

SUMMARY OF MATERIAL MODIFICATIONS JOINT BENEFIT TRUST 1400 HOUR PLAN JANUARY 1, 2010

This pamphlet summarizes changes made to your Plan since the publication of your Summary Plan Description (SPD) dated January 1, 2007. It is intended as a supplement to your SPD.

These Plan changes were made to encourage more active participation in your health care in order to improve your health status while helping to control medical costs. Please take the time to read and understand all of the Plan changes described here and note that these changes do not all take effect on the same date. Understanding your benefits and actively participating in your own wellness is an important step in improving and maintaining your health while also helping to manage costs. You should keep this summary of Plan changes with your SPD and refer to it whenever you have questions about your Plan.

If you need further explanation, please call JBT's Customer Service department at 1-800-JBT-HELP or 1-800-528-4357.

PLAN CHANGES

MY Health IQ (MHIQ) Wellness Screening Program

Starting in the spring (and continuing through the fall) 2010, JBT will begin offering an annual biometric screening program for every JBT-eligible 1400 Hour employee and his/her spouse. For employees, the testing, which requires fasting, will take place at each plant location. Testing for spouses will be at various locations to be announced prior to testing. Employees and spouses who participate in the testing will receive a comprehensive report along with a health risk score, which is an indication of your health status. Participants who are determined to have or be at high risk for developing a chronic disease or having a significant medical event such as hospitalization, will be entitled to participate in a Lifestyle Management Program to help reduce that risk. The annual MHIQ Screening Program will replace the tri-annual Health Check-Up Program.

Voluntary Participation. During 2010, participation in the MY Health IQ Screening Program will be voluntary.

Required Participation. During 2011, employees who choose not to participate in the MY Health IQ Screening Program will be required to contribute toward the cost of their health coverage beginning January 1, 2012. The dollar amount of the contribution will be determined by the JBT Board of Trustees. To avoid making the required contribution in subsequent years, employees should choose to take the MHIQ Screening test each year.

Enhanced Benefits for Participating in the MY Health IQ Screening

When you and your spouse take the MHIQ test, the Plan will pay the following preventive care services in full – you pay nothing if you are in JBT’s Indemnity Medical Plan.*

- **Cancer screening tests**
 - Annual gynecological exam and pap smear
 - Fecal occult blood test – once every 5 years starting at age 50
 - Screening Colonoscopy – once every 5 years starting at age 50
- **Annual Flu shot** – starting at age 50
- **Pneumonia Immunization** – once every five years beginning at age 50, limited to a lifetime maximum of two.

You will be eligible for these enhanced benefits two months after you complete MHIQ screening and your eligibility will continue for 12 months thereafter. For example, if you take the MHIQ test in February 2010, your enhanced benefits will be available from April 1, 2010 through March 31, 2011.

You and your spouse must each take the MHIQ test to receive benefits. If you take the test but your spouse does not, only you will be eligible for the enhanced benefits; your spouse will not.

*Enhanced benefits will be available only if you are covered under JBT’s Indemnity Medical Plan and you use an Anthem Blue Cross preferred provider. If you are covered under an HMO, you should follow the guidelines of your HMO.

Reduction in Prescription Drug Copayments (For Participation in Chronic Disease Management Program)

The Trust has contracted with Healthways, a chronic disease management company, to provide patient support and lifestyle coaching for members who have chronic health conditions. Effective January 1, 2010, if you or one of your eligible family members is diagnosed and under treatment for one of the following chronic conditions and agree to participate in the Chronic Disease Management (CDM) Program, you will be eligible for reduced prescription drug copayments.

Chronic Conditions Eligible for Reduced Prescription Drug Copayments:

- Diabetes
- Congestive heart failure
- Coronary heart disease
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Oncology
- Atrial Fibrillation
- Hepatitis C
- Osteoarthritis

- Inflammatory Bowel Disease

If you participate in two phone “care” calls with a Healthways nurse in a 12-month period, you will meet the participation criteria and be eligible for reduced prescription drug copays as follows:

	Copay <u>without</u> Participation in CDM	Copay <u>with</u> Participation in CDM
Retail		
Generic	\$10	\$0
Brand	\$20	\$10
Non-Preferred	\$35	\$25
Mail Order		
Generic	\$20	\$0
Brand	\$40	\$20
Non-Preferred	\$70	\$50

Your copay reduction will begin two months after you complete your second successful phone call with Healthways during any 12 consecutive month period; however, participants diagnosed with one of the eligible chronic conditions listed above who successfully completed two calls with Healthways during 2009, will be entitled to the reduced prescription drug copayment beginning January 1, 2010 and continuing throughout calendar year 2010. Continued eligibility for reduced drug copays requires that you participate in two phone “care” calls with a Healthways nurse annually.

The Fund Office will notify you when you meet the participation criteria and will advise you of both the beginning and end dates of the copay reduction period.

Increase in Dental Table of Allowances

Effective August 1, 2009, the allowances for covered dental procedures were increased by an average of 3%. The calendar-year deductible remains the same at \$50 per individual or \$100 per family. The annual maximum benefit payable per person is still \$1,500.

The new Table of Allowances pamphlet, as well as a new Participating Dentist Directory, were recently mailed to you. If you did not receive them, please contact the Fund Office for copies.

Increased Mammography Benefit

The Trust has approved an increase in the annual mammography benefit to a maximum of \$100 effective July 1, 2009. JBT’s Indemnity Medical Plan will cover an annual mammogram (once every 12 months) for females who have reached age 40.

Although participants may use any radiology provider of their choice, the Trust has contracted with radiology providers throughout Northern California who have agreed to

accept JBT's payment as payment in full. This mammography network is separate from the Blue Cross network. Please call the Fund Office if you need a copy.

Increased Lifetime Maximum Benefits

Effective July 1, 2009, the lifetime maximum benefit under the Indemnity Medical Plan has been increased from \$1 million per person for medical expenses to \$1.5 million per person for medical and prescription drug expenses combined.

This document is a Summary of Material Modification (SMM) as required by the Employee Retirement Income Security Act (ERISA) of 1974. It provides a summary of the changes to the benefits for eligible 1400 Hour employees.

This document does not guarantee continued employment or benefits. In addition, the Board of Trustees reserves the right to change or end the Plan. The Board of Trustees may modify or end the Plan by a formally approved resolution at a regularly constituted Trustee meeting held in accordance with the Trustees' established process.