



BARGAINING ISSUE NO. 4 DECEMBER 2005

Benefits for Recently Bargained Employees

This Cingular Benefits Update is applicable to those current, active eligible employees of the Company covered by new agreements between the Company and CWA providing that such employees (who were previously covered under the nonbargained benefit plans of Cingular Wireless and, prior to that, the AT&T Wireless benefit plans) would transition to the National Benefits Plan for Bargained Employees, the applicable pension and 401(k) plan(s), and the appropriate leave of absence and disability benefit plans effective February 1, 2006. **This Update also includes information about benefits that are NOT part of the National Bargained Health Plan such as Short-Term Disability (STD), Long-Term Disability (LTD), 401(k), Pension Plan, and Leaves of Absence.** This Update is not applicable to any former employees who die, retire, cease active work or terminate employment prior to January 1, 2006.

This Update is a high-level summary of the key features of the various benefit plans. This does not attempt to cover all of the various provisions and limitations of the benefit plans. You should consult the applicable Summary Plan Descriptions for each of the benefit plans for more information. The Summary Plan Descriptions have been revised effective January 1, 2006. The plan documents for these benefits are the official governing authority and in the event of any inconsistency between this summary and the plan document, the plan document will govern.

This Cingular Benefits Update is designed to provide instructions on benefits enrollment and to highlight changes to your employee

benefits due to your recent transition to bargained status. These benefit changes will be effective February 1, 2006. The chart on page 2 also describes the actions you need to take to enroll in these new benefits during the special enrollment beginning January 18, 2006 for benefits effective February 1, 2006. Although you will have 31 days to enroll (January 18, 2006 – February 18, 2006), if you wait until after January 31, 2006, you will have a gap in coverage. If you make your elections after January 31 but before February 18 you will be enrolled retrospectively to February 1. However, if you have a need to use your benefits (doctor, dentist, prescription, etc.), you may have to pay for it up front and get reimbursement later once your enrollment is complete.

We urge you to **go online beginning January 18, 2006**, to the Cingular Wireless Benefits Service Center (CWBS) NetBenefits website to make your benefits choices. All of the information you need to make your benefits elections are shown on NetBenefits. Log on to <https://netbenefits.fidelity.com> and click on the **Health and Insurance** tab.

- Review your 2006 Enrollment Guide under the **Reference Library**
- To review your enrollment worksheet (benefit options and costs), click on **Go to Your Enrollments** and enroll.

In addition to this document, plan highlight charts are also included to provide more detailed plan provisions of the medical, dental and vision plans for your quick reference in making your decisions.

Benefits Overview

Healthcare Plan Eligibility

Regular full-time and part-time employees will be eligible for healthcare benefits. The contributions for medical, dental and vision coverage will be as follows:

Monthly Contributions for Full-time Bargained Employees	
Scheduled to work 40 hours	Negotiated rates through 2008. See below.
Monthly Contributions for Part-time Bargained Employees	
Scheduled to work ≥ 30 hours but < 40 hours	25% of full cost
Scheduled to work ≥ 20 hours but < 30 hours	50% of full cost
Scheduled to work < 20 hours	100% of full cost

If you fail to make an enrollment choice, you will receive the preassigned "default" coverage shown in the following chart.

Medical

Medical Plan Change

The company medical plan will be a Point of Service (POS) plan instead of the Preferred Provider Organization (PPO) plan in which you are currently eligible to participate. In certain ZIP Code areas some employees will have the option of enrolling in the Out of Area (OOA) or Blue Advantage EPO medical plan options. The major features of the POS and OOA medical options are shown in the enclosed plan highlight charts.

Full-time Employee Medical Contributions

The following employee contributions will continue through 2008 for the POS, OOA and Blue Advantage medical options:

Medical Plan – Bi-weekly Contributions for Full-Time Bargained Employees	2005 – 2008
Employee Only	\$ 6.92
Employee + One	\$13.85
Employee + Two or More	\$18.46

Regardless of whether you enroll in these bargained employee benefit plans, coverage under all nonbargained employee benefit plans, unless otherwise noted on the next page, will end at 11:59 p.m. on January 31, 2006.

Benefits for Recently Bargained Employees (cont.)

