

## 2008 Base Monthly Premiums for Retirees Under Age 65 & Non-Medicare Eligibles

**Important:** The rates below apply only to retired employees with *80 points* at retirement.

<i>Type of Coverage</i>	<i>Aetna Choice POS II Basic</i>	<i>Aetna Choice POS II with 100% Hospitalization</i>	<i>Managed Choice</i>
Retiree Only	\$55	\$74	\$51
Retiree & Dependent(s)	\$109	\$147	\$100

Base premiums include cost for Rx prescription benefit for participants under 65.

## 2008 Monthly Premiums for Retirees Under Age 65 & Non-Medicare Eligibles

**Important:** The rates noted below apply only to retirees with *less than 80 points* at retirement.

<i>Type of Coverage</i>	<i>Points at Retirement</i>	<i>Percentage Paid by Retiree</i>	<i>Aetna Choice POS II Basic</i>	<i>Aetna Choice POS II with 100% Hospitalization</i>	<i>Managed Choice</i>
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<b>Retiree Only</b>	62*	100%	\$444	\$463	\$384
	65-69	75%	\$369	\$388	\$320
	70-74	50%	\$265	\$284	\$231
	75-79	25%	\$160	\$179	\$141

<b>Retiree &amp; Dependent(s)</b>	62*	100%	\$867	\$905	\$739
	65-69	75%	\$722	\$760	\$617
	70-74	50%	\$518	\$556	\$445
	75-79	25%	\$313	\$351	\$272

\*62 Points applies to Retirees who were age 62 or older at retirement, and who had at least 5 yrs. but less than 10 yrs. of service.

## 2008 Base Monthly Premiums for Retirees Over Age 65 & Medicare Eligibles

**Important:** The rates below apply only to retired employees with *80 points* at retirement.

<i>Type of Coverage</i>	<i>Aetna Comprehensive Basic</i>	<i>Aetna Comprehensive Plus 100% Hospitalization*</i>
Retiree Only - <i>Medicare Eligible</i>	\$9	N/A
Retiree & Dependent(s) - <i>All Medicare Eligible</i>	\$18	N/A
Retiree & Spouse/Domestic Partner <i>One Person Medicare Eligible</i>	\$43	\$82
Retiree & Child(ren) <i>One Person Medicare Eligible</i>	\$43	\$82
Family (Retiree & Spouse/Domestic Partner & Child(ren)) <i>One or more persons Medicare Eligible</i>	\$43	\$82

\*Available only to retirees or their dependents who are non-Medicare eligible

Base premiums include cost for Rx prescription benefit for participants under 65.

## 2008 Monthly Premiums for Retirees Over Age 65 & Medicare Eligibles

**Important:** The rates noted below apply only if you had *less than 80 points* at retirement.

Type of Coverage	Points at Retirement	Percentage of cost paid by Retiree	<i>Aetna Comprehensive Basic</i>	<i>Aetna Comprehensive Plus 100% Hospitalization</i>
Retiree Only - <i>Medicare Eligible</i>	62*	100%	\$125	N/A
	65-69	75%	\$103	N/A
	70-74	50%	\$72	N/A
	75-79	25%	\$40	N/A
Retiree & Dependent(s) - <i>All Medicare Eligible</i>	62*	100%	\$245	N/A
	65-69	75%	\$202	N/A
	70-74	50%	\$141	N/A
	75-79	25%	\$79	N/A
Retiree & Spouse/Domestic Partner <b>-or-</b> Retiree & Child(ren) <i>One Person Medicare Eligible</i>	62*	100%	\$270	\$567
	65-69	75%	\$227	\$474
	70-74	50%	\$166	\$344
	75-79	25%	\$104	\$213
Family {Retiree & Spouse/Domestic Partner & Child(ren)} <i>One or more persons Medicare Eligible</i>	62*	100%	\$270	\$567
	65-69	75%	\$227	\$474
	70-74	50%	\$166	\$344
	75-79	25%	\$104	\$213

\*62 Points applies to Retirees who were age 62 or older at retirement, and who had at least 5 yrs. but less than 10 yrs. of service.

