



October 2005
Mainland Employees

What's New For 2006

The *FlexSolutions* 2006 Open Enrollment will take place from October 31 through November 13. This is your annual opportunity to review your *FlexSolutions* benefits coverage and decide if you need to make any changes for the coming calendar year.

What's New For 2006

New CIGNA Medical Plan Option

A&B is pleased to announce that we are adding a new preferred provider option (PPO) to our medical plan lineup. The new plan is called the Low Option PPO Plan. This will be a lower cost alternative to our other CIGNA medical plan options to help meet a broader range of employee needs. The added choice of the Low Option PPO Plan gives you greater opportunity to balance the level of benefit you can receive and the payroll deduction for those benefits.

You may use any licensed doctor or hospital, but the plan pays greater benefits when you use network providers. The network is referred to as Open Access Plus (OA+). To find network providers in your area or to check if your current doctors and hospitals are Open Access Plus providers, log on to www.cigna.com and select *Provider Directory*. When you are asked to choose a benefit plan, select *Open Access Plus Only*.

The chart below is a brief overview of the Low Option PPO Plan. A detailed medical plan comparison will be provided in your Open Enrollment packet that will be sent to you at the end of October.

Low Option PPO Plan		
	Network	Non-Network
Type of Care	You may visit any qualified provider, however, the Plan pays higher benefits when you use a provider who participates in the Open Access Plus (OA+) network	
Annual Deductible	\$500 per person/\$1,500 per family	\$1,500 per person/\$4,500 per family
Annual Out-of-Pocket Maximum	\$4,000 per person/\$8,000 per family	\$6,000 per person/\$12,000 per family
Office Visit	80% after deductible	50% after deductible
Preventive Care Exam	100%, deductible waived, up to one exam every 12 months	Not covered
Inpatient Hospital Room and Board	80% after deductible	50% after annual deductible and \$200 confinement deductible
Prescription Drugs (Participating pharmacies only)	Retail: You pay \$10 copayment for generic/30% copayment for preferred brand name/55% for non-preferred brand name. Mail Order: You pay \$10 copayment for generic/30% copayment for preferred brand name/55% for non-preferred brand name. For both retail and mail order prescriptions: After you pay a maximum of \$500 in a year, the plan pays 100%.	

Turn the page for other changes in 2006





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New CIGNA PPO Plan Provider Network

CIGNA is replacing its current PPO provider network with the Open Access Plus network so that plan participants can benefit from better negotiated discounts when using participating providers. This network will be used for both the CIGNA PPO Plan and the new Low Option PPO Plan, and nearly all A&B employees will have access to this extensive national network.

If you are enrolled in the CIGNA PPO Plan, you should review the Open Access Plus network to see if your current doctors and hospitals are participating providers. If your current providers do *not* participate in the CIGNA PPO network, you may want to see if they are Open Access Plus providers so you can take advantage of network benefits and discounted rates. To view the Open Access Plus network directory, log on to www.cigna.com and select *Provider Directory*. When you are asked to choose a benefit plan, select *Open Access Plus Only*.

Other than the new provider network, all other plan benefit levels remain the same for 2006.

Transitional Issues for CIGNA PPO Participants

Some individuals may be at a critical stage of medical treatment at the end of 2005. If you are currently in the CIGNA PPO Plan *or* if you are an employee of Matson America, check to see if your current providers participate in the CIGNA Open Access Plus network. If your current provider is not in the CIGNA Open Access Plus network as of December 31, 2005, you may be eligible for special transitional benefits if one of the following situations applies to you or a covered family member:

- A doctor-confirmed pregnancy of 12 weeks or more
- A scheduled and approved surgical procedure
- A course of treatment that is underway at a facility for an acute medical condition, such as cancer or kidney disease

Transitional benefits ensure that you do not suffer a loss of benefits or interruption of care due to the change in medical plans. To determine if you qualify for transitional benefits, contact CIGNA at 800-244-6224. CIGNA will provide the necessary paperwork in which to apply for transitional benefits and assist you throughout the application process. There is no guarantee that you will continue to receive network coverage; CIGNA evaluates each situation based on the individual circumstances.

Increased Long-Term Disability Benefit Maximum

For disabilities starting on January 1, 2006 or after, the maximum amount that could be paid under the plan will increase as follows:

- Option 1: 50% of your monthly base salary, up to a maximum of \$8,000 (up from \$5,000)
- Option 2: 60% of your monthly base salary, up to a maximum of \$9,000 (up from \$6,000)
- Option 3: 70% of your monthly base salary, up to a maximum of \$10,000 (up from \$7,000)

Please note that if you become disabled from a pre-existing condition during calendar year 2006, the plan's pre-existing condition exclusion will apply to any increased benefit amounts for that disability. See your A&B Benefits Handbook at www.flexab.com for details.



