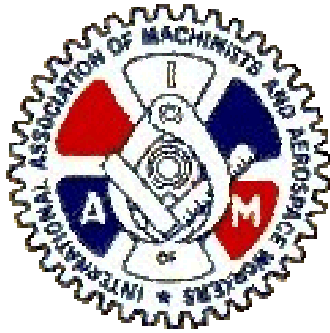


2007 Contract

Negotiations



Attachments

December 2, 2007

Wage Schedules

SCHEDULE A

Effective December 3, 2007

LABOR GRADE	NORMAL STARTING RATE	STANDARD RATE	MAXIMUM RATE
11	\$17.85	\$18.40	\$20.56
10	\$18.53	\$19.13	\$21.27
9	\$19.31	\$19.93	\$22.19
8	\$20.18	\$20.94	\$23.20
7	\$21.26	\$22.04	\$24.32
6	\$22.35	\$23.23	\$25.52
5	\$23.53	\$24.47	\$26.84
4	\$24.85	\$25.86	\$28.23
3	\$26.28	\$27.34	\$29.77
2	\$27.92	\$29.06	\$31.51
1	\$29.64	\$30.83	\$33.31
0	\$31.39	\$32.65	\$35.17

*An applicant may be hired at a rate below, at, or above any Standard Rate shown in the above Schedule A which is determined by the company to be in accordance with the applicant's qualifications and experience.

SCHEDULE B

Effective December 1, 2008

LABOR GRADE	NORMAL STARTING RATE	STANDARD RATE	MAXIMUM RATE
11	\$18.48	\$19.05	\$21.27
10	\$19.17	\$19.80	\$22.01
9	\$19.99	\$20.63	\$22.97
8	\$20.89	\$21.67	\$24.02
7	\$22.00	\$22.81	\$25.17
6	\$23.13	\$24.04	\$26.42
5	\$24.35	\$25.32	\$27.78
4	\$25.72	\$26.77	\$29.22
3	\$27.20	\$28.30	\$30.81
2	\$28.90	\$30.08	\$32.61
1	\$30.68	\$31.91	\$34.47
0	\$32.49	\$33.80	\$36.40

*An applicant may be hired at a rate below, at, or above any Standard Rate shown in the above Schedule B which is determined by the company to be in accordance with the applicant's qualifications and experience.

SCHEDULE C

Effective December 7, 2009

LABOR GRADE	NORMAL STARTING RATE	STANDARD RATE	MAXIMUM RATE
11	\$19.13	\$19.71	\$22.02
10	\$19.85	\$20.49	\$22.78
9	\$20.69	\$21.35	\$23.77
8	\$21.62	\$22.43	\$24.86
7	\$22.77	\$23.60	\$26.05
6	\$23.94	\$24.88	\$27.34
5	\$25.20	\$26.21	\$28.75
4	\$26.62	\$27.71	\$30.25
3	\$28.15	\$29.29	\$31.89
2	\$29.91	\$31.13	\$33.75
1	\$31.75	\$33.03	\$35.68
0	\$33.63	\$34.98	\$37.67

*An applicant may be hired at a rate below, at, or above any Standard Rate shown in the above Schedule C which is determined by the company to be in accordance with the applicant's qualifications and experience.

HOLIDAY SCHEDULE (INCLUDING THE ALTERNATE WORK WEEKS)

