

EMPLOYEE WEEKLY PAYROLL DEDUCTION SCHEDULE (EFFECTIVE JANUARY 1, 2010)

<i>∴ Excluded from Federal taxable wages</i>	CONNECTICARE HMO	CONNECTICARE POS	CIGNA DENTAL (Non-union only)
FULL TIME			
INDIVIDUAL	16.01	22.92	2.10
EMPLOYEE + 1	33.61	48.13	4.89
FAMILY	45.62	65.32	7.01
PART TIME A (24 – 35 HOURS)			
INDIVIDUAL	21.34	28.65	2.45
EMPLOYEE + 1	44.82	60.16	5.71
FAMILY	60.82	81.64	8.18
PART TIME B (20 – 23 HOURS)			
INDIVIDUAL	26.68	34.38	2.80
EMPLOYEE + 1	144.05	160.43	6.52
FAMILY	224.08	246.37	9.35

**THE WATERBURY HOSPITAL NON-UNION & RN EMPLOYEES
SUMMARY OF BENEFIT PLAN DESIGNS for 2010**

	CONNECTICARE HMO		CONNECTICARE POINT OF SERVICE (POS)	
			IN NETWORK	OUT OF NETWORK
<i>Claim Forms</i>	No	No	No	Yes
<i>Gatekeeper / Referrals</i>	None	None	None	None
<i>Up-Front Deductible</i>	None	None	None	\$400 / \$800 / \$1200
<i>Co-Insurance</i>	None	None	None	30%; \$2000 / \$4000 / \$6000
<i>Out-of-Pocket Maximum (including up-front deductible)</i>	N/A	N/A	N/A	\$2400 / \$4800 / \$ 7200
<i>Lifetime maximum</i>	None	None	None	\$1,000,000
<i>Inpatient Hospital (maternity, illness, injury, mental health, substance abuse)</i>	\$500 per day deductible, annual maximum \$2,000 per member (waived at WHHC)	\$500 per day deductible, annual maximum \$2,000 per member (waived at WHHC)	\$500 per day deductible, annual maximum \$2,000 per member (waived at WHHC)	Subject to deductible and co-insurance
<i>Physician Office Visits</i>	Generalist \$20, specialist \$30 co-pay	Generalist \$20, specialist \$30 co-pay	Generalist \$20, specialist \$30 co-pay	Subject to deductible and co-insurance
<i>Preventive Office Visit</i>	Generalist \$20, specialist \$30 co-pay	Generalist \$20, specialist \$30 co-pay	Generalist \$20, specialist \$30 co-pay	Subject to deductible and co-insurance
<i>Emergency / Urgent Care</i>	\$100 ED (waived if admitted) \$75 urgent care	\$100 ED (waived if admitted) \$75 urgent care	\$100 ED (waived if admitted) \$75 urgent care	\$100 ED (waived if admitted) \$75 urgent care
<i>Ambulatory Services (outpt surgeries & procedures including colonoscopy)</i>	\$100 co-pay (waived at WHHC)	\$100 co-pay (waived at WHHC)	\$100 co-pay (waived at WHHC)	Subject to deductible and co-insurance
<i>Prescription Drugs</i>	\$20 generic, \$30 brand, \$40 non-formulary brand, at participating pharmacies; \$40 / \$60 / \$80 mail order	\$20 generic, \$30 brand, \$40 non-formulary brand, at participating pharmacies; \$40 / \$60 / \$80 mail order	\$20 generic, \$30 brand, \$40 non-formulary brand, at participating pharmacies; \$40 / \$60 / \$80 mail order	Not covered at non-participating pharmacies