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Domestic Partners Eligible For FlexSolutions

Beginning January 1, 2006, benefit-eligible employees may cover domestic partners and their eligible children under the medical, dental, vision, dependent life, and AD&D plans. To qualify your domestic partner for *FlexSolutions*, you must sign an Affidavit of Domestic Partnership affirming the following:

- You and your domestic partner are both of the same sex; if you live in California, your domestic partner may be of the opposite sex provided one of you is over age 62.
- You and your domestic partner are age 18 or older and capable of consenting to the domestic partnership.
- You and your domestic partner are each other's sole domestic partner and intend to remain so indefinitely.
- Neither of you is married to another person, or in a domestic partnership with someone else that has not been terminated, dissolved, or nullified.
- You and your domestic partner are not related by blood to a degree of closeness which would prohibit legal marriage in the state in which you reside.
- You and your domestic partner have resided together in the same residence for at least six months and have been in a relationship for at least 12 months.
- You and your domestic partner are jointly responsible for each other's basic living expenses incurred during the domestic partnership.
- You are both registered in your state as domestic partners (or equivalent) if the state has a registry and you provide proof of your domestic partner status.
- You will notify A&B within 30 days if there is a change in the domestic partnership arrangement attested to in the affidavit.

If Your Domestic Partner Does Not Qualify As A Tax Dependent

Due to IRS restrictions, the value of the contribution A&B makes toward the cost of your domestic partner coverages will be considered taxable income to you. Also, any contribution you make toward the cost of your domestic partner coverage must be paid for on an after-tax basis. However, these rules will not apply if your domestic partner qualifies as a tax dependent under Section 152 of the Internal Revenue Code.

In addition, expenses for domestic partners and their children may not be eligible for reimbursement under the Reimbursement Accounts, unless they are tax dependents under IRS rules.

Health Care Contributions

The amount each employee contributes for health care coverage varies based on his or her salary, geographic location, which dependents, if any, are covered, the benefit options elected, and how *FlexSolutions* (FS) Credits are used. The amount of FS Credits available to you will be shown on your 2006 Enrollment Worksheet that will be included in your Open Enrollment packet.

A&B's overall employee contribution levels continue to be below the national average. We are now in the third year of implementing our three-year strategy to bring employee contributions closer to the national average. In 2006, employee contributions for medical, prescription drug, and dental will increase on average to 20%. This means that some employees will pay more than 20% while others—particularly those at lower salary levels—will pay less than 20%.



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New Administrator For The Reimbursement Accounts and Transportation Benefit Plan

Beginning January 1, 2006 A&B has selected Denver Reserve Corporation to administer the Reimbursement Accounts and the Transportation Benefit Plan. Denver Reserve is widely respected in their field and will provide A&B employees with more services than our current administrator can. Additional services that are available to you from this change are:

- A special Visa debit card that you can use to pay for your eligible medical, dependent care, and commuting and parking expenses. Instead of paying the expense up front and then submitting a claim for reimbursement, you may use the Visa debit card to pay for those expenses directly from your reimbursement and/or transportation benefit account. Your claims may be subject to audit, so remember to keep your receipts.
- Reimbursements may also be directly deposited into your designated checking or savings account.
- 24-hour access to your account information through Denver Reserve's website, www.denverreserve.com.
- Processing of claims daily.
- The Transportation Benefit Plan's 30-day claim-filing requirement will be eliminated. You may submit claims for reimbursement at any time through the year, but no later than March 31 of the following calendar year.

Details about the new services, enrollment materials, and important contact information for Denver Reserve will be included in your Open Enrollment packet in late October. Buck Consultants will continue to process 2005 claims through March 31, 2006.

Reimbursement Accounts Reminder

Your participation in the Reimbursement Accounts does not carry over from year to year. You must make an election each year during Open Enrollment if you wish to re-enroll in the Reimbursement Accounts. Claims incurred during calendar year 2005 must be submitted to Buck Consultants for reimbursement by March 31, 2006.

Things To Consider During Open Enrollment

In the next few weeks, you will receive your Open Enrollment packet. As you review your Open Enrollment materials, consider the following:

- What's more important to you in a health care plan: the monthly cost you pay in employee contributions or the level of coverage available if you need medical and dental care? To help you evaluate your options, refer to your 2006 Open Enrollment Worksheet that will be sent with your Open Enrollment packet. This personalized worksheet shows the per-pay period cost for each benefit option and the FS credits available for those options. Then compare those costs to the medical plan comparison chart that will be included in your packet; this chart summarizes key plan benefit features that apply at the time you use medical services.
- Are you covering your spouse on a *FlexSolutions* medical or dental plan when he or she has other coverage available?
- Do you have enough life and disability coverage to provide financial protection for your family if you die or become disabled?
- Are you paying for out-of-pocket health care or dependent day care expenses with after-tax dollars instead of taking advantage of the reimbursement accounts to pay for them with money that is not taxed?

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