Benefits Action Chart

Benefit	Claims/Plan Administrator (Plan Administrators are not bargained but are selected by the Company.)	Action	Default Coverage <small>(If you do not make new elections in the upcoming special enrollment for the remainder of 2006 and you have 2006 coverage in the nonbargained benefit plans, you will receive the same tier of coverage (employee only, employee + 1, etc.) in the bargained benefit plans except for supplemental life insurance and spouse life insurance. If you currently have no coverage and do not enroll, you will continue to have no coverage.)</small>
NATIONAL BARGAINED PLAN BENEFITS			
Medical	UnitedHealthcare	Enroll	POS Option
Dental	CIGNA	Enroll	Fee for Service Option
Vision	Vision Service Plan (VSP)	Enroll	Vision Plan
Medical Plus	UnitedHealthcare	N/A	Current coverage
Health Care Reimbursement Account	FBD Consulting	Enroll	Current coverage
Dependent Care Reimbursement Account	FBD Consulting	Enroll	Current coverage
Basic Life Insurance	Prudential	No enrollment necessary	Enrollment is automatic. Coverage is provided at no cost to you.
Supplemental Life Insurance	Prudential	Enroll	Current coverage up to four times covered compensation
Basic AD&D Insurance	Prudential	No enrollment necessary	Enrollment is automatic. Coverage is provided at no cost to you.
Spouse Life Insurance	Prudential	Enroll	No coverage
Child Life Insurance	Prudential	Enroll	Current coverage
Long Term Care Insurance	John Hancock	Enroll	(See information in this Benefits Update.)
Tuition Reimbursement	FBD Consulting	N/A	(See information in this Benefits Update.)
Adoption Assistance	FBD Consulting	N/A	(See information in this Benefits Update.)
OTHER BARGAINED PLAN BENEFITS			
Short-Term Disability	GatesMcDonald	No enrollment necessary	Enrollment is automatic. Coverage is provided at no cost to you.
Basic Long-Term Disability	GatesMcDonald	No enrollment necessary	Enrollment is automatic. Coverage is provided at no cost to you.
Supplemental Long-Term Disability	GatesMcDonald	Enroll	Current coverage, if eligible
401(k) Savings Plan	Fidelity	Enroll	No coverage
Pension Plan	Fidelity	No enrollment necessary	Coverage is provided at no cost to you, subject to plan eligibility provisions.

Benefits Overview (cont.)

Prescription Drug Program

Your prescription drug plan will be changing. You will continue to pay coinsurance — a percentage of the price of the prescription drug when you purchase it – with certain minimums and maximums for each type of drug. This varies depending on whether you purchase your drugs at your local pharmacy (retail) or through the mail order program.

There are four categories of prescription drugs. In addition to the Generic, Formulary and Brand categories to which you are accustomed, your new plan also has a category called Personal Choice drugs. Personal Choice Drugs are those drugs for which the plan

does not provide any subsidy; however, you may purchase these drugs at 100% of the discounted price available through Caremark.

You will have an annual out-of-pocket (“OOP”) maximum limit so that, if you have prescription drug costs above that limit, the plan will pay all the costs for the remainder of the year. This helps to protect you if you have high prescription usage. Once you have paid \$1,000 out of your pocket for any one family member (or \$2,000 for all family members combined), the plan will pay the remainder of your prescription drug costs for the year. Also, a brand restriction penalty has been put in place if you purchase a brand drug when a generic is available. You will pay the greater of (a) the generic coinsurance amount plus the price difference between brand and generic or (b) the brand coinsurance amount.

Benefits Overview (cont.)

Note, however, that the maximum OOP provision does not apply to Personal Choice purchases and brand restriction penalties. Neither do these costs apply toward satisfaction of the maximum annual OOP limit. Full details are included in the enclosed Plan Highlight charts.

Behavioral Health

If you select the POS or OOA medical option, your benefits will be similar to what you have had in the past. If you select the Blue Advantage EPO medical option, your behavioral health benefits may vary since they are provided through the Blue Advantage EPO.

Dental

You will now have a choice between a Dental Fee-for-Service (FFS) option and a Dental HMO (DHMO) option.

Full-time Employee Dental Contributions

The bargained dental plan options – FFS and DHMO – do not require full-time employees to pay employee contributions for 2005 and 2006. Contributions for 2007 and 2008 are shown below.

Dental Plan Bi-weekly Contributions for Full-time Bargained Employees			
	2005-2006	2007-2008	
	FFS or DHMO	FFS	DHMO
Employee Only	\$0.00	\$0.92	\$0.46
Employee + One	\$0.00	\$1.85	\$0.92
Employee + Two or More	\$0.00	\$2.77	\$1.38

FFS Option

Type A services (routine preventive dental care such as semi-annual check-ups and cleanings) are covered at 100% of reasonable and customary (R&C) charges with no deductible. Type B services (restorative dental care such as fillings) are based on a maximum fee schedule instead of a percent of R&C charges. Other FFS dental service categories such as deductibles and annual maximums are similar to services provided in your current dental options. You must file a claim for dental expense reimbursement.

DHMO Option

Eligibility for this dental option is based on your home ZIP Code. The DHMO provides dental service through the DHMO dental network. There is no deductible charged and an unlimited annual dental maximum benefit. Dental procedures are paid on a percentage basis. You must use a DHMO provider to receive dental service.

Vision

The bargained vision plan will not require full-time bargained employees to pay employee contributions under the new bargaining contract.

The Vision Plan will continue to be administered by Vision Service Plan ("VSP") and will be very similar to the coverage that you have had in the past.

Medical Plus Plan

The Medical Plus plan is NOT a replacement for regular medical coverage. Rather, it is a supplemental plan that covers expenses for specific investigational treatments not covered by traditional health care plans. There is a \$500,000 lifetime maximum for every participant. If you elected this coverage during Annual Enrollment for 2006 your coverage will continue. If you did not elect this coverage at that time, you will be unable to do so during this special enrollment. However, you will have future opportunities to enroll on a rolling 3-year period. The next enrollment period for the Medical Plus Plan will be during Annual Enrollment for 2009.

