

**The McClatchy Company**  
**Aetna Plan Designs Effective Jan. 1, 2009**  
**Part-Time Options**

BENEFIT PROVISIONS	Choice		Routine Care	
	(PPO)		(High Deductible)	
MEMBER COST SHARING	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Medical Lifetime Maximum</b>	Unlimited		Unlimited	
<b>Annual Deductible - Individual / Family</b>	\$250 / \$750		\$500 / \$1,500	\$1,000 / \$3,000
<b>Coinsurance Limit - Individual / Family</b>	\$3,000 / \$9,000		\$5,000 / \$10,000	\$10,000 / \$20,000
<b>Plan Coinsurance</b>	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>PROFESSIONAL SERVICES</b>				
<b>Physician's Office Visit</b>	80% after deductible	60% after deductible	100% after \$20 copay	30% after deductible
<b>Specialist Office Visit</b>	80% after deductible	60% after deductible	100% after \$35 copay	30% after deductible
<b>Urgent Care Visit</b>	80% after deductible	60% after deductible	100% after \$35 copay	30% after deductible
<b>Inpatient Pre-Certification / Penalty -</b> Applies to all inpatient services including hospitals, skilled nursing facilities, hospice and mental/nervous and chemical dependency stays.	Provider responsible; no penalty	Member responsible; \$250 penalty	Provider responsible; no penalty	Member responsible; \$250 penalty
<b>TYPE OF SERVICE</b>				
<b>Acupuncture - 12 visits per calendar year maximum.</b>	80% after deductible	60% after deductible	100% after office visit or specialist copay	30% after deductible
<b>Allergy Testing</b>	80% after deductible	60% after deductible	100% after office visit or specialist copay	30% after deductible
<b>Allergy Treatment</b>	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Ambulance - Must be medically necessary.</b>	80% after deductible	80% after deductible	70% after deductible	70% after deductible
<b>Diagnostic X-ray and Lab - Physician's office</b>	80% after deductible	60% after deductible	100% after office visit or specialist copay	30% after deductible
<b>Diagnostic X-ray and Lab - Outpatient hospital or facility</b>	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Durable Medical Equipment/ Prosthetics - Rental of wheelchair, walker, cane, insulin pump, apnea monitor, hospital bed, foot orthotics, wigs, etc.; must be medically necessary.</b>	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Calendar year maximum:</b>	\$10,000		\$10,000	

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<b>Emergency Room</b> - Includes associated lab, diagnostic x-rays, facility and professional services; copay waived if confined.	\$75 copay, then 80% after deductible		\$75 copay, then 70% after deductible	
<b>Non-emergency use of E.R. Penalty:</b>	No Coverage		No Coverage	
<b>Hearing Aids</b> - Hearing aid coverage once every 36 mos. for adults; 24 mos. for children through age 18	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Per Purchase Maximum (incl. in DME max):</b>	\$1,000		\$1,000	
<b>Home Health Care</b> - Pre-certification required.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>HHC Maximum:</b>	120 visits / individual / year		120 visits / individual / year	
<b>Hospice Care - Inpatient and Outpatient</b> - Pre-certification required.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Hospital Inpatient</b> - Includes inpatient surgery expenses, room & board, physician expenses, routine nursery care, prescription drugs and all other inpatient care. Pre-certification required.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Private Room Limit:</b>	Semi-private		Semi-private	
<b>Per Admission Copay:</b> (Does not apply to Hospice, SNF or other facilities.)	\$250	\$500	\$500	\$1,000
<b>Per Admission Copay Limit</b> (all admissions):	3x / individual / year		3x / individual / year	
<b>Hospital Outpatient</b> - Includes surgery centers and ambulatory centers.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Outpatient Surgery</b> - Includes all services performed with regard to an outpatient surgery performed in a hospital, ambulatory surgical center or a doctor's office, including physician's charges.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>RAPs</b> - Radiologists, Anesthesiologists and Pathologists	80% after deductible	60% after deductible	70% after deductible	30% after deductible