## 2008 Base Monthly Premiums for Retirees Under Age 65 & Non-Medicare Eligibles

**Important:** The rates below apply only to retired employees with *80 points* at retirement.

<i>Type of Coverage</i>	<i>Aetna Choice POS II Basic</i>	<i>Aetna Choice POS II with 100% Hospitalization</i>	<i>Managed Choice</i>	<i>BC/BS of Mass.</i>	<i>Harvard Pilgrim of Mass.</i>	<i>HIP of New York</i>
Retiree Only	\$39	\$58	\$33	\$33	\$46	\$31
Retiree & Dependent(s)	\$77	\$115	\$63	\$64	\$100	\$57

  

<i>Type of Coverage</i>	<i>Group Health of WA</i>	<i>Highmark of W. PA</i>	<i>Pacificare of Colorado</i>	<i>Pacificare of California</i>
Retiree Only	\$22	\$29	\$36	\$26
Retiree & Dependent(s)	\$55	\$81	\$79	\$55

## 2008 Monthly Premiums for Retirees Under Age 65 & Non-Medicare Eligibles

**Important:** The rates noted below apply only to retirees with *less than 80 points* at retirement.

<i>Type of Coverage</i>	<i>Points at Retirement</i>	<i>Percentage Paid by Retiree</i>	<i>Aetna Choice POS II Basic</i>	<i>Aetna Choice POS II with 100% Hospitalization</i>	<i>Managed Choice</i>	<i>BC/BS of Mass.</i>	<i>Harvard Pilgrim</i>	<i>HIP of New York</i>
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<b>Retiree Only</b>	62*	100%	\$543	\$562	\$451	\$456	\$637	\$431
	65-69	75%	\$446	\$465	\$371	\$375	\$524	\$354
	70-74	50%	\$311	\$330	\$259	\$261	\$365	\$247
	75-79	25%	\$175	\$194	\$146	\$147	\$205	\$139

<b>Retiree &amp; Dependent(s)</b>	62*	100%	\$1,065	\$1,103	\$868	\$876	\$1,373	\$788
	65-69	75%	\$876	\$914	\$714	\$721	\$1,130	\$648
	70-74	50%	\$610	\$648	\$498	\$502	\$787	\$451
	75-79	25%	\$343	\$381	\$280	\$283	\$443	\$254

\*62 Points applies to Retirees who were age 62 or older at retirement, and who had at least 5 yrs. but less than 10 yrs. of service.

## 2008 Monthly Premiums for Retirees Under Age 65 & Non-Medicare Eligible

**Important:** The rates noted below apply only to retirees with *less than 80 points* at retirement.

<i>Type of Coverage</i>	<i>Points at Retirement</i>	<i>Percentage Paid by Retiree</i>	<i>Group Health of WA</i>	<i>Highmark of W. PA</i>	<i>Pacificare of CO</i>	<i>Pacificare of California</i>
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<b>Retiree Only</b>	62*	100%	\$301	\$404	\$497	\$360
	65-69	75%	\$248	\$332	\$409	\$296
	70-74	50%	\$173	\$231	\$285	\$206
	75-79	25%	\$97	\$130	\$160	\$116

<b>Retiree &amp; Dependent(s)</b>	62*	100%	\$760	\$1,112	\$1,094	\$759
	65-69	75%	\$625	\$915	\$900	\$624
	70-74	50%	\$435	\$637	\$626	\$435
	75-79	25%	\$245	\$359	\$353	\$245

\*62 Points applies to Retirees who were age 62 or older at retirement, and who had at least 5 yrs. but less than 10 yrs. of service.

## 2008 Base Monthly Premiums for Retirees Over Age 65 & Medicare Eligibles

**Important:** The rates below apply only to retired employees with *80 points* at retirement.

<i>Type of Coverage</i>	<i>Aetna Comprehensive Basic</i>	<i>Aetna Comprehensive Plus 100% Hospitalization*</i>
Retiree Only - <i>Medicare Eligible</i>	\$30	N/A
Retiree & Dependent(s) - <i>All Medicare Eligible</i>	\$60	N/A
Retiree & Spouse/Domestic Partner <i>One Person Medicare Eligible</i>	\$48	\$87
Retiree & Child(ren) <i>One Person Medicare Eligible</i>	\$48	\$87
Family (Retiree & Spouse/Domestic Partner & Child(ren)) <i>One or more persons Medicare Eligible</i>	\$48	\$87