Flexible Spending Accounts

You will continue to have access to Healthcare and Dependent Care Accounts through the Flexible Spending Account (FSA) plan. FSAs provide an opportunity to save money on a pretax basis and receive reimbursements from those savings when you incur qualified healthcare or dependent care expenses. You may enroll for either or both accounts with a minimum annual contribution of \$100 and a maximum annual contribution of \$5,000 per account. Note however that this is an annual limit per IRS regulations. Federal regulations require that FSAs are subject to a "use it or lose it" rule for each calendar year. Therefore, you will want to carefully determine how much, if any, you contribute to either account for the remainder of 2006.

Certain provisions of the Internal Revenue Code pertaining to highly compensated employees may act to limit the amount of benefits you can receive on a tax-free basis under these plans. You will be notified if this applies to you.

Life/AD&D Insurance

Some of your life and AD&D insurance benefits under the National Bargained Health Plan will be different. The following options will be available:

Basic Life Insurance	1.5 times annual covered compensation Employer paid
Basic Accidental Death and Dismemberment (Basic AD&D) Insurance	1.5 times annual covered compensation Employer paid
Supplemental Life Insurance	1-4 times annual covered compensation Employee paid
Spouse Life Insurance	5 options, Smoker/ Non-smoker rates: \$25,000 to \$200,000 Employee paid
Child Life Insurance	4 options: \$5,000 to \$20,000 Employee paid

Basic Life Insurance

The amount of Basic Life Insurance will increase from one (1) to one-and-a-half (1.5) times your annual covered compensation, rounded up to the next higher \$1,000 if not an even \$1,000. This is provided at no cost to you.

Benefits Overview (cont.)

Basic AD&D Insurance

In the nonbargained plan, you could select and pay for up to seven (7) times your annual covered compensation in Supplemental Accidental Death and Dismemberment (AD&D) Insurance. Under the National Bargained Plan, the company will provide, at no cost to you, one-and-a-half (1.5) times your annual covered compensation (rounded up to the next higher \$1,000 if not an even \$1,000) in Basic AD&D coverage. There will be no Supplemental AD&D coverage available after January 31, 2006.

Supplemental Life Insurance

The maximum amount of Supplemental Life Insurance under the new Plan will be reduced from six (6) to four (4) times your rounded annual covered compensation. You can purchase supplemental life insurance for one (1), two (2), three (3) or four (4) times your rounded annual covered compensation. Supplemental coverage is not subject to smoker/non-smoker rates. Combined basic and supplemental coverage over \$300,000 will be subject to evidence of insurability (EOI). Any required EOI will be noted in your enrollment information on NetBenefits. Note that there is a combined Basic and Supplemental Life Insurance maximum coverage of \$500,000. If you don't enroll in coverage during this special enrollment, you will receive the default coverage of the same level of coverage you had under the nonbargained plan up to a maximum of four (4) times your annual covered compensation for the remainder of 2006.

Spouse Life Insurance

You can separately purchase Spouse Life Insurance in the amounts shown in the table below. If you do not make an election, you will have no coverage for 2006. You may elect up to current coverage level without EOI. Any increase or new election will require EOI.

Spouse Life Insurance (smoker/non-smoker rates apply)	
	\$ 25,000
	\$ 50,000
	\$100,000
	\$150,000
	\$200,000

Child Life Insurance

You can separately purchase child life insurance in the amounts shown in the table below. If you do not make an election, you will have the same level of coverage that you previously elected for the remainder of 2006. No EOI is required for Child Life Insurance.

Child Life Insurance No EOI required. (the same employee contribution amount applies to any number of eligible dependent children)	
	\$ 5,000
	\$10,000
	\$15,000
	\$20,000

Long Term Care Insurance

(optional program offered by the John Hancock Life Insurance Company)

If you continued your Long Term Care (LTC) insurance with Aetna, you must pay your premiums directly to Aetna in order to continue coverage. If you enrolled in LTC insurance underwritten by John Hancock, this benefit will continue and premiums will be deducted from your payroll check. If you wish to enroll with John Hancock to participate in the legacy Orange John Hancock LTC plan beginning February 1, 2006, a Statement of Health will be required. Actual coverage options and enrollment information is available directly through the John Hancock Insurance Company. Upon enrollment, premiums will be deducted from your payroll check. This is an optional program offered by the John Hancock Life Insurance Company.

Tuition Reimbursement Program

If you are actively participating in the legacy Blue Tuition Assistance Program (TAP), all applications on file with the TAP Coordinator as of December 6, 2005, will be processed and paid through your term end date on file. In addition, if you are pursuing a degree program or major that is not an approved major and/or does not meet the stated criteria under the Cingular Wireless Tuition Reimbursement Plan, you will be **grandfathered** under this Plan, as long as you make consistent progress toward your degree. Consistent progress shall be defined as not having a break of longer than one year.

