

2010 MAINLAND MEDICAL PLAN COMPARISON CHART

ALEXANDER & BALDWIN, INC.

The following chart highlights the major provisions and benefits of each of the medical plans available through *FlexSolutions*, and is not intended to fully describe your coverage. The percentage amounts shown reflect the amount of eligible charges the Plan(s) will pay for a covered service. You are responsible for paying the remaining percentage and the difference, if any, between the actual charges and the eligible charges. Additional details can be found in A&B's *Benefits Handbook*, available at www.flexab.com.

Note that not all Plans are available at each location; your 2010 Enrollment Worksheet will list those plans for which you are eligible to enroll.

BENEFIT PROVISIONS	CIGNA LOW OPTION OPEN ACCESS PLUS PLAN ¹	CIGNA HIGH OPTION OPEN ACCESS PLUS PLAN ¹	CIGNA NETWORK HMO PLAN	KAISER PERMANENTE HMO PLAN
Provider Choice/ How the Plan Works	Individuals may visit any qualified provider; however, the Plan pays higher benefits when a "network" provider is used.	Individuals may visit any qualified provider; however, the Plan pays higher benefits when a "network" provider is used.	Individuals must use network providers and/or have their care coordinated by their Primary Care Physician (PCP). No benefits are paid for non-approved care.	Individuals must use Kaiser Permanente providers and facilities. No benefits are paid for non-approved out-of-network care, except for emergencies.
Annual Deductible	Network = \$1,000/individual, \$3,000/family Non-Network = \$2,000/individual, \$6,000/family	Network = \$300/individual, \$600/family Non-Network = \$500/individual, \$1,200/family	N/A	N/A
Annual Out-of-Pocket Maximum	Network = \$4,000/individual, \$8,000/family Non-Network = \$6,000/individual, \$12,000/family	Network = \$2,000/individual, \$4,000/family Non-Network = \$4,000/individual, \$8,000/family	\$1,500/individual; \$3,000/family	\$1,500/individual; \$3,000/family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
AT THE DOCTOR'S OFFICE				
Office Visits	Network = 80% after deductible Non-Network = 50% after deductible	Network = 100% after \$20 copayment (\$35 copayment for specialist) Non-Network = 70% after deductible	100% after \$20 copayment for PCP (\$30 copayment for specialist)	100% after \$20 copayment
Preventive Care Exam	Network = 100%, deductible waived, up to one exam every 12 months Non-Network = not covered	Network = 100% after \$20 copayment for one exam every 12 months (\$35 copayment for specialist) Non-Network = not covered	100% after \$20 copayment for PCP (\$30 copayment for specialist)	100% after \$20 copayment
Well Child Care	Network = 80% after deductible Non-Network = not covered	Network = 100% after \$20 copayment (\$35 copayment for specialist) Non-Network = not covered	100% after \$20 copayment for PCP (\$30 copayment for specialist)	100% after \$5 copayment for children through age 23 months
AT THE HOSPITAL				
Emergency Room (for true emergency)	Network and Non-Network = 80% after deductible	Network and Non-Network = 90% after deductible	Emergency Room: 100% after \$75 copayment; Urgent Care Center: 100% after \$50 copayment	100% after \$50 copayment (copayment waived if hospitalized)
Semi-Private Room and Board	Network = 80% after deductible Non-Network = 50% after annual deductible and \$1,000 hospital confinement deductible	Network = 90% after deductible Non-Network = 70% after annual deductible and \$400 hospital confinement deductible	100% after \$300 admission copayment	100% after \$250 per admission copayment
Inpatient X-Ray and Lab Services	Network = 80% after deductible Non-Network = 50% after deductible	Network = 90% after deductible Non-Network = 70% after deductible	100%	100%
SURGERY				
Outpatient	Network = 80% after deductible Non-Network = 50% after deductible	Network = 90% after deductible Non-Network = 70% after deductible	100% after \$150 facility copayment (\$20 copayment if performed in PCP office; \$30 copayment for specialist)	100% after \$20 copayment
Inpatient	Network = 80% after deductible Non-Network = 50% after annual deductible and \$1,000 hospital confinement	Network = 90% after deductible Non-Network = 70% after deductible	100% after \$300 per admission copayment	100% after \$250 per admission copayment