Year	Contractual Holidays	Fri, Sat, Sun Observed by 3x12 Shift	Sat, Sun, Mon Observed by 3x12 Shift
2007	Mon, December 24, 2007 Tue, December 25, 2007 Wed, December 26, 2007 Thu, December 27, 2007 Fri, December 28, 2007 Mon, December 31, 2007	Tue, December 25, 2007 Wed, December 26, 2007 Thu, December 27, 2007 Fri, December 28, 2007 Sat, December 29, 2007 Sun, December 30, 2007	Mon, December 24, 2007 Tue, December 25, 2007 Fri, December 28, 2007 Sat, December 29, 2007 Sun, December 30, 2007 Mon, December 31, 2007
2008	Tue, January 1, 2008 Fri, March 21, 2008 Mon, May 26, 2008 Fri, July 4, 2008 Mon, September 1, 2008 Thu, November 27, 2008 Fri, November 28, 2008 Thu, December 25, 2008 Fri, December 26, 2008 Mon, December 29, 2008 Tue, December 30, 2008 Wed, December 31, 2008	Sun, March 23, 2008 Sun, May 25, 2008 Fri, July 4, 2008 Sun, August 31, 2008 Thu, November 27, 2008 Fri, November 28, 2008 Thu, December 25, 2008 Fri, December 26, 2008 Sat, December 27, 2008 Sun, December 28, 2008 Mon, December 29, 2008 Tue, December 30, 2008	Sun, March 23, 2008 Mon, May 26, 2008 Sat, July 5, 2008 Mon, September 1, 2008 Thu, November 27, 2008 Sat, November 29, 2008 Thu, December 25, 2008 Fri, December 26, 2008 Sat, December 27, 2008 Sun, December 28, 2008 Mon, December 29, 2008 Tue, December 30, 2008
2009	Thu, January 1, 2009 Fri, January 2, 2009 Fri, April 10, 2009 Mon, May 25, 2009 Fri, July 3, 2009 Mon, September 7, 2009 Thu, November 26, 2009 Fri, November 27, 2009 Fri, December 25, 2009 Mon, December 28, 2009 Tue, December 29, 2009 Wed, December 30, 2009 Thu, December 31, 2009	Thu, January 1, 2009 Sun, April 12, 2009 Sun, May 24, 2009 Fri, July 3, 2009 Sun, September 6, 2009 Thu, November 26, 2009 Fri, November 27, 2009 Fri, December 25, 2009 Sat, December 26, 2009 Sun, December 27, 2009 Mon, December 28, 2009 Tue, December 29, 2009 Wed, December 30, 2009	Thu, January 1, 2009 Sun, April 12, 2009 Mon, May 25, 2009 Sat, July 4, 2009 Mon, September 7, 2009 Thu, November 26, 2009 Sat, November 28, 2009 Fri, December 25, 2009 Sat, December 26, 2009 Sun, December 27, 2009 Mon, December 28, 2009 Tue, December 29, 2009 Wed, December 30, 2009
2010	Fri, January 1, 2010 Fri, April 2, 2010 Mon, May 31, 2010 Mon, July 5, 2010 Mon, September 6, 2010 Thu, November 25, 2010 Fri, November 26, 2010	Fri, January 1, 2010 Sun, April 4, 2010 Sun, May 30, 2010 Sun, July 4, 2010 Sun, September 5, 2010 Thu, November 25, 2010 Fri, November 26, 2010	Sat, January 2, 2010 Sun, April 4, 2010 Mon, May 31, 2010 Sun, July 4, 2010 Mon, September 6, 2010 Thu, November 25, 2010 Sat, November 27, 2010

New Contributions will not take effect until 4/7/2008

The Build Your Own (BYO) Medical & Prescription Drug Options:

- 5 medical options and 3 Prescription Drug options (must pick one of each)
- All options cover the same services but have differing deductibles, coinsurance & out-of-pocket maximums
- Doctor's visit copays remain the same as the current plan and are the same across all Build Your Own options
- Open Access PPO
- Accumulation of claims toward the lifetime maximum reset to \$0 as of 4/1/08. Start at \$0 accumulated toward \$1.5M in-network and \$1M out-of-network maximums for Build Your Own plans.
- National network for CIGNA and Anthem. You may go to any in-network provider for your vendor in the U.S. No longer a regional network and no longer necessary to "guest" family members that are outside of the current local regional network.
- No PCP selection or Specialist referrals required as long as they stay within the PPO (Preferred Provider Options).

Contributions for the BYO Plan will vary based on the chosen options.

Your Medical Deductible, Coinsurance and Out-of-Pocket Maximums

In Network

	Option 1	Option 2	Option 3	Option 4	Option 5
Annual Deductible (Individual /Employee+1/ Family)					
In-Network	\$200/\$400 \$500	\$500/\$1,000 \$1,250	\$1,000/\$2,000 \$2,500	\$1,500/\$3,000 \$3,750	\$2,000/\$4,000 \$5,000
Coinsurance (Plan Pays / You Pay)					
In-Network	80% /20%	80% / 20%	80% / 20%	70% / 30%	50% / 50%
Annual Out-of-Pocket Maximum (excludes deductible & out-of-network costs above R&C) (Individual /Employee+1/ Family) Limit on amount of coinsurance you pay					
In-Network	\$1,200/ \$2,400 \$3,000	\$2,000/ \$3,300 \$4,000	\$2,500/ \$3,800 \$4,500	\$2,750/ \$4,000 \$4,750	\$3,000/ \$4,300 \$5,000