All new applications must be submitted to the Cingular Wireless Tuition Reimbursement Plan (TRP) Administrator on or after January 1, 2006, for coursework that begins on or after January 1, 2006.

Tuition reimbursement coverage will be as follows:

ANNUAL MAXIMUM	Full-time Employee (at least 40 hrs/wk)	Part-time Employee = or > 20 hrs/wk	Part-time Employee < 20 hrs/wk
Undergraduate	\$5,250	\$3,937.50	\$2,625
Post-graduate	\$5,250	\$3,937.50	\$2,625

Adoption Assistance Program

Adoption assistance for covered expenses will be provided up to a maximum of \$5,000 per adoption.

Retiree Health and Insurance Benefits

You may qualify for retiree health and insurance benefits coverage under the medical, medical plus, and dental plans when you leave the Company if you meet the "Modified Rule of 75" criteria as follows:

- 30 years of service & any age
- 25 years of service & age 50
- 20 years of service & age 55
- 10 years of service & age 65

The years of service calculation in the above rules includes your past service with AT&T Wireless.

Coverage is access only. If you elect coverage, you will pay the full cost of that coverage (100%).

THE FOLLOWING INFORMATION IS ABOUT BENEFITS THAT ARE NOT PART OF THE NATIONAL BARGAINED HEALTH PLAN.

Disability

If you are on Short-Term Disability on February 1, 2006, you will remain covered under the disability plan in effect on your initial date of disability, or if later, your date of disability relapse, until you return to work. Once you return to work, you will be transitioned to the applicable bargained disability plan and any relapse that might occur after your return to work would be covered under the terms and conditions of such plan. There are two disability plans for Cingular Wireless bargained employees.

- Employees covered by the CWA contract and benefits in District 6 and certain other bargained employees are in the Cingular Wireless Bargained Disability Benefits Plan.
- All other bargained employees are covered under the bargained disability benefits in the Cingular Wireless Non-Bargained Disability Benefits Plan. Employees in this group will not experience a change in their disability benefit options.

Short-Term Disability (STD)

Under the Cingular Wireless Non-Bargained Disability Benefits Plan, full- and part-time bargained employees scheduled to work 20 or more hours per week as classified by the Company's payroll and personnel records, are eligible for 26 weeks of STD at 100% of their base rate of pay for a minimum of two weeks up to 26 weeks based on their completed years of service times two (see chart below) after the employee has completed six months of service following their current date of hire (assuming the employee meets all plan eligibility requirements). Sales employees will also receive an average of the prior 12 months' paid commissions.

Completed Years of Service	Weeks at 100%	Weeks at 60%
> 0 < 2	2	24
≥ 2 < 3	4	22
≥ 3 < 4	6	20
≥ 4 < 5	8	18
≥ 5 < 6	10	16
≥ 6 < 7	12	14
≥ 7 < 8	14	12
≥ 8 < 9	16	10
≥ 9 < 10	18	8
≥ 10 < 11	20	6
≥ 11 < 12	22	4
≥ 12 < 13	24	2
≥ 13	26	0

Under the Cingular Wireless Bargained Disability Benefits Plan, full- and part-time employees in the District 6 contract with bargained benefits are eligible for 52 weeks of STD at 100% of their base rate of pay for a minimum of four weeks up to 52 weeks based on their completed years of service (see chart below) after the employee has completed six months of service following their current date of hire. Sales employees will also receive an average of the prior 12 months' paid commissions.

Completed Years of Service	Weeks at 100%	Weeks at 50%
> 0 < 2	4	48
≥ 2 < 5	8	44
≥ 5 < 15	13	39
≥ 15 < 20	26	26
≥ 20 < 25	39	13
≥ 25	52	0

Basic Long-Term Disability (LTD)

Both disability plans provide Basic LTD coverage at 50% of the employee's base salary (plus a commission equivalent for sales employees) after completion of the maximum weeks of approved STD coverage (as stated above), with the option to continue medical coverage at the employee rate while approved for LTD. Benefits for bargained employees under the Cingular Wireless Non-Bargained Disability Benefits Plan are subject to exclusions for pre-existing conditions.

Supplemental LTD (if eligible)

Bargained employees under the Cingular Wireless Non-Bargained Disability Benefits Plan will be able to purchase an additional 20% of coverage (for a total 70% of coverage), subject to exclusions for pre-existing conditions. If you enroll for coverage under the plan and you were not previously enrolled for Supplemental LTD coverage under the plan, a Statement of Health will be required.

Supplemental LTD coverage is not available to District 6's bargained employees eligible for coverage in the Cingular Wireless Bargained Disability Benefits Plan.

Leaves of Absence

If you are on a Leave of Absence (including Continuous FMLA) on December 15, 2005, you will remain on the Legacy Blue Leaves of Absence policy managed by GatesMcDonald until you return to work. If you take a leave after 12/15/05 you will be administered under the policy applicable to your first date of absence.

Benefits Overview (cont.)

