

ADDENDUM – HEALTH BENEFITS

Health Benefits Addendum to 2007-2010 Dow Jones/IAPE collective bargaining agreement

Effective January 1, 2008*

NOTE: THE BELOW TERMS HAVE BEEN NEGOTIATED AND ARE INCORPORATED INTO THE 2007-2010 COLLECTIVE BARGAINING AGREEMENT BETWEEN DOW JONES & COMPANY AND IAPE, CWA LOCAL 1096. FOR MORE COMPLETE DETAILS ABOUT THE HEALTH CARE PLAN COMPONENTS, EMPLOYEES SHOULD CONSULT THE SUMMARY PLAN DESCRIPTIONS, AS AMENDED, OR ANNUAL ENROLLMENT MATERIALS. OTHER THAN WHAT HAS BEEN NEGOTIATED IN THIS AGREEMENT, BENEFIT LEVELS SHALL BE NOT LESS THAN THOSE DESCRIBED IN THE SUMMARY PLAN DESCRIPTIONS EFFECTIVE AS OF JANUARY 1, 2006 AND OPEN ENROLLMENT MATERIALS FOR 2008.

*Changes to the Health Care Plan are effective as of January 1, 2008 unless noted otherwise.

I. AETNA CHOICE POS II PLAN.

The Company shall offer eligible employees an Aetna Choice POS II plan. Benefits will not be less than those described in the summary plan description effective as of January 1, 2006 (except as provided in this Addendum) and Open Enrollment materials for 2008. Plan limits, deductibles, and maximums are combined for In-Network and Out-of-Network care. Covered percentages are based on “Reasonable and Customary” charges, where R&C levels are set at the 95th percentile.

A. Coinsurance.

Item	In-Network	Out-Of-Network
Physicians Office Visits	Covered at 100% after \$20 co-pay per visit	Same as All Other Expenses
Coinsurance (for expenses other than physician office visits)	85%	70%

B. Deductibles and out-of-pocket maximums.

Item	In-Network	Out- Of- Network
Deductible per individual	\$400	\$500
Out-of-pocket maximum per individual	\$2,000	\$3,000
Out-of-pocket maximum per family	\$4,000	\$6,000

C. Regular Part-Time Employees. Regular part-time employees enrolled in the Aetna Choice POS II plan receive the same “individual” coverage offered to full-time employees (excluding prescription drugs and dental).

D. 100% Inpatient Hospital Buy-up. The 100% Inpatient Hospital buy-up option shall continue to be provided with no change in the additional monthly premiums as follows:

Individual	\$19
H/W or P/C	\$38
Family	\$55

II. MANAGED CHOICE PLAN.

The Company shall offer eligible employees an Aetna Managed Choice Plan with benefits not less than those described in the summary plan description effective as of January 1, 2006 (except as provided for in this Addendum) and Open Enrollment materials for 2008.

Managed Choice Plan		
Item	In-Network	Out-Of- Network
Physician office visits	Covered at 100% after \$20 co-pay per visit	70%
Deductible (per person)	None	\$650
Coinsurance (for expenses other than physician office visits)	90%	70%**
Out-of-pocket maximum per individual	\$2,000	\$6,500

Out-of-pocket maximum (family total)	\$4,000	\$6,500 per person
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**Note that some expenses (such as OB/GYN exams, routine eye and hearing exams, and well-baby care) are not covered as a "non-preferred" benefit. R&C levels will be set at 95th percentile for all Out-of-Network services.

III. HMOs.

The Company will continue to provide access to HMOs wherever appropriate HMOs are available, with the understanding that the Company will contribute 100% of the group rate for the applicable coverage (after employee premiums) provided that such rate is not more than the equivalent Company cost for the Aetna Choice POS II plan. Co-pays for physician office visits in an HMO will be a maximum of \$20 (if this co-pay option is available per the standard plans offered by the HMO).

IV. PRESCRIPTION DRUG PLAN (THROUGH AETNA, CVS CAREMARK (FORMERLY PHARMACARE), OR OTHER PROVIDER(S)).

For prescription drugs provided under the Aetna Choice POS II plan (as the successor to the PPO plan), the Aetna Managed Choice Plan, and HMOs to the extent possible, the co-pays for drugs shall be as listed below. The Company will review and evaluate prescription drug providers and may change providers or add additional providers at any time in order to take advantage of available cost savings and discounts.

Prescription Drug Co-Payments	
Retail (1 mo. supply):	
• Generic	\$10
• Brand (formulary)	\$20
• Brand (non-formulary)	\$40
Mail Order (3 mo. Supply):	2 times retail
Annual Out-of-Pocket Maximum: (Individual/Family)	\$1,600/\$3,200

V. DENTAL PLAN.

The Company shall continue to provide dental coverage through a PPO plan with benefits not less than those described in the summary plan description effective as of January 1, 2006, and with in-network and Out-of-Network dental benefits as follows:

Item	PPO In-Network	PPO Out-of-Network
Deductible:		
Single	\$50	\$75
Family	\$150	\$225
Coinsurance:		
Preventive (deductible waived)	100%	100%
Basic	80%	70%
Major	60%	50%
Orthodontics	60%	50%
Annual maximum	\$2,500 (combined)	
Ortho Lifetime max	\$2,000 (combined)	

VI. EMPLOYEE PREMIUM CONTRIBUTIONS.

Employees in the Choice POS II, MC, or HMO plans will pay premiums (bi-weekly through payroll deduction) upon enrollment. Charts showing premiums for 2008, 2009, and January 2010 for full-time and regular part-time employees are attached. Note that HMO premiums for 2008, 2009 and January 2010 will be based on the actual 2008 HMO rates escalated on the same basis as premiums for the Choice POS II and MC plans.

