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## Medical Benefit Options

Generally, you may choose one of the following Plan options (collectively, the “Medical Benefits”):

- Minimum Coverage Option
- PPO-Deductible Option
- PPO-Copay Option
- Out-of-Area Option
- Health Maintenance Organization (HMO) Option (for Puerto Rico employees); and

Some Medical Options are not offered in all locations. The PPO Options are offered in most locations, but if you live outside the network/claims administrator access area, you are not eligible for the PPO Options and may choose the Out of Area Option for medical coverage. The Enrollment section on Jetnet will reflect which options are available to you.

You may also waive coverage.

The Plan’s self-funded medical options – the PPO Copay Option, PPO Deductible Option, Minimum Coverage Option and Out-of-Area Option – are administered by the same network/claims administrator:

- Blue Cross and Blue Shield of Texas

A network/claims administrator is the health plan administrator that processes health care claims and manages the network of care providers and health care facilities.

Jetnet allows you to list two addresses – a permanent address (for tax purposes or for your permanent residence) and an alternate address (for a P.O. Box or street address other than your permanent residence). Since many employees maintain more than one residence, you may list both addresses in Jetnet; however, your alternate address determines which medical options are available to you. If you do not have an alternate address listed in Jetnet, your network/claims administrator is based on your permanent address.

In “Dental Benefits”, “How the Dental Benefit Option Works”, replace the “Usual and Prevailing fee limits” definition on page 98, with the following:

**Usual and prevailing fee limits:** The amount of benefits paid for eligible expenses is based on the usual and prevailing fee limits for that service in that geographic location (unless billed by a PDP dentist).

Under the “Glossary” section, on page 205, replace the definition of “Copayments” with the following:

### Copayments

You pay a specific dollar amount for certain covered services when you use network providers. For example, under the PPO-Copay Option, you pay a flat dollar copayment for an office visit to your primary care physician (PCP).

Under the “Glossary” section, on page 208, replace the definition of “Medical Benefit” with the following:

## **Medical Benefit**

The Company offers eligible employees the opportunity to elect medical coverage that provides protection for you and your covered dependents in the event of an illness or injury. You may choose the Minimum Coverage, PPO-Deductible or PPO-Copay Options, a Health Maintenance Organization (HMO), or you may waive coverage completely. If you reside in a geographic location that does not have adequate access to the PPO network, you will be eligible for the Out-of-Area option.

The Medical Options and HMOs are not offered in all locations.

**Under the “Glossary” section, on page 210, replace the definition of “Primary Care Physician” with the following:**

### **Primary Care Physician**

A network physician who specializes in family practice, general practice, gynecology, internal medicine, or pediatrics and who coordinates all of the network medical care for a participant in a PPO Option or an HMO.

**Under the “Glossary” section, on page 210, the following provision (as it relates to medical coverage) should be deleted in its entirety, as the Plan removed all pre-existing condition limitations under the medical options effective January 1, 2006:**

### **Pre-existing condition (or pre-existing condition limitation)**

A pre-existing condition includes any physical or mental condition that was diagnosed or treated before the participant’s original coverage effective date (the date first enrolled in coverage) in a health plan and which will not be covered under that plan for a specified period after enrollment.

**END OF SUMMARY OF MATERIAL MODIFICATIONS**