

Exhibit 2

	Pre Medicare Eligible			Medicare Eligible		
	Legacy T Plan w/ Blended Cap	Regional Medical Plan (as amended)	Legacy T Plan Medicare			
Medical Components						
Monthly Contributions	See Note	None	None			
Deductibles (Network)	No Change	\$400 / \$800	No Change			
Coinsurance (Network/Non-Network)	No Change	10% / 50%	No Change			
OOP Max (Network)	No Change	\$1,000 / \$3,000	No Change			
OOP Max Type	No Change	Individual Basis	No Change			
Copays						
Office Visits	No Change	None	No Change			
Hospital ER	No Change	None	No Change			
Hospital Admission	No Change	None	No Change			
Rx Components						
Contributions	None	None	None			
Deductibles	\$50 (retail) per Ind	2010 - \$75 2011 - \$125 2012 - \$175	2010 - \$75 2011 - \$125 2012 - \$175			
Coinsurance	None	None	None			
OOP Max (Network)	\$1,500/\$3000 (applies to Generic and Formulary)	\$1,500/\$3000 (applies to Generic and Formulary)	\$1,500/\$3000 (applies to Generic and Formulary)			
OOP Max Type	Individual Basis	Individual Basis	Individual Basis			
Copays						
Retail Generic	2010 Actual (Max) \$8 (\$14)	2010 2011 2012 \$10 \$10 \$11	2010 2011 2012 \$10 \$10 \$11			
Retail Formulary	\$26 (\$28)	\$30 \$30 \$33	\$30 \$30 \$33			
Retail Non-Formulary	\$50 (\$56)	\$50 \$50 \$55	\$50 \$50 \$55			
Mail Generic	\$17 (\$28)	\$20 \$20 \$28	\$20 \$20 \$28			
Mail Formulary	\$54 (\$56)	\$75 \$75 \$83	\$75 \$75 \$83			
Mail Non-Formulary	\$108 (\$112)	\$125 \$125 \$138	\$125 \$125 \$138			

Notes:

Retirees are subject to a Defined Dollar Benefit Cap established at \$12,500 per retiree annually through December 31, 2012.
 Per Retiree Costs shall be calculated annually based on plan performance for non-Medicare eligible retirees subject to the cap.
 Per Retiree Costs will be done on a blended basis and only includes those that are subject to the cap.
 The amount of the monthly contribution for each upcoming year will be announced before the annual open enrollment.

Medical components will be consistent with the current Regional Medical Plans with the provisions noted in the chart and including:
 Non-Network deductibles and Out Of Pocket Maximums = 3x Network amounts
 Deductibles and Out Of Pocket Maximums are integrated for all medical services, including mental health/substance abuse services
 Once the deductibles are met, coinsurance applies to all medical services including mental health/substance abuse services
 T Non-Medicare Eligible information based on POS; Medicare Eligible information based on Indemnity

Rx Provisions outlined are a summary. Intent is that T would come into same Rx program as SW Core.

This includes:

3 tier copay structure of Generic, Formulary, and Nonformulary

Retail Non-Network provision of: Greater of applicable Network Retail copay or balance remaining after Plan pays 75% of Network retail costs, after Ded

Mandatory Mail applies after 2nd fill at Retail

Specialty Pharmacy provisions

Personal Choice drugs not covered by plan and available for purchase at 100% of discounted rate

Current Plan Designs Will Apply Subject to the Modifications Summarized in the Chart