Your Medical Deductible, Coinsurance and Out-of-Pocket Maximums

Out of Network

	Option 1	Option 2	Option 3	Option 4	Option 5
Annual Deductible (Individual /Employee+1/ Family)					
Out-of-Network	\$1,000/ \$2,000 \$3,000	\$2,500/ \$5,000 \$7,500	\$5,000/ \$10,000 \$15,000	\$7,500/ \$15,000 \$22,500	\$10,000/ \$20,000 \$30,000
Coinsurance (Plan Pays / You Pay)					
Out-of-Network	60% / 40%	60% / 40%	60% / 40%	60% / 40%	50% / 50%
Annual Out-of-Pocket Maximum (excludes deductible & out-of-network costs above R&C) (Individual / Employee +1/ Family) Limit on amount of coinsurance you pay					
Out-of-Network	\$4,800/ \$9,600 \$12,000	\$8,000/ \$13,500 \$16,000	\$10,000/ \$15,500 \$18,000	\$11,000/ \$16,500 \$19,000	\$12,000/ \$17,500 \$20,000

Build Your Own – In Network Provision Changes

<u>ITEM</u>	<u>CURRENT</u>	<u>PROPOSED 4/1/08</u>	
Emergency Room	100% after \$75 copay (waived if admitted)	Subject to deductible first then co-insurance applied to negotiated rates	Deductible and co-insurance amounts depend on which of the five options you select (see table above)
Urgent Care Centers	100% after \$75 copay per visit, no deductible	Subject to deductible first then co-insurance applied to negotiated rates	
Home Health Care	100% of negotiated rates (no deductible) when medically necessary. Unlimited visits.	Subject to deductible first then co-insurance applied to negotiated rates. Unlimited visits.	
Laboratory and Radiology Services - MRI, MRA, CAT, PET	\$150 copay per procedure; then 100% of negotiated rates with prior approval	Subject to deductible first then co-insurance applied to negotiated rates	
Other Laboratory tests not in independent facility	100% of negotiated rates (no deductible)	Subject to deductible first then co-insurance applied to negotiated rates	
Durable Medical Equipment	100% of negotiated rates (no deductible) with prior authorization	Subject to deductible first then co-insurance applied to negotiated rates	
Physical Therapy and Rehabilitative Services	100% of negotiated rates (no deductible) after \$30 copay per visit (up to a max of 30 treatment days per calendar year combined w/out-of-network)	Subject to deductible first then co-insurance applied to negotiated rates (up to a max of 30 treatment days per calendar year combined w/out-of-network)	
Outpatient Private Duty Nursing	100% of negotiated rates (no deductible) with prior authorization	Subject to deductible first then co-insurance applied to negotiated rates	
Pre-admission Certification and Utilization Review	PCP Responsibility	Initiated by patient for Anthem. Provider initiated for CIGNA.	

Open Access - No referrals required for specialist visits

- Referral from primary care physician for specialist visits no longer required
- Certain outpatient procedures require pre-certification (see Appendix)
- You may need to notify your health plan vendor to obtain pre-certification before certain services can be performed. If you do not notify your health plan vendor, you may be responsible for an additional penalty fee. If pre-certification is requested and denied there is no coverage. Consult the Summary Plan Description or health plan vendor for more information. In most cases your provider will request pre-certification on your behalf however, for the specific list of the following page employees are ultimately responsible. If pre-certification is not obtained, benefits will be paid at 50% of covered charges. If deemed not medically necessary, no coverage.

Prescription Drug Options:

- 3 options – same coverage but differing co-insurance or co-pay
- Method of purchase:
 - Retail pharmacy vs. mail-order- determines co-insurance or co-pay
 - Mail-order offers savings with fixed co-pay for 90-day supply

Three Pharmacy Options

Option	Retail Pharmacy (Co-Insurance: up to 34 day supply)			Mail-Order (Co-Pay: up to 90 day supply)		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
1	80% - Company Pays 20% - You Pay Subject to \$8 min and \$16 max	80% - Company Pays 20% - You Pay Subject to \$16 min and \$40 max	80% - Company Pays 20% - You Pay Subject to \$35 min and \$100 max	\$15	\$40	\$90
2	75% - Company Pays 25% - You Pay Subject to \$10 min and \$20 max	75% - Company Pays 25% - You Pay Subject to \$20 min and \$50 max	75% - Company Pays 25% - You Pay Subject to \$45 min and \$115 max	\$20	\$55	\$125
3	65% - Company Pays 35% - You Pay Subject to \$12 min and \$24 max	65% - Company Pays 35% - You Pay Subject to \$25 min and \$60 max	65% - Company Pays 35% - You Pay Subject to \$50 min and \$125 max	\$24	\$65	\$140