VII. WELLNESS/DISEASE MANAGEMENT PROGRAM.

The Company shall implement the Aetna-provided “Aetna Health Connections” program (including an online health risk assessment process known as “Simple Steps to a Healthier Life”) as an option for all employees at no cost to employees. Participation in the program is entirely voluntary.

VIII. RETIREE HEALTH CARE PLAN.

{The contractual obligations regarding retirement health care benefits apply solely to current IAPE-represented employees who are active during the term of this contract and/or who retire during the term of this contract, and are applicable only for the term of this contract. The Company reserves the right to amend, modify or terminate benefits under the Plan (including, without limitation, retiree health care benefits), as well as all of its other legal rights concerning modifications to its benefits affecting former employees, including, without limitation, (i) with respect to employees who retired before the effective date of this contract or after the expiration of this contract, and (ii) with respect to modifications that take effect after the expiration of this contract.}

A. Changes for Current Employees.

The Company shall offer the same Retiree Health Care Plan made applicable to all corporate employees effective January 1, 2006, as follows:

For those who are not exempt (as set out below) from the changes and who retire on or after the October 12, 2007 ratification of this contract, retiree prescription drug coverage is modified effective as of October 12, 2007 as follows:

Employees and/or dependents age 65 or over:

- Dow Jones will no longer provide retiree prescription drug coverage.
- Retirees will be directed to join the Medicare Part D prescription drug program.

Employees and/or dependents under age 65:

- Dow Jones will continue to offer retiree prescription drug coverage under the Retiree Healthcare program.
- Effective with the October 12, 2007 ratification of this contract, drug benefits will be revised to generally provide the same features and costs as the standard Medicare Part D Plan.
- Costs will generally be the same as the national average for the standard Medicare Part D Plan.

Employees exempt from the changes:

- IAPE Employees age 60, or whose age and service equals 75 as of February 1, 2007.
- IAPE Employees retired before the October 12, 2007 ratification of this contract.

B. Changes for Future hired Employees:

IAPE employees hired on or after the October 12, 2007 ratification of this contract, will not be eligible for any retiree health care benefits from Dow Jones (medical and prescription drug benefits).

C. Retiree Base Premium Contributions.

Effective January 1, 2008, all employees covered by the terms of this contract who retire during the term of the contract will be required to pay base premium contributions as follows:

2008 – 7.25%
 2009 – 9.50%
 2010 – 12.0% (through contract expiration)

These base premiums are to be paid for retiree medical coverage regardless of the points earned by a retiree, and are in addition to any other payments a retiree is required to pay under the point schedule.

D. Points Required for Maximum Retiree Coverage.

Effective 1/1/2004, the following point schedule (age plus service) determines qualification for retiree medical coverage. The percentages below represent the portion of the cost to be paid by the Company after retiree-paid premiums. Age 55 with 10 years of service remains the minimum qualifications for gaining eligibility for the plan.

Points	Age as of 1/1/2004		
	50+ or 20 yrs service	40+	Below 40 and all new employees
65-69	25%	0%	0%
70-74	50%	25%	0%
75-79	75%	50%	25%
80-84	100%	75%	50%
85-89	100%	100%	75%
90+	100%	100%	100%

Retiree health plan options will be consistent with the Choice POS II and MC plans. Retirees under age 65 may select the MC plan.

Retiring employees 62 years of age or older with at least 5 years of service who do not qualify for Company-paid coverage under the above schedule shall be permitted to purchase such coverage at 100% of the then-current group rate

E. Retiree Dental Discounts

The Company shall continue to provide retirees access to dental discounts through the same dental PPO network applicable to active employees. Retirees will pay 100% of the cost of dental treatment, but will benefit from the discounted rates charged by PPO provider dentists. A premium equal to the administrative charges associated with this plan will be charged to participating retirees.

VIII. ANNUAL PHYSICALS AND ADULT IMMUNIZATIONS.

The Company shall provide, subject to the terms of the applicable health care plans, coverage for annual physical examinations for all employees and family members, and coverage for all immunizations, including adult immunizations.

Table of Medical Full-Time Premiums:

	2008		2009		2010 (Jan.)	
	POS II	MC	POS II	MC	POS II	MC
Under \$50K	5%		6%		7%	
Single	26	21	34	28	43	35
H&W or P/C	51	41	67	54	86	69
Family	74	61	97	80	124	103
\$50-79,999	8%		9.5%		11%	
Single	41	34	54	44	68	56
H&W or P/C	82	65	106	85	135	108
Family	118	98	154	127	195	161
\$80 - 124,999	13%		14.5%		16%	
Single	67	55	82	67	99	81
H&W or P/C	133	106	162	130	197	157
Family	192	159	235	194	284	235
\$125K and over	22%		23%		24%	
Single	113	93	130	106	149	121
H&W or P/C	225	179	258	206	295	235
Family	325	268	372	308	426	352

Regular Part-Time Premiums:

2008 Medical Premiums for Regular Part-Time Employees

Annual Earnings	2008		2009		2010 (Jan.)	
	POSII	MC	POSII	MC	POSII	MC
Less than \$28,600	5.00%		6.00%		7.00%	
Individual	19	19	24	25	31	32
\$28,600 to \$45,699	8.00%		9.50%		11.00%	
Individual	30	30	39	40	49	51
\$45,700 to \$71,399	13.00%		14.50%		16.00%	
Individual	48	49	59	61	72	74
\$71,400 and over	22.00%		23.00%		24.00%	
Individual	82	84	94	96	108	110

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