

**THE FOLLOWING IS A SUMMARY OF HEALTH CARE CHANGES
FOR MEMBER CLARIFICATION ONLY. THE LANGUAGE WILL
NOT BE PUT IN THE CBA.**

Health Care

The attached chart summarizes the Prescription & Office Visit Co-Pays within both Co-Choice and New Health plans, as well as the *new* Deductible, Out-of-Pocket Limits, Opt Out Provisions, and Benefit Bank amounts and conditions. There are no changes to the Dental and Concern plan designs.

Other Major Changes to the Health Care Plans:

- A \$50 Disease Management Incentive: Members who are newly identified by Humana for its Disease Management program will be provided with an additional reimbursement bank incentive of \$50 if they are enrolled in the Humana Disease Management Program
- Diabetic supplies will be paid by the plan if a member is enrolled in the Diabetes Disease Management Program.
- Office call co-pays (both specialist and primary care physician) will change on July 1, 2007 and January 2009.
- Bariatric surgery coverage will discontinue in calendar year 2009.
- Emergency room visit co-pays will be the same at both in- and out-of-network hospitals. They will go to \$75 on July 1, 2007 and \$100 in 2009.
- There will be increases in some co-pays in both programs:
 - Vision/Hearing will be \$20 in 2007 and 2008, and \$25 in 2009
 - Allergy testing and injections will have a 10% co-pay
 - Chiropractic visits will be \$20 in 2007 and 2008, and \$25 in 2009
 - Urgent Care will be \$35
 - PT/OT/ST will be \$20 in 2007 and 2008, and \$25 in 2009
- In CoChoice, the following are now subject to deductibles *in addition to* their previous co-pays: Reconstruction surgery; Infertility; Pregnancy; Birthing Center; DME; Second Surgical Opinion.
- Deductibles will also apply to other services (including hospitalizations, surgery, etc) at the amounts reflected in the attached chart.
- Out-of-Network Deductibles and co-pays have previously been in effect, and most are not changed under this new plan.
- The CoChoice family plan deductible for Out-of-Network increases to \$650 (from \$600) in 2009. The single plan deductible for Out-of-Network also increases to \$350 on 1/1/09.
- In 2008 and 2009 the Co-pays by Mail will increase to 2.5X retail.
- On 7/1/07 the prescription program will be administered on Humana's standard formulary, Rx3, which includes quantity limits, prior authorization, and other cost-management controls.
- CPS will sponsor a wellness program through Humana consisting of a *confidential* Health Risk Assessment (HRA), Risk Coaching, and Education. The HRA is required to be completed by CPS employees for the employees to access their Benefit Bank funds.
- This listing is a summary of high level changes in the health care plans. It is not intended to be a comprehensive summary of all changes.

Medical, Prescription, Employees Assistance Program and Dental Coverage

Employee Contributions

Rx Co-Pay	2007		2008		2009	
	Co Choice	New Health	Co Choice	New Health	Co Choice	New Health
Generic	10	10	10	10	10	10
Name Brand	30	20	30	20	30	25
Non Formulary	50	40	50	40	55	45

Office Visit Co-Pay	July 1,2007		2008		2009	
	Co Choice	New Health	Co Choice	New Health	Co Choice	New Health
Primary*	20	20	20	20	25	25
Specialist	40	40	40	40	45	45

* Includes OB/GYN effective July 1, 2007

* Endocrinologist effective January 1, 2008

Deductibles	July 1,2007		2008		2009	
	Co Choice	New Health	Co Choice	New Health	Co Choice	New Health
Single	0	N/A	\$100	N/A	\$150	N/A
Single + One	0	N/A	\$200	N/A	\$250	N/A
Family	0	N/A	\$200	N/A	\$250	N/A

Out of Pocket Limits	July 1,2007		2008		2009	
	Co Choice	New Health	Co Choice	New Health	Co Choice	New Health
Single	\$1000	\$1000	\$1200	\$1000	\$1200	\$1500
Single + One	\$2000	\$2000	\$2200	\$2000	\$2200	\$3000
Family	\$2000	\$2000	\$2200	\$2000	\$2200	\$3000

Co-Insurance Co-Insurance (after deductible) Out of Pocket Limits	July 1,2007		2008		2009	
	Co Choice		Co Choice		Co Choice	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
	0%	25%	0%	35%	0%	35%
Out of Network N/A for New Health participants						

Opt Out Provision	July 1,2007		2008		2009	
	Co Choice	New Health	Co Choice	New Health	Co Choice	New Health
	Single + One	\$50	\$50	\$50	\$50	\$50
Family	\$100	\$100	\$100	\$100	\$100	\$100

Benefit Bank	July 1,2007		2008		2009	
	Single	\$350	\$350*	\$350*	\$350*	
Family	\$425	\$425*	\$425*	\$425*		

* Dollars available remain the same; however, reimbursement monies are available only if a person has completed a confidential health assessment

*Members newly identified by Humana for Disease Management program will be provided with an additional reimbursement bank incentive of \$50 if enrolled in a Humana disease management program