You will be transitioned to the Cingular Leaves of Absence policy, effective February 1, 2006. Requests for leaves after December 15, 2005, will be managed by GatesMcDonald under the terms and conditions of the Cingular Leaves of Absence policy. The various leave types are detailed below:

Legacy Blue Leaves of Absence	Cingular Leaves of Absence
FMLA	FMLA
Company Medical Leave	Anticipated Disability Care of Newborn/Adopted Child Denial of Disability Expiration of Disability Maternity/Family - Puerto Rico
Military	Military Operation Noble Eagle
Other	Departmental Family Care Leave Governmental Personal Union Business

Family Medical Leave Act (FMLA)

FMLA entitlement is determined over a 12-month rolling period measured backward. If you are out on a continuous FMLA leave at time of transition, your continuous FMLA leave will be counted toward your annual FMLA entitlement until you are returned to work.

401(k) Savings Plan

Regular full-time and part-time employees will be eligible for the Cingular Wireless 401(k) Savings Plan. Participants are allowed to contribute on a before-tax or after-tax basis immediately upon hire. The Plan provides for company matching contributions of 100%

of the first 3% of employee contributions and 60% of the next 3% of employee contributions after completion of one year of service. Company matching contributions are immediately vested. You may enroll in the Plan at any time after you become an eligible employee.

If you have a balance in the AT&T Wireless 401(k) Savings Plan, your account balance will remain in that plan through the end of 2005 when it will be transferred to the Cingular Wireless 401(k) Savings Plan. You will be eligible to receive the Fixed Contribution and Profit Sharing Contribution in the Cingular Wireless 401(k) Savings Plan based on the current eligibility requirements for receipt of those additional contributions.

If you have a loan from your 401(k) account, the outstanding balance will be transferred to the Cingular Wireless 401(k) Savings Plan and your loan payments will continue through payroll deduction. You will have access to the plan through Fidelity's NetBenefits website or by calling the Cingular Wireless Service Center at 1-877-421-5225.

Pension Plan

Regular full-time and part-time employees will be eligible for the Cingular Wireless Pension Plan (cash balance plan) or the Cingular Wireless Bargained Pension Plan (pension bands plan). Your respective bargaining district will determine in which plan you are eligible to participate.

You become a plan participant on the day after you complete one year of service. You are 100% vested after you complete five years of service. As previously communicated to you as part of the merger communications, your AT&T Wireless service will count towards the service requirements for eligibility and vesting purposes. See the Summary Plan Description for these pension plans for more detailed information.

Have Benefit Questions?

There are several ways to get answers to your benefit questions. The following resources provide all of the details you will need to make an informed decision.

The online Summary Plan Descriptions (SPDs) reflect the National Bargained Health Plan, disability, pension and 401(k) plan provisions as well as the terms of the leaves of absence policy. The SPDs will be available online to you after January 18, 2006, and can be accessed at My-Cingular home page → Benefits (in the HR section) → Summary Plan Descriptions → Cingular Benefits Details. Upon reaching this site, you can enter your CUID to access the SPDs applicable to you. You can also access this site at <http://www.cingularbenefitsdetails.com/>.

Call the Claims Administrators with any questions you have about specific benefit coverages. Telephone numbers for the Claims Administrators are listed on the enclosed comparison charts. These telephone numbers and vendor websites can also be found by logging onto NetBenefits – click on the 'Health and Insurance' tab at the top of the screen, then click on 'Who To Contact' in the bottom left corner.

Call the Cingular Wireless Benefits Service Center (CWBSC) at 1-877-421-5225 with any questions regarding enrollment and eligibility. Representatives are available business days (excluding holidays recognized by the New York Stock Exchange), between 8:30 am and midnight, Eastern Time.

Benefits Enrollment

All of your enrollment information is online at NetBenefits. Log on to the NetBenefits website beginning January 18 or call the CWBSC at 1-877-421-5225 to make your plan elections. Review your personal enrollment information on NetBenefits very carefully because it lists the healthcare and life insurance benefit options available and the payroll deduction costs.

To access NetBenefits, go to the my-cingular home page and click on NetBenefits in the HR section; or from home go to <https://netbenefits.fidelity.com>. You will find your enrollment information in the **Health and Insurance** tab in NetBenefits by clicking on **Go to Your Enrollments**.

It is your responsibility to enroll by going online or calling the CWBSC by the deadline; otherwise, you will receive default coverage as shown on page 2.

Healthcare

You must make a selection for all types of coverage except the Company-provided Life Insurance, AD&D Insurance, STD and LTD. If you fail to make an enrollment choice, you will receive the pre-determined default coverage. Coverage under your nonbargained healthcare benefits will end effective January 31, 2006.

Life Insurance, AD&D, STD and Basic LTD

Basic Life, AD&D, STD and Basic LTD coverage are automatic and require no contributions. For Supplemental and/or Spouse Life Insurance, EOI may be required. If you don't enroll by the

enrollment deadline shown on page 1 of your online personal information on NetBenefits, you can enroll in the future; however, you and/or your spouse/RDP will be required to submit EOI before coverage is effective.

