



## **2009 Retiree Health Care News**

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## ❖ What's New Effective January 1, 2009

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### Dental

- 2009 *Standard Dental Option* premiums are decreasing for retiree dental benefits.
- The *Standard Dental Option* will cover both composite and amalgam fillings.
- Dental benefits for services performed by MetLife Preferred Dentists will be based on the negotiated price that the dentist has agreed to accept as payment in full.

### General Medical News

- Most 2009 medical premiums are the same or lower than they were in 2008.
- The herpes zoster (shingles) vaccine is being added to the list of covered preventive tests and immunizations for adults age 60 and older.

### Chiropractic Services

- In addition to x-rays and manipulations of the spine, covered chiropractic services are being expanded to include therapeutic procedures and activities, traction, and electrical stimulation. To be covered, services must be medically necessary and restorative in nature. Services that are considered “maintenance services” are excluded from coverage.
- Chiropractic benefits will have an annual per-person maximum of \$1,000 of benefits paid by the plan which applies to all services performed by a chiropractor.

### New Three-Tier Prescription Drug Benefit

- **Generic** drugs have the same active ingredients, in the same strength, as their brand-name counterparts, and meet the same standards that the U.S. Food and Drug Administration requires of brand-name drugs.
- **Preferred** brand drugs, also known as *formulary* drugs, are safe, effective brand-name prescription drugs that are available for a lower cost than some competing brand-name drugs.
- **Non-preferred** brand drugs, also known as *non-formulary* drugs, are brand-name drugs that have lower-cost alternatives available.

2009 Prescription Drug Tiers	Retail Cost (30-Day Supply)	Mail Order Cost (90-Day Supply)
Deductible	\$295/individual	
Generics	25%, \$7 min, \$100 max	25%, \$16 min, \$100 max
Preferred Brands	25%, \$20 min, \$100 max	25%, \$45 min, \$100 max
Non-Preferred Brands	45%, \$20 min, \$100 max	45%, \$45 min, \$100 max
Annual Stop-Loss	\$2,500/individual (in-network)	

### Other Prescription Drug News

- The annual prescription drug deductible, which applies toward the annual prescription stop-loss, is increasing by \$20. The new deductible will be \$295 per person, per year. The new amount aligns with the Medicare Part D deductible set forth by the federal government, which is indexed to increase each year.
- Anyone turning age 65 in 2009 will need to meet a separate additional \$295 per-person prescription deductible once they become eligible for Medicare. Pre-Medicare prescription deductible amounts cannot be combined with the Medicare Part D deductible.

## ❖ 2009 Dental Premiums and Options

### Dental premiums have decreased.

Based on recent retiree dental claims experience, dental premiums for the *Standard Dental Option* have been lowered\*.

**Remember that you have a choice of dental options.** Retirees may elect to switch from the *Standard Dental Option* to the *Limited Dental Option* after participating in the *Standard Dental Option* for at least twelve months. If you elect to switch from the *Standard Dental Option* to the *Limited Dental Option* (which covers only preventive and diagnostic care, not restorative services), you cannot reinstate your *Standard Dental Option* coverage later. If you wish to switch to the *Limited Dental Option*, call the MyInfo Service Center toll-free at 1-877-MYINFO4 (1-877-694-6364). You can speak to an Employee Service Representative Monday through Friday, between the hours of 7:00 a.m. and 7:00 p.m. Eastern Time (excluding holidays).

Monthly Dental Premiums for Retirees*			
Coverage Levels	Standard Comprehensive Coverage		Limited Coverage
	2008	2009	2009
You Only	\$16.50	\$14.75	\$0.00
You + Spouse	\$32.00	\$29.00	\$0.00
You + Child(ren)	\$30.25	\$25.00	\$0.00
You + Family	\$46.00	\$40.00	\$0.00

\* The prices shown above, and the reference to the left of this chart, apply only to retirees receiving an unreduced DuPont pension. Individuals receiving a reduced pension will pay higher amounts.

### Dental Plan Benefits Information

The *Standard Dental Option* covers both composite and amalgam fillings. In the past, the same scheduled benefit applied to both types of fillings. Beginning January 1, 2009, different benefit amounts will apply to amalgam fillings and composite fillings. The American Dental Association continues to consider amalgam fillings to be safe; however, composite fillings are now used by many dentists.

As of January 1, 2009, there will be a revision to how the dental plan reimburses in-network claims for restorative services under the *Standard Dental Option*. Restorative services include fillings, dentures, crowns, bridges, and similar dental repair. When you visit a dentist participating in MetLife's Preferred Dentist Program (PDP), any restorative services will be reimbursed at 50% of the discounted PDP fee. If you use a dentist not participating in MetLife's PDP, your benefit is based on a fee schedule that approximates 50% of the average amount charged for that procedure by dentists in that geographic area.

MetLife, the claims administrator, offers a network of preferred dentists. You have the option of receiving care from any dentist and receiving the benefits shown in the chart on the next page. However, MetLife-preferred dentists may save you money, because they agree to accept the lower of the MetLife negotiated rates, or the reasonable and customary (R&C) rate. Then, you will not be billed for any amounts over the allowed rate. For a listing of MetLife preferred dentists in your area, call MetLife at 1-888-883-0052 or visit their website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

The following chart outlines the benefits available to participating DuPont retirees and their covered dependents.

<b>Retiree Dental Plan Options</b>	<b>Standard</b> <i>Comprehensive Coverage</i>	<b>Limited</b> <i>Preventive &amp; Diagnostic Coverage</i>
Preventive and Diagnostic Services • 2 cleanings and exams per year • Dental x-rays	100% R&C <sup>1,2,3</sup>	100% R&C <sup>1,2,3</sup>
<b>Restorative Care</b> • Bridges, crowns, and dentures • Fillings • Root canals • Extractions and oral surgery • Other covered dental services	Approximately 50% <sup>2,3</sup>	None
<b>Orthodontia</b> (child)	\$1,200/lifetime	None
<b>Annual Individual Maximum</b>	\$1,100	\$500

<sup>1</sup> R&C amounts are based on the 90<sup>th</sup> percentile, which means that 90% of the providers in a geographic area charge no more than the R&C amount, and 10% charge more than that amount.

<sup>2</sup> The benefit for the PDP Network Dentist is determined by the network negotiated amount.

<sup>3</sup> The benefit for the out-of-network dentist is based on the scheduled amount.

## ❖ 2009 Medical Premiums and Options: Good News!

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Careful use of medical services and cost-conscious prescription drug buying by retirees have contributed to the favorable plan premiums for 2009.

### Pre-Medicare Retirees

**Medical premiums are unchanged for 2009.** Exceptions apply for those who cover a Medicare-eligible dependent. Refer to the charts on this page for more information.

<b>Monthly Medical Premiums*</b>		
<b>Pre-Medicare Retirees and Survivors</b>		
<b>Coverage Levels</b>	<b>2008</b>	<b>2009</b>
You Only	\$165.50	\$165.50
You + Spouse	\$331.00	\$331.00
You + Child(ren)	\$221.25	\$221.25
You + Family	\$391.00	\$391.00

\* The prices shown above apply only to retirees receiving a regular DuPont pension. Individuals receiving a reduced pension will pay higher amounts.

**Note:** If you are covering a Medicare-eligible spouse, your spouse can only be covered in the DuPont medical plan if they are not enrolled in a public Medicare Part D plan. The DuPont prescription drug coverage qualifies as a Medicare Part D plan, and Medicare does not permit an individual to