$5,000 - family (excludes copay).	Both: \$2,000 - individual, \$4,000 - family (excludes copay).
<i>Out-Of-Network:</i>		
Deductible	Premium: \$300 - Individual/\$900 - Family; Select: \$1,000 - Individual/\$3,000 - Family	POS II: \$500 - Individual; Managed Choice: \$650 - Individual
Co-Insurance	Premium: 70/30%; Select: 60/40% (employer/employee).	Both: 70/30% (employer/employee).
Annual Out-Of-Pocket Maximum	Premium: \$2,000 - Individual/\$4,000 - Family; Select: \$4,000 - Individual/\$8,000 - Family (includes deductible).	POS II: \$3,000 - Individual/\$6,000 - Family; Managed Choice: \$6,500 per person (includes deductible)
<b>Choice POS II With 100% Hospital Coverage</b>	N/A	Same as POS II except no deductible and 100% coverage for first 180 days in hospital (for hospital expenses billed directly by the hospital).
<b>Plan Enhancements For 2010</b>	Coverage for hearing aids, increased well-child visits, expanded OB/GYN coverage for all dependents, expanded mental health coverage.	Expanded mental health coverage.
<b>Prescription Drug Plan</b>		
Retail	In & out of network pharmacy: Premium: \$10 generic, \$30 brand; Select: \$20 generic, \$40 brand.	POS II: In-network pharmacy: \$10 generic, \$20 brand formulary, \$40 brand non-formulary. Non- network: 80/20% (employer/employee). Managed Choice: \$10 generic, \$20 brand formulary, \$40 brand non-formulary. Non- network: 80/20% (employer/employee).
Mail Order	Premium: \$10 generic, \$30 brand. Non-network not available; Select: \$20 generic; \$40 brand.	Both: \$20 generic, \$40 brand formulary, \$80 brand non-formulary.
Annual Out-Of-Pocket Copay Maximum	N/A	Both: \$1,600 - Individual; \$3,200 - Family.

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<b>Consumer Driven Health Plan With H S A</b>		
<i>In Network:</i>		
Deductible	\$1,200 Individual/\$2,400 Family	N/A
Co-Insurance	80% after deductible	N/A
Annual Out-Of-Pocket Maximum	\$2,700 Individual/\$5,400 Family	N/A
H S A	Employer seed: \$500 individual; \$1,000 with dependents. Seeding based upon number of months participating in the plan. Employee contribution: \$192 max per month per number of months in the plan.	N/A
<i>Out-Of-Network:</i>		
Deductible	\$1,700 Individual/\$3,400 Family	N/A
Co-Insurance	60% after deductible	N/A
Annual Out-Of-Pocket Maximum	\$4,200 Individual/\$8,400 Family	N/A
CDHP Prescriptions	Retail or Mail order: Preventative - 100%; Retail - 20% after deductible.	N/A
<b>Dental</b>		
<i>In Network:</i>		
Deductible	\$50 - Individual; \$150 - Family. No deductible for preventative.	\$50 - Individual; \$150 - Family. No deductible for preventative.
Co-Insurance	100/0% preventative; 80/20% basic; 80/20% restorative.	100/0% preventative; 80/20% basic; 60/40% restorative.
Maximum Adult Benefit	\$2,500/Individual	\$2,500/Individual
Orthodontics	80% after deductible; lifetime max: \$2,000	60% after deductible; lifetime max: \$2,000
<i>Out-Of-Network:</i>		
Deductible	\$75 - Individual; \$225 - Family. No deductible for preventative.	\$75 - Individual; \$225 - Family. No deductible for preventative.
Co-Insurance	100/0% preventative; 70/30% basic; 50/50% restorative.	100/0% preventative; 70/30% basic; 50/50% restorative.
Maximum Adult Benefit	\$2,500/Individual	\$2,500/Individual
Orthodontics	50% after deductible; lifetime max: \$2,000	50% after deductible; lifetime max: \$2,000

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<b>Vision</b>	Covers Premium, Select, and CDHP	Covers POS II and Managed Choice
Eye Exam	In network: 100% after \$20 copay; Out-of-network: 70/30% (employer/employee).	POSII: In-network: 100% after \$20 copay; Out-of-network: 70/30% (employer/employee). Managed Choice: In-network only: 100% after \$20 copay.
Eye Wear	50% deductible waived up to max benefit of \$300 per calendar year.	POS II: 50% deductible waived up to max benefit of \$300 per calendar year. Managed Choice: Vision One discount program.
<b>FSA - Healthcare &amp; Dependent Care</b>	Up to \$5,000/\$5,000	Up to \$5,000/\$5,000
<b>Wellness Programs</b>	<i>Plan Differences Only:</i>	
Physical Fitness Program	60% up to \$500 per calendar year reimbursement.	60% up to \$400 per calendar year reimbursement.
Aetna Health Connections -- a health & wellness/disease management program available to Aetna Health Plan members	Participation is voluntary. Based on review of claim information, Aetna staff will reach out to participants to provide information and coaching. Includes smoking cessation and maternity plan.	Participation is voluntary. Based on review of claim information, Aetna staff will reach out to participants to provide information and coaching.
<b>Retiree Medical</b>		
Employees Eligible For Plan	Employees hired before 1/1/06.	Employees hired before 10.12.07.
Eligibility Requirements For Benefits	Employees who retire after age 55 with 10 YOS, or age 62+ with 5 or more YOS.	Employees who retire after age 55 with 10 YOS, or age 62+ with 5 or more YOS.
Medical Benefits (see IAPE website for more information)	Retirees not eligible for Medicare: same as active employees. Retirees eligible for Medicare who retired prior to 10/1/10: Aetna Comprehensive Medical Option. Retirees eligible for Medicare who retire on or after 10/1/10: Medicare only.	Retirees not eligible for Medicare: same as active employees. Retirees eligible for Medicare: Aetna Comprehensive Medical Option.
Medicare Coordination	For those who retire prior to 10/1/10: Plan pays 85% of covered expenses not paid by Medicare. For those who retire after 10/1/10: N/A.	Plan pays 85% of covered expenses not paid by Medicare.

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Rx Benefits (for retirees not eligible for Medicare)	Premium: \$10 generic, \$30 brand; Select: \$20 generic, \$40 brand.	If retired prior to 10/12/07 or grandfathered* pay copay for retail (and mail order): \$10 (\$20) generic, \$20 (\$40) brand formulary, \$40 (\$80) brand non-formulary.
	Certain retirees not grandfathered (as of 1/1/06 age 60, or age + service = 75 or more) do not retain DJ Rx coverage post Medicare eligibility. These retirees will need to purchase a Medicare D plan available in their area.	If retired after 10/12/07 and not grandfathered* can purchase Rx coverage from Dow Jones that is comparable to Medicare Part D coverage.
		* Grandfathered = as of 2/1/07 age 60, or age + service = 75 or more.
Rx Benefits (for retirees eligible for Medicare)	\$10 generic, \$30 brand.	If retired after 10/12/07 or grandfathered, covered under above benefits.
	Pre-Medicare costs: 20% retiree, 30% dependents. Post-Medicare costs: 50% retiree, 75% dependents.	Pay a base % of premium (12% for 2010), plus an additional % of premium based on (i) age, service, and/or status as of 1/1/04 and (ii) sum of age and service at retirement.
		As a result, retirees pay between 12.5% and 100% of premium.