The information herein is only a summary of certain provisions of the benefit plans and programs of Cingular Wireless and its affiliates and subsidiaries. The terms of the actual plan documents and programs shall govern in all cases notwithstanding any provisions of this document. Cingular and its affiliates and subsidiaries reserve the unilateral right to amend, modify or terminate any of their benefit plans at any time for any reason without notice, subject to the pertinent restrictions of any applicable collective bargaining agreements with respect to bargained-for employees. Any changes or modifications can be applied to all participants or only to certain groups, such as former employees or retirees. This reservation also includes the right to change the amount of any required employee, former employee, dependent, survivor or retiree contributions or premiums before or after the date of the individual's termination of employment. Nothing shall be deemed or construed as a lifetime right to any level of benefits. This means, for example, that no individual will acquire a lifetime right to a certain level of benefits because that level of benefits was in place at the time of his or her retirement.

Plan Details for Fee for Service (Cigna Dental)

Hours 8:00 a.m.-9:00 p.m. EST
(automated interactive voice response systems to locate dentist available 24/7)

Phone Number 1-888-919-5225

Web Address www.mycigna.com or www.cigna.com if not currently enrolled

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions	
Dental Deductibles/Benefit Maximum	
Annual Maximum Benefits (excludes orthodontia benefits)	\$1,300 per person
Annual Deductible – Individual	\$25 per person
Preventive Care	
Type A Services, Preventive	100% of R&C, no deductible
Minor Restorative Care	
Type B Services	Scheduled payment by procedure code
Orthodontia	
Orthodontia Treatment	Scheduled payment by procedure code
Orthodontia Lifetime Maximum	\$1,400

Plan Details for DHMO (Cigna Dental)

Hours 8:00 a.m.-9:00 p.m. EST
(automated interactive voice response systems to locate dentist available 24/7)

Phone Number 1-888-919-5225

Web Address www.mycigna.com or www.cigna.com if not currently enrolled

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions	
Dental Deductibles/Benefit Maximum	
Annual Maximum Benefits (excludes orthodontia benefits)	Unlimited
Annual Deductible – Individual	None
Annual Deductible – Family	None
Preventive Care	
Type A Services, Preventive	100%
Minor Restorative Care	
Type B Services	75%
Orthodontia	
Orthodontia Treatment	60%
Orthodontia Lifetime Maximum	Limited by contract

Plan Details for Cingular POS (Medical)

Hours 8:00 a.m.-8:00 p.m. Monday-Friday
all time zones

Phone Number 1-866-501-3068

TTY 1-800-545-6751

Web Address www.myuhc.com

Network Name UnitedHealthcare Choice Plus

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions	In Network	Out of Network
Medical Coinsurance/Copay/Deductibles/Benefit Maximum		
Office Visits – Preventive	100% after \$15 copay	80% of R&C after annual deductible
Office Visits – Diagnostic	100% after \$15 copay	80% of R&C after annual deductible
Office Visits – Specialist	100% after \$15 copay	80% of R&C after annual deductible
Annual Medical Deductible – Individual	None	\$430
Annual Medical Deductible – Family	None	\$1,290
Annual Out-of-Pocket Maximum – Individual	None	\$2,430
Annual Out-of-Pocket Maximum – Family	None	\$5,290
Lifetime Benefit Maximum	Unlimited	Unlimited
Prescription Drugs – The Prescription Drug benefit is administered by Caremark. Please contact Caremark at 1-800-388-2085, Monday-Friday: 7:00 a.m.-9:00 p.m. (Saturday: 8:00 a.m.-12:00 p.m.) for all time zones, for prescription drug questions. Website – www.caremark.com		
Retail	Up to a 30-Day Supply – Generic: 15% coinsurance; Formulary: 20% coinsurance; Brand/Non-Formulary: 30% coinsurance; Personal Choice Drugs: 100% of discounted price. See Note(s) column for Minimum and Maximum coinsurance amounts. (SEE NOTE)	Up to a 30-Day Supply. You will receive a lesser benefit when you use a non-network pharmacy. You must pay the full cost of the drug and then file a claim for reimbursement. (SEE NOTE)
Annual Prescription Drug Benefit Maximum	\$1,000 per person/\$2,000 family per year then prescriptions, other than personal choice drugs and the brand drug restriction penalties, are paid 100% for balance of the year; purchase of personal choice drugs does not apply toward your out-of-pocket max.	\$1,000 per person/\$2,000 family per year then prescriptions, other than personal choice drugs and the brand drug restriction penalties, are paid 100% for balance of the year; purchase of personal choice drugs does not apply toward your out-of-pocket max.
Mail Order Service	Up to a 90-Day Supply – Generic: 15% coinsurance; Formulary: 20% coinsurance; Brand/Non-Formulary: 30% coinsurance; Personal Choice Drugs: 100% of discounted price. See Note(s) column for Minimum and Maximum coinsurance amounts. (SEE NOTE)	Must use Caremark for mail service benefits.
Note(s)	<ul style="list-style-type: none"> • Retail (In Network) – Employee is subject to a minimum and maximum coinsurance. Generic: \$10 min/\$25 max; Formulary: \$20 min/\$60 max; Brand/Non-Formulary: \$30 min/\$80 max 	
	<ul style="list-style-type: none"> • Retail (Out of Network) – Receive a lesser benefit when you use non-network pharmacies. Must file a claim for reimbursement. 	
	<ul style="list-style-type: none"> • Mail Order Service (In Network) – Employee is subject to a minimum and maximum coinsurance. Generic: \$15 min/\$50 max; Formulary: \$30 min/\$70 max; Brand/Non-Formulary: \$45 min/\$90 max 	
	<ul style="list-style-type: none"> • Prescription Drugs – (Personal Choice Drugs) – Can purchase most drugs not covered under your prescription drug plan at 100% of Caremark’s discounted price. (Brand Restriction Penalty) If you or your doctor wish to have a brand drug filled when a generic is available, you will pay the generic coinsurance amount and the cost difference between the brand and generic drug or the brand coinsurance amount. 	