Managed Dispensing Limits (MDL's) for Proton Pump Inhibitors*(PPI's) & Migraine agents

- 90-days of drug therapy per 365 days without prior authorization
- Quantity limitation to ensure proper drug utilization based on guidelines by Food & Drug Administration
- Physician may contact Caremark to receive prior authorization of a higher limit based on FDA criteria
- Upon filling of an affected prescription, members receive notification from Caremark further explaining policy & process
- MDL's indicate what the plan will pay for, not an individual's ability to get greater quantities

PPI's include but are not limited to Nexium, Omeprazole, Aciphex, Protonix, Prilosec and Zegerid

APPENDIX: Outpatient Procedures Requiring Pre-certification

Pre-certification required for certain procedures:

- Potential cosmetic or reconstructive procedures such as breast reduction, breast enlargement or surgery for gynecomastia, lipectomy, treatment of varicose veins, specific eye, ear and nose procedures and erectile dysfunction.

<ul style="list-style-type: none"> • CT, PET scans, MRI/MRA • Infertility treatment • Acupuncture • Biofeedback • Speech Therapy • Unlisted codes 	<ul style="list-style-type: none"> • Cardiac/pulmonary/vestibular rehab. • External prosthetic devices • Durable medical equipment • Home health infusion • Injectable drugs • Experimental and investigational
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Contributions for the Build Your Own Option (Vary by Choice)

Employee Weekly Contributions -- Effective April 7, 2008

	Option	EE	EE + Spouse	EE +Child	EE+ Family
Medical	1	\$14.20	\$34.30	\$26.80	\$46.90
	2	\$11.30	\$27.50	\$21.60	\$37.90
	3	\$7.30	\$17.50	\$13.50	\$23.70
	4	\$3.10	\$7.10	\$5.50	\$9.50
	5	\$ -	\$3.50	\$2.60	\$6.10
Rx (Does Not apply to HSA with High Deductible Health Plan)	1	\$3.10	\$6.90	\$5.70	\$9.50
	2	\$1.70	\$3.60	\$3.30	\$5.20
	3	\$ -	\$2.30	\$1.70	\$4.00
Total (1+1)		\$17.30	\$41.20	\$32.50	\$56.40

Employee Weekly Contributions -- Effective January 5, 2009

	Option	EE	EE + Spouse	EE +Child	EE+ Family
Medical	1	\$16.30	\$39.40	\$30.80	\$53.90
	2	\$13.00	\$31.60	\$24.80	\$43.60
	3	\$8.40	\$20.10	\$15.50	\$27.30
	4	\$3.60	\$8.20	\$6.30	\$10.90
	5	\$ -	\$4.00	\$3.00	\$7.00
Rx (Does Not apply to HSA with High Deductible Health Plan)	1	\$3.60	\$7.90	\$6.60	\$10.90
	2	\$2.00	\$4.10	\$3.80	\$6.00
	3	\$ -	\$2.60	\$2.00	\$4.60
Total (1+1)		\$19.90	\$47.30	\$37.40	\$64.80

Employee Weekly Contributions – Effective January 4, 2010

	Option	EE	EE + Spouse	EE +Child	EE+ Family
Medical	1	\$18.70	\$45.30	\$35.40	\$62.00
	2	\$15.00	\$36.30	\$28.50	\$50.10
	3	\$9.70	\$23.10	\$17.80	\$31.40
	4	\$4.10	\$9.40	\$7.20	\$12.50
	5	\$ -	\$4.60	\$3.50	\$8.10
Rx (Does Not apply to HSA with High Deductible Health Plan)	1	\$4.10	\$9.10	\$7.60	\$12.50
	2	\$2.30	\$4.70	\$4.40	\$6.90
	3	\$ -	\$3.00	\$2.30	\$5.30
Total (1+1)		\$22.80	\$54.40	\$43.00	\$74.50

Dental Contributions – Effective December 3, 2007 through April 6, 2008:

Employee Only	Employee + One	Employee + Child(ren)	Employee + Family
\$2.00	\$4.36	\$4.73	\$7.09

Dental Contributions – Effective April 7, 2008

	Effective 4/7/2008	Effective 1/5/2009	Effective 1/4/2010
Employee Only	\$2.26	\$2.52	\$2.77
Employee plus Spouse	\$4.93	\$5.49	\$6.06
Employee plus Child(ren)	\$5.40	\$6.08	\$6.75
Employee plus Family	\$8.07	\$9.05	\$10.04

