



Summary of Benefit Changes for 2008

This notice constitutes a Summary of Material Modifications (SMM) to the online *Alexander & Baldwin Benefits Handbook*, effective January 1, 2008. This notice supersedes any previous communications. The benefits handbook will be updated to reflect these changes. If you have any questions about this notice, you may contact your local Human Resources representative.

Health Care Benefits (Mainland)													
CIGNA Low Option Open Access Plus (OAP) Plan	<ul style="list-style-type: none"> The inpatient hospital confinement deductible is \$400 per admission. 												
CIGNA High Option Open Access Plus (OAP) Plan	<ul style="list-style-type: none"> Prescription drug copayments are based on 3 tiers as follows: <table border="1"> <thead> <tr> <th></th> <th>Retail 30-day supply</th> <th>Mail Order 90-day supply</th> </tr> </thead> <tbody> <tr> <td>Generic:</td> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>Preferred brand name:</td> <td>\$20</td> <td>\$40</td> </tr> <tr> <td>Non-preferred brand name:</td> <td>\$40</td> <td>\$80</td> </tr> </tbody> </table> The physician office visit copayment is \$15 per visit. The office visit copayment applies to office visits for primary care doctors (including preventive exams), outpatient surgery, hearing exams, and vision care. The physician office visit copayment for specialists is \$20 per visit. The inpatient hospital confinement deductible is \$400 per admission. 		Retail 30-day supply	Mail Order 90-day supply	Generic:	\$10	\$20	Preferred brand name:	\$20	\$40	Non-preferred brand name:	\$40	\$80
	Retail 30-day supply	Mail Order 90-day supply											
Generic:	\$10	\$20											
Preferred brand name:	\$20	\$40											
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CIGNA Network HMO Plan	<ul style="list-style-type: none"> Prescription drug copayments are based on 3 tiers as follows: <table border="1"> <thead> <tr> <th></th> <th>Retail 30-day supply</th> <th>Mail Order 90-day supply</th> </tr> </thead> <tbody> <tr> <td>Generic:</td> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>Preferred brand name:</td> <td>\$20</td> <td>\$40</td> </tr> <tr> <td>Non-preferred brand name:</td> <td>\$40</td> <td>\$80</td> </tr> </tbody> </table> The emergency room visit copayment is \$75. The copayment is waived if admitted as an inpatient. The urgent care center copayment will increase from \$35 to \$50. A \$200 hospital confinement deductible applies to each hospital admission. 		Retail 30-day supply	Mail Order 90-day supply	Generic:	\$10	\$20	Preferred brand name:	\$20	\$40	Non-preferred brand name:	\$40	\$80
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Generic:	\$10	\$20											
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Kaiser (California)	<ul style="list-style-type: none"> The physician office visit copayment is \$15 per visit. The office visit copayment applies to office visits for primary care doctors (including preventive exams), specialists, outpatient surgery, hearing exams, and vision care. The emergency room visit copayment is \$50. The copayment is waived if admitted as an inpatient. Prescription drug copayments are \$10 for generic drugs (no change from 2007) and \$20 for brand name drugs. 												



Health Care Benefits (Hawaii)	
All HMSA Plans	<ul style="list-style-type: none">▪ The prescription drug brand name copayment at retail pharmacies is \$30 (the generic drug copayment remains \$10).▪ The prescription drug brand name copayment for mail order is \$60 (the generic drug copayment remains \$20).
Kaiser HMO (Hawaii)	<ul style="list-style-type: none">▪ The annual out-of-pocket maximum is \$2,000 per person and \$6,000 per family (the family limit applies for families of three or more members).▪ The prescription drug copayment is \$14.▪ The emergency room copayment is \$50.▪ A hospital copayment of \$50 per day applies to inpatient stays.▪ The vision care exam copayment is \$14.▪ You are required to pay 10% of the cost for lab, imaging, and testing services.
Transportation Benefit Plan	
Commuting and Parking Maximums	The commuting expense reimbursement maximum has been increased to \$115 per month and the parking expense reimbursement maximum has been increased to \$220 per month. (The IRS announced the increased maximums after A&B's Open Enrollment period, which took place in November 2007.)

This notice highlights significant changes to A&B's online benefits handbook for the above plans. Additional provisions may also apply in accordance with the terms of each benefit plan.