\*Available only to retirees or their dependents who are non-Medicare eligible

## 2008 Monthly Premiums for Retirees Over Age 65 & Medicare Eligibles

**Important:** The rates noted below apply only if you had *less than 80 points* at retirement.

Type of Coverage	Points at Retirement	Percentage of cost paid by Retiree	Aetna Comprehensive Basic	Aetna Comprehensive Plus 100% Hospitalization
Retiree Only - <i>Medicare Eligible</i>	62*	100%	\$413	N/A
	65-69	75%	\$340	N/A
	70-74	50%	\$237	N/A
	75-79	25%	\$133	N/A
Retiree & Dependent(s) - <i>All Medicare Eligible</i>	62*	100%	\$821	N/A
	65-69	75%	\$676	N/A
	70-74	50%	\$471	N/A
	75-79	25%	\$265	N/A
Retiree & Spouse/Domestic Partner -or- Retiree & Child(ren) <i>One Person Medicare Eligible</i>	62*	100%	\$657	\$954
	65-69	75%	\$541	\$788
	70-74	50%	\$377	\$555
	75-79	25%	\$212	\$321
Family {Retiree & Spouse/Domestic Partner & Child(ren)} <i>One or more persons Medicare Eligible</i>	62*	100%	\$657	\$954
	65-69	75%	\$541	\$788
	70-74	50%	\$377	\$555
	75-79	25%	\$212	\$321

\*62 Points applies to Retirees who were age 62 or older at retirement, and who had at least 5 yrs. but less than 10 yrs. of service.

# Your 2008 Prescription Drug Coverage

If you are a Dow Jones retiree, or a dependent of a retiree, prescription drug coverage is included with your 2008 Aetna medical plan. If you are enrolled in the Aetna Choice® POS II Plan or the Aetna Comprehensive Medical Plan, your coverage will be provided by CVS Caremark (formerly PharmaCare). If you are enrolled in the Aetna Managed Choice® Plan, your prescription drug coverage will be provided by Aetna Pharmacy Management.

Effective January 1, 2008, PharmaCare will change its name to CVS Caremark – the result of a recent merger of CVS Corporation (parent company of PharmaCare) and Caremark Rx, Inc. The Customer Service number will stay the same (1-888-645-9303), but the current web address ([www.pharmacare.com](http://www.pharmacare.com)) may change.

## Two Ways to Fill Prescriptions

You can fill prescriptions at participating retail pharmacies (for short-term prescriptions) or by mail (for long-term prescriptions). You'll pay a copay (flat fee) for your prescriptions. The amount of your copay will depend on whether the drug is generic or brand-name, and whether or not it is listed on the plan's formulary.

To find participating retail pharmacies, visit [www.pharmacare.com](http://www.pharmacare.com) (for Aetna Choice POS II or Aetna Comprehensive Plan) or DocFind® at [www.aetna.com](http://www.aetna.com) (for Aetna Managed Choice).

## New Out-of-Pocket Maximum

In 2008, the plan will put a limit on how much you pay out of your own pocket for covered prescription drugs each year. Once your in-network copays for retail and/or mail-service prescriptions total \$1,600 (for an individual) or \$3,200 (for a family), the plan will pay 100% of your prescription drug expenses for the rest of the year. Each year, you'll start over with a new in-network out-of-pocket maximum. If you have significant prescription drug expenses during the year, the new maximum will be especially helpful in protecting you against high out-of-pocket costs.

## How Benefits Are Paid

The plan pays benefits according to the type of drug prescribed:

- **Generic:** The plan pays the most – and you pay the least – for generic drugs. Generic medications have been approved by the U.S. Food and Drug Administration (FDA), which requires them to have the same quality as brand-name drugs. They also contain the same active ingredients in the same amounts as the brand-name product.
- **Brand-name, formulary:** The plan pays less – and you pay more – for brand-name drugs that are on the plan's formulary list. The formulary is a list of medications covered on a preferred basis.
- **Brand-name, non-formulary:** The plan pays the least – and you pay the most – for brand-name drugs that are not on the plan's formulary list. If your brand-name drug is not on the formulary list, you may want to ask your doctor if it's possible to substitute either a generic or a brand-name drug that is listed on the formulary.

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A preferred drug list or formulary is a list of generic and brand-name prescription medications that have been approved by the FDA as safe and effective. A preferred drug list helps provide access to quality, affordable prescription drug benefits. The drugs listed on the preferred drug list either represent an important therapeutic advance, or are clinically equivalent and possibly more cost effective than other drugs not on the preferred drug list. Participants in the Choice POS II Plan and Aetna Comprehensive Plan can review their formulary by logging onto CVS Caremark's website: [www.pharmacare.com](http://www.pharmacare.com). Participants in the Aetna Managed Choice Plan can view their formulary at [www.aetna.com](http://www.aetna.com).

Whether you fill your prescription at a retail pharmacy or through the mail-order program, the plan is designed to dispense the generic medication. If you elect the brand-name drug at the point of purchase when a generic equivalent is available, the plan pays at the generic level only. You pay the difference between the cost of the brand and generic drug, plus the higher brand-name copayment. **However, if your doctor wants you to receive the brand-name medication, and indicates "dispense as written" or "no substitutions" on your script, you will receive the brand-name medication and pay only the appropriate copayment.** Some limitations may apply to the amount of medication a pharmacy may dispense, regardless of the doctor's prescription.