BENEFIT PROVISIONS	CIGNA LOW OPTION OPEN ACCESS PLUS PLAN ¹	CIGNA HIGH OPTION OPEN ACCESS PLUS PLAN ¹	CIGNA NETWORK HMO PLAN	KAISER PERMANENTE HMO PLAN
MATERNITY AND FAMILY PLANNING SERVICES				
Office Visits	Network = 80% after deductible Non-Network = 50% after deductible	Network = 100% after \$20 copayment for initial visit, (\$35 copayment for specialist), 90% after deductible thereafter Non-Network = 70% after deductible	100% after \$20 copayment for PCP (\$30 copayment for specialist); copayment waived after initial visit	100% after \$5 copayment for prenatal and first postnatal visits; 100% after \$20 copayment for all other family planning visits
Hospital Services (Semi-private room rate)	Network = 80% after deductible Non-Network = 50% after annual deductible and \$1,000 hospital confinement deductible	Network = 90% after deductible Non-Network = 70% after annual deductible and \$400 hospital confinement deductible	100% after \$300 admission copayment	100% after \$250 per admission copayment
MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT²				
Inpatient (Semi-private room rate)	Network = 80% after deductible Non-Network = 50% after \$1,000 admission deductible and plan deductible	Network = 90% after deductible Non-Network = 70% after \$400 admission deductible and plan deductible	100% after \$300 admission copayment	100% after \$250 per admission copayment
Outpatient	Network = 80% after deductible Non-Network = 50% after deductible	Network = 100% after \$35 copayment; Non-Network = 70% after deductible	100% after \$30 copayment	100% after \$20 copayment
OTHER SERVICES				
Prescription Drugs – Retail	Participating pharmacies only (30-day supply): You pay \$10 copayment for generics, 30% copayment for preferred brand name and 55% copayment for non-preferred brand name. For preferred brand and non-preferred brand, after you pay a total of \$500 in a year, the plan pays 100%.	Participating pharmacy: You pay the following copayments for a 30-day supply: \$10 for generic \$20 for preferred brand name \$40 for non-preferred brand name Non-participating pharmacies: You pay 40% Note: HMO plan members must use participating pharmacies		100% after \$10 copayment for generic drugs and \$30 copayment for brand name drugs; up to a 30-day supply in accordance with the Health Plan Formulary
Prescription Drugs – Mail Order	Participating pharmacies only (90-day supply): You pay \$20 copayment for generics, 30% copayment for preferred brand name, and 55% copayment for non-preferred brand name. For preferred brand and non-preferred brand, after you pay a total of \$500 in a year, the plan pays 100%.	Participating pharmacy only: You pay the following copayments for a 90-day supply: \$20 for generic \$40 for preferred brand name \$80 for non-preferred brand name		100% after \$20 copayment for generic drugs and \$60 copayment for brand name drugs; up to a 100-day supply in accordance with the Health Plan Formulary
X-Ray and Lab Services	Network = 80% after deductible Non-Network = 50% after deductible	Network = 90% after deductible Non-Network = 70% after deductible	100%	100%
Skilled Nursing Facility	Network = 80% after deductible Non-Network = 50% after deductible Up to 120 days per calendar year	Network = 90% after deductible Non-Network = 70% after deductible Up to 120 days per calendar year	100%	100%; benefits limited to 100 days per benefit period
Home Health Care Visits	Network = 80% after deductible Non-Network = 50% after deductible	Network = 90% after deductible Non-Network = 70% after deductible	100%	100%; up to 100 two-hour visits per calendar year
Hearing Exams/Hearing Aids	Network = 80% after deductible Non-Network = 50% after deductible Up to \$1,500 every 3 years	Network = 90% after deductible Non-Network = 70% after deductible Up to \$1,500 every 3 years	100% up to \$1,500 every 3 years	Hearing exams covered at 100% after \$20 copayment; hearing devices covered at 100% up to \$2,500 per device per ear; two devices every 36 months
Durable Medical Equipment	Network = 80% after deductible Non-Network = 50% after deductible	Network = 90% after deductible Non-Network = 70% after deductible	100%	100% in accordance with the Health Plan Formulary
Vision Care	Provided through VSP; see A&B's Enrollment Guide for details			100% after \$20 copayment; eyewear covered up to \$175 plan allowance

¹Under the CIGNA Open Access Plus Plans, non-network benefits are based on 110% of the Maximum Reimbursable Charge (MRC) designated by CIGNA.

²Under the Kaiser Permanente HMO, severe mental illnesses and severe emotional disturbances of a child of any age are covered the same as any other covered disability in accordance with California state law governing insured health care plans.