Health Care Spending Account	\$120 to \$4,000 per year, pre-tax for eligible medical and dental expenses. \$120 to \$5,000 per year pretax, effective January 1, 2009.
Dependent Day Care Spending Account	\$120 to \$5,000 per year, pre-tax for eligible child and/or adult/elder day care expenses.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA) – Effective 1/1/2009

Design		Proposed HDHP Option
Deductible (1)	Individual	\$1,500
	Family (1)	\$3,000
Coinsurance & Copays	Preventive	100%
	Office Visit	80%
	Other	80%
	Rx	80%
Out-of-Pocket Maximum (2)	Individual	\$1,500
	Family	\$3,000
HSA Contribution Limits (3)	Individual	\$2,900
	Family	\$5,800

(1) Family deductible must be met for any member in a family to satisfy deductible requirement.

(2) Out-of-pocket excludes deductible.

(3) Stated limits are for 2008. The Company will follow the limits established by the IRS on an annual basis.

High Deductible Health Plan Weekly Contributions

	Effective 1/5/2009	Effective 1/4/2010
Employee Only	\$0.00	\$0.00
Employee plus Spouse	\$4.00	\$4.60
Employee plus Child(ren)	\$3.00	\$3.50
Employee plus Family	\$7.00	\$8.10

If you are enrolled in the High Deductible Health Plan, you are eligible to open a Health Savings Account (HSA). Deductions from your paycheck will be made pre-tax up to the HSA Contribution Limits designated by the IRS. The funds in the HSA may be used in current or future years for medical expenses tax free.

Life/Accidental Death & Dismemberment/Weekly Disability and Total and Permanent Disability Table -- Effective January 1, 2008

Base Rate Wage Class	Life & AD&D	Weekly Disability	TPD
\$19.00 and Under	\$58,500	\$390	\$1,060.02
\$19.01 - \$19.50	\$60,000	\$400	\$1,087.20
\$19.51 - \$20.00	\$61,500	\$410	\$1,114.38
\$20.01 - \$20.50	\$63,000	\$420	\$1,141.56
\$20.51 - \$21.00	\$64,500	\$430	\$1,168.74
\$21.01 - \$21.50	\$66,000	\$440	\$1,195.92
\$21.51 - \$22.00	\$67,500	\$450	\$1,223.10
\$22.01 - \$22.50	\$69,000	\$460	\$1,250.28
\$22.51 - \$23.00	\$70,500	\$470	\$1,277.46
\$23.01 - \$23.50	\$72,000	\$480	\$1,304.64
\$23.51 - \$24.00	\$73,500	\$490	\$1,331.82
\$24.01 - \$25.00	\$75,000	\$500	\$1,359.00
\$25.01 - \$26.00	\$78,000	\$520	\$1,413.36
\$26.01 - \$27.00	\$81,000	\$540	\$1,467.72
\$27.01 - \$28.00	\$84,000	\$560	\$1,522.08
\$28.01 - \$29.00	\$87,000	\$580	\$1,576.44
\$29.01 - \$30.00	\$90,000	\$600	\$1,630.80
\$30.01 and Above	\$93,000	\$620	\$1,685.16

Survivor Income -- Effective January 1, 2008

Part I and Part II	\$275 per month
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Pension Table

Final Average Earnings	Monthly Pension
	Per Year of Credited Service
Under \$30,000	29.00
\$30,000 to \$30,999	30.00
\$31,000 to \$31,999	31.00
\$32,000 to \$32,999	32.00
\$33,000 to \$33,999	33.00
\$34,000 to \$34,999	34.00
\$35,000 to \$35,999	35.00
\$36,000 to \$36,999	36.00
\$37,000 to \$37,999	37.00
\$38,000 to \$38,999	38.00
\$39,000 to \$39,999	39.00
\$40,000 to \$40,999	40.00
\$41,000 to \$41,999	41.00
\$42,000 to \$42,999	42.00
\$43,000 to \$43,999	43.00
\$44,000 to \$44,999	44.00
\$45,000 to \$45,999	45.00
\$46,000 to \$46,999	46.00
\$47,000 to \$47,999	47.00
\$48,000 to \$48,999	48.00
\$49,000 to \$49,999	49.00
\$50,000 to \$50,999	50.00
\$51,000 to \$51,999	51.00
\$52,000 to \$52,999	52.00
\$53,000 to \$53,999	53.00
\$54,000 to \$54,999	54.00
\$55,000 to \$55,999	55.00
\$56,000 to \$56,999	56.00
\$57,000 to \$57,999	57.00
\$58,000 and over	58.00