Here are the in-network copayment amounts for Prescription drug coverage:

Prescription Drug Benefits	Choice <sup>®</sup> POS II and Aetna Comprehensive Plan (CVS Caremark Prescription Drug Plan)		Managed Choice <sup>®</sup> (Aetna Pharmacy Management)	
	In-Network Benefits (Prescriptions provided by a network pharmacy)	Out-of-Network Benefits (Prescriptions provided by an out-of-network provider)	Preferred Benefits (Prescriptions provided by a network pharmacy)	Non-Preferred Benefits (Prescriptions provided by an out-of-network provider)
<ul style="list-style-type: none"> <li>■ Retail Pharmacy*</li> <li>– Generic Drug</li> <li>– Brand-Name Formulary Drug**</li> <li>– Brand-Name Non-Formulary Drug**</li> </ul>	(up to 34-day supply)* 100% after \$10 co-pay 100% after \$20 co-pay  100% after \$40 co-pay	(up to 34-day supply)* 80%; not subject to deductible 80%; not subject to deductible  80%; not subject to deductible	(up to 30-day supply) 100% after \$10 co-pay 100% after \$20 co-pay  100% after \$40 co-pay	(up to 30-day supply) 70% after deductible 70% after deductible  70% after deductible
<ul style="list-style-type: none"> <li>■ Mail-Order Pharmacy*</li> <li>– Generic Drug</li> <li>– Brand-Name Formulary Drug</li> <li>– Brand-Name Non-Formulary Drug</li> <li>– Out-of-pocket</li> </ul>	(up to 90-day supply) 100% after \$20 co-pay 100% after \$40 co-pay  100% after \$80 co-pay  \$1,600 individual; \$3,200 family	N/A N/A  N/A	(up to 90-day supply) 100% after \$20 co-pay 100% after \$40 co-pay**  100% after \$80 co-pay**  \$1,600 individual; \$3,200 family	N/A N/A  N/A

\* 34-day supply or 100 tablets, whichever is greater.

\*\* If member chooses a brand-name drug, the Dow Jones Prescription Drug Plan pays at the generic level only and the member pays the difference plus the applicable co-pay.

## Where to go and whom to call when you need help and information . . .

Resource:	At:	For:
<b>Aetna Rx Home Delivery<sup>®</sup></b> (for Managed Choice <sup>®</sup> members)	1-866-612-3862 or <a href="http://www.aetnarxhomedelivery.com">www.aetnarxhomedelivery.com</a>	Mail-service order forms, refill orders and answers to questions about orders.
<b>CVS Caremark Prescription Drug Plan</b> (Formerly PharmaCare) (For Choice <sup>®</sup> POS II members)	1-888-645-9303 or <a href="http://www.pharmacare.com">www.pharmacare.com</a>	Answers to questions about what's covered, mail-service order forms, refill orders and help finding participating retail pharmacies.

# Your 2008 Prescription Drug Coverage

If you are a Dow Jones retiree, or a dependent of a retiree, and you are not yet eligible for the Medicare prescription drug program (commonly referred to as Medicare Part D), your coverage will be provided by CVS Caremark (formerly PharmaCare) under a plan designed to mirror the Standard Medicare Part D benefit.

Prescription benefits through the Dow Jones Medicare D Mirror Plan are only available to retirees and their dependent(s) who do not qualify for Medicare. Once a participant reaches age 65 or qualifies for Medicare, the Dow Jones prescription benefit will terminate and you will have to enroll in a Medicare D prescription plan available in your area if you wish to have prescription coverage.

## Co-insurance Amounts Vary with Out-of-Pocket Expense

Just like Medicare Part D, your prescription drug benefit includes a "tiered" coinsurance plan. What that means is that you will pay a different percentage or "coinsurance" amount depending on the total

amount you have paid out-of-pocket at that time. Your total out-of-pocket includes your deductible, plus the coinsurance amount you have paid.

## Here's How the Tiered Plan Works

- Starting in 2008, you will be responsible for a **\$275 individual deductible**.
- Until the \$275 deductible is met, you will pay **100%** coinsurance for your prescriptions.
- After your prescriptions have totaled **\$275**, you will then only be responsible for a **25% coinsurance amount**.
- Once your out-of-pocket expenses for prescriptions reach **\$833.75** (including your coinsurance amounts and your \$275 deductible), you will again pay **100% coinsurance** for your prescriptions.
- Finally, when your total out-of-pocket expenses reach **\$4,050**, you will pay the greater of 5% or \$2.25 for generic/preferred brand-name drugs or \$5.60 for all other drugs.