Plan Provisions (cont.)	In Network	Out of Network
Inpatient Services Inpatient Hospital Services	100% after \$35 copay	80% of R&C after annual deductible
Outpatient Services Emergency Room	100% after \$100 copay (copay waived if admitted)	80% of R&C after \$100 copay and annual deductible (copay waived if admitted)
Outpatient Surgery	Please contact UnitedHealthcare	Please contact UnitedHealthcare
Maternity Care	\$15 copay for first visit only and then 100% for standard pregnancy care.	80% of R&C after annual deductible
Home Health Care	100% (non-custodial only)	80% of R&C after annual deductible (non-custodial only); 60 visit maximum (\$50 per visit maximum)
Urgent Care	100% after \$50 copay	80% of R&C after \$50 copay and annual deductible
Diagnostic Lab and X-Ray	100% after \$15 copay	80% of R&C after deductible
Mental Health / Substance Abuse – Mental Health and Substance Abuse Services are administered by United Behavioral Health (UBH). Please contact United Behavioral Health at 1-800-538-8101 or www.liveandworkwell.com for more information. All Services must be precertified.		
Mental Health Inpatient	Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 100% after \$35 per admission copay; Dollar Limits: None; Lifetime Limits (Days of Treatment): None	Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 50% of R&C; Dollar Limits: \$300 max per day/max 20 days per year; Lifetime Limits (Days of Treatment): None
Mental Health Outpatient	Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 100% MD, 80% other providers; Dollar Limits: 20 visit annual limit; Lifetime Limits (Days of Treatment): None	Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 50% MD, 80% other providers; Dollar Limits: 20 visit annual limit; \$50 maximum per MD visit; \$60 max for other providers; Lifetime Limits (Days of Treatment): None
Note(s)	Mental Health/Substance Abuse – All services must be precertified – Emergency admissions must be notified within 24 hours	
Other Services Licensed Chiropractor	100% after \$15 copay	80% of R&C after annual deductible
Physical, Speech or Occupational Therapy	100% after \$15 copay	80% of R&C after annual deductible

Coverage Information	
PCP Required	No
PCP Referral Required to Visit Network Specialist	No
PCP Referral Required to Visit Network OB/GYN	No



Plan Details for UnitedHealthcare Out of Area (Medical)

Hours 8:00 a.m.-8:00 p.m. Monday-Friday
all time zones

Phone Number 1-866-501-3068

TTY 1-800-545-6751

Web Address www.myuhc.com

Network Name UnitedHealthcare Options
PPO NOTE: You may use any licensed provider as defined by the plan

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions	
Medical Coinsurance/Copay/Deductibles/Benefit Maximum	
Office Visits – Preventive	80% of R&C after annual deductible
Office Visits – Diagnostic	80% of R&C after annual deductible
Office Visits – Specialist	80% of R&C after annual deductible
Annual Medical Deductible – Individual	\$200
Annual Medical Deductible – Family	\$600
Annual Out-of-Pocket Maximum – Individual	\$1,200
Annual Out-of-Pocket Maximum – Family	\$3,600
Lifetime Benefit Maximum	Unlimited
Prescription Drugs – The Prescription Drug benefit is administered by Caremark. Please contact Caremark at 1-800-388-2085, Monday-Friday: 7:00 a.m.-9:00 p.m. (Saturday: 8:00 a.m.-12:00 p.m.) for all time zones, for prescription drug questions. Website - www.caremark.com	
Retail	Up to a 30-Day Supply – Generic: 15% coinsurance; Formulary: 20% coinsurance; Brand/Non-Formulary: 30% coinsurance; Personal Choice Drugs: 100% of discounted cost. Receive a lesser benefit when you use a non-network pharmacy. (SEE NOTE)
Annual Prescription Drug Benefit Maximum	\$1,000 indiv./\$2,000 family per year then prescriptions, other than personal choice drugs and brand drug restriction penalties, are paid 100% for the balance of the year; For personal choice drugs, the purchase does not apply toward out-of-pocket maximum.
Mail Order Service	Up to a 90-Day Supply – Generic: 15% coinsurance; Formulary: 20% coinsurance; Brand/Non-Formulary: 30% coinsurance; Personal Choice Drugs: 100% of discounted cost. Must use Caremark for mail service benefits. (SEE NOTE)
Note(s)	<ul style="list-style-type: none"> • Retail – Employee is subject to a minimum and maximum coinsurance: Generic: \$10 min/\$25 max; Formulary: \$20 min/\$60 max; Brand/Non-Formulary: \$30 min/\$80 max • Mail Order Service – Employee is subject to a minimum and maximum coinsurance: Generic: \$15 min/\$50 max; Formulary: \$30 min/\$70 max; Brand/Non-Formulary: \$45 min/\$90 max • Prescription Drugs –(Personal Choice Drugs) Can purchase most drugs not covered under your prescription drug plan at 100% of Caremark’s discounted price. (Brand Restriction Penalty) If you or your doctor wish to have a brand drug filled when a generic is available, you will pay the generic coinsurance amount and the cost difference between the brand and generic drug or the brand coinsurance amount.