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<b>Short Term Rehabilitation</b> - Outpatient physical, speech & occupational therapy; includes neurodevelopmental therapy for children under age 6; includes massage/naturopaths if there is a treatment plan. Medical review after 24 visits.	80% after deductible	60% after deductible	100% after \$35 copay	30% after deductible
<b>STR Maximum:</b>	None		None	
<b>Skilled Nursing Facility / Convalescent Facility</b> - Pre-certification required.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>SNF Maximum:</b>	100 days / individual / year		100 days / individual / year	
<b>Spinal Disorders / Chiropractic Therapies</b>	80% after deductible	60% after deductible	100% after \$35 copay	30% after deductible
<b>Spinal Manipulation Maximum:</b>	20 visits / individual / year		20 visits / individual / year	
<b>MENTAL/NERVOUS DISORDERS / CHEMICAL DEPENDENCY</b>				
<b>Inpatient Mental/Nervous Disorders and Chemical Dependency</b> - Pre-certification required.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
<b>Per Admission Copay:</b>	\$250	\$500	\$500	\$1,000
<b>Per Admission Copay Limit</b> (all admissions):	3x / individual / year		3x / individual / year	
<b>Inpatient Mental/Nervous and Chemical Dependency Maximum (combined)</b>	45 days / individual / year		45 days / individual / year	
<b>Outpatient Mental/Nervous Disorders and Chemical Dependency</b>	80% after deductible	60% after deductible	100% after office visit or specialist copay	30% after deductible
<b>Outpatient Mental/Nervous &amp; Chemical Dependency Maximum (combined) Visits</b>	40 visits / individual / year (Only 20 of these 40 visits can be used for out-of-network providers)		40 visits / individual / year (Only 20 of these 40 visits can be used for out-of-network providers)	
<b>ROUTINE / PREVENTIVE CARE</b>				
<b>Preventive Care</b> - Includes associated laboratory and x-ray expenses; in-network and out-of-network <b>paid at 100% of allowed</b> . Subject to age and frequency limitations as set forth in the U.S. Preventive Services Task Force guidelines.	100% coinsurance; deductible waived	100% coinsurance of allowed amount, deductible waived	100% coinsurance; deductible waived	100% coinsurance of allowed amount, deductible waived

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<b>PRESCRIPTION DRUGS</b>				
<b>RETAIL CARD PROGRAM</b>				
Generic Copay	\$15	No Coverage	\$15	No Coverage
Brand-Formulary Copay	20% with \$25 min/\$75 maximum co-pay	No Coverage	20% with \$25 min/\$75 maximum co-pay	No Coverage
Brand-NonFormulary Copay	40% with \$50 min/\$125 maximum co-pay	No Coverage	40% with \$50 min/\$125 maximum co-pay	No Coverage
Aetna Specialty CareRx Copay	20% with \$25 min/\$75 maximum co-pay	No Coverage	20% with \$25 min/\$75 maximum co-pay	No Coverage
Retail Maximum Supply	30 day supply	No Coverage	30 day supply	No Coverage
<b>MAIL ORDER DRUG (MOD) PROGRAM</b>				
MOD Generic Copay	\$30	No Coverage	\$30	No Coverage
MOD Brand-Formulary Copay	20% with \$50 min/\$150 maximum co-pay	No Coverage	20% with \$50 min/\$150 maximum co-pay	No Coverage
MOD Brand-NonFormulary Copay	40% with \$100 min/\$250 maximum co-pay	No Coverage	40% with \$100 min/\$250 maximum co-pay	No Coverage
MOD Maximum Supply	31-90 day supply	No Coverage	31-90 day supply	No Coverage
<b>FAMILY PLANNING</b>				
Contraceptive Devices, Implants & Injectables	80% after deductible	60% after deductible	70% after deductible	30% after deductible
Infertility - Covers diagnosis & treatment of underlying cause only.	80% after deductible	60% after deductible	70% after deductible	30% after deductible
Infertility-Treatment other than diagnosis and underlying cause	No Coverage	No Coverage	No Coverage	No Coverage
Maternity	80% after deductible	60% after deductible	70% after deductible	30% after deductible