**Total "out-of-pocket" includes the deductible amount you have paid, plus the coinsurance you have paid.**

The following diagram illustrates how this plan works in **2008**. These amounts will increase each year consistent with Medicare Part D increases (as published by the Center for Medicare Services, CMS).

Rx Drug Expenses	PharmaCare Pays	You Pay	Your "Cumulative" Out-Of-Pocket Cost
\$1 - \$275	Nothing	All Charges	\$275
\$276 - \$2,510	75%	25%	\$833.75
\$2,511 - \$5,726	Nothing	All Charges	\$4,050
\$5,727 <sup>†</sup>	95%	5%	\$4,050 <sup>†</sup>

<sup>†</sup>Once your "cumulative" out-of-pocket cost reaches \$4,050, you pay the greater of 5% or \$2.25 generic/preferred brand-name drugs or \$5.60 for all other drugs for the rest of the year.

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## PharmaCare Name Changes to CVS Caremark

Effective January 1, 2008, PharmaCare will begin the process of changing its name to CVS Caremark as the result of the recent merger of CVS Corporation (parent company of PharmaCare) and Caremark Rx, Inc. In the meantime, you should continue using your PharmaCare ID card. Also, the current Customer Service number and web address ([www.pharmacare.com](http://www.pharmacare.com)) will stay the same for now.

## Prior Authorizations and Quantity Limits on Drugs

Some prescription drugs require prior authorization in order to be covered. There may also be a quantity limit for certain drugs, and some drugs may be excluded from the plan.

A listing of drugs Excluded From Coverage, drugs requiring Prior Authorization, and/or drugs that have a Quantity Limit is provided on this page. If you would like additional information on the plan, please call PharmaCare customer service at 1-888-645-9303, or visit the PharmaCare website at [www.pharmacare.com/members](http://www.pharmacare.com/members).

### Medications Excluded From Coverage

- Over-the-counter (OTC) medications
- Agents used for anorexia, weight loss, or weight gain
- Agents when used to treat infertility
- Agents when used for cosmetic purposes or hair growth
- Agents when used for the symptomatic relief of coughs and colds
- Prescription vitamin and mineral products except prenatal vitamins and fluoride preparations
- Barbiturates
- Benzodiazepines
- Agents when used for the treatment of sexual or erectile dysfunction

### CVS Caremark (Formerly PharmaCare) Prescription Drug Plan Contact Information

For answers to questions about what's covered, mail-service order forms, refill orders and (for Choice® POS II members) help finding participating retail pharmacies.

1-888-645-9303 or [www.pharmacare.com](http://www.pharmacare.com)

## Medications Requiring Prior Authorization From Your Physician

Arabeso	Enbrel	Epogen
Exjade	Humira	Increlex
Infergen	Kineret	Lotronex
Leuprolide	Lupron Depot	Neupogen
Norditropin	Octreotide	Oxandrolone
Peg-Intron	Pegasys	Penlac
Procrit	Prolastin	Provigil
Rebif	Remicade	Revatio
Somavert	Suboxone	Tev-Tropin
Xolair		

## Medications with Quantity Limitations

Albuterol	Avinza	Axert
But/ASA/ Caff Codeine	But/APA/ Caff Codeine	Butorphanol
Byetta	Carisoprodol	Fentanyl
Epipen	Frova	Imitrex
Kadian	Maxalt	Maxalt – MLT
Methadone	Morphine	Oxycodone
Relpax	Risperdal	Tamiflu
Terbinafine	Tramadol HCL	Zomig
Zomig ZMT		

### What To Do If Your Drugs Are Listed Here

If you or your dependents are taking any of these medications, you should take this material with you the next time you visit your doctor. You may wish to have your doctor contact PharmaCare in advance of writing a prescription for any medication that requires a medical diagnosis.

For drugs listed that require a medical diagnosis or prior authorization, your physician can fax the required information to PharmaCare at 1-800-230-0783 or contact PharmaCare Customer Services at 1-888-645-9303.

If coverage for your prescription is not approved, you may appeal the denial in writing along with a letter of medical necessity from your doctor. You can fax the appeal to PharmaCare at 1-800-230-0783 or send it to:

PharmaCare  
Attn: Appeals Department  
600 Penn Center Blvd., Suite 200  
Pittsburgh, PA 15235