Plan Provisions (cont.)	
Inpatient Services Inpatient Hospital Services	100% of R&C after \$35 copay & annual deductible, first 120 days
Outpatient Services Emergency Room	100% of R&C after \$100 copay and annual deductible (copay waived if admitted)
Outpatient Surgery	Contact UnitedHealthcare
Maternity Care	\$15 copay for first visit only and then 100% for standard care
Home Health Care	100% (non-custodial only)
Urgent Care	100% of R&C after \$50 copay and annual deductible
Diagnostic Lab and X-Ray	100% after annual deductible
Mental Health / Substance Abuse — Mental Health and Substance Abuse Services are administered by United Behavioral Health (UBH). Please contact United Behavioral Health at 1-800-538-8101 or www.liveandworkwell.com for more information. All Services must be precertified.	
Mental Health Inpatient	In Network: Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 100% after \$35 per admission copay; Dollar Limits: None; Lifetime Limits (Days of Treatment): None Out of Network: Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 50% of R&C; Dollar Limits: \$300 max per day; maximum 20 days per year Lifetime Limits (Days of Treatment): None
Mental Health Outpatient	In Network: Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 100% MD 80% other providers; Dollar Limits: 20 visit annual limit; Lifetime Limits (Days of Treatment): None Out of Network: Deductible: None; Max Out of Pocket: None; Copayments/coinsurance: 50% MD 80% other providers; Dollar Limits: 20 visit annual limit; \$50 maximum per MD visit; \$60 maximum for other providers; Lifetime Limits (Days of Treatment): None
Note(s)	Mental Health / Substance Abuse – All services must be precertified – Emergency admissions must be notified within 24 hours
Other Services Licensed Chiropractor	80% of R&C after annual deductible
Physical, Speech or Occupational Therapy	80% of R&C after annual deductible

Coverage Information	
PCP Required	No
PCP Referral Required to Visit Network Specialist	No
PCP Referral Required to Visit Network OB/GYN	No



Plan Details for Vision Service Plan

Hours Monday-Friday: 6:00 a.m.-6:00 p.m. PST

Phone Number 1-800-877-7195

TTY 1-800-428-4833

Web Address www.vsp.com

Vision Card No Card

Details on this page represent a summary for this plan. For further information, call the carrier directly at the number listed in Member Services.

Plan Provisions	In Network	Out of Network
Vision Coinsurance/Copay/Deductibles/Benefit Maximum Exam Coverage Information	Covered once every calendar year for the employee; covered every 2 calendar years for their dependents	Covered once every calendar year for the employee; covered every 2 calendar years for their dependents
Annual Eye Exam Copay	\$15 copay	up to \$28
Frames/Lenses Lenses Coverage Information	Covered once every calendar year for the employee; covered once every 2 calendar years for their dependents	Covered once every calendar year for the employee; covered once every 2 calendar years for their dependents
Lenses – Single Vision	Covered in full less non-covered lens options	up to \$30
Lenses – Bifocal	Covered in full less non-covered lens options	up to \$52
Lenses – Trifocal	Covered in full less non-covered lens options	up to \$72
Lenses – Lenticular	Covered in full less non-covered lens options	up to \$80
Frames	Covered once every 2 calendar years; Frame of your choice is covered up to \$120 plus 20% off any additional out-of-pocket costs	Covered once every 2 calendar years up to \$30
Contact Lenses – Elective	Covered up to \$75 once every calendar year for the employee and once every 2 calendar years for dependents (in lieu of lenses of frame)	Covered up to \$75 once every calendar year for the employee and once every 2 calendar years for dependents (in lieu of lenses of frame)
Frequency of Frames	Covered once every 2 calendar years	Covered once every 2 calendar years
2nd Pair Benefit	\$30 Copay (Exam not covered); 2nd pair covered once every 2 calendar years for lenses and frames for both employee and dependents	2nd pair covered once every 2 calendar years for both employee and dependents. (Exam not covered)

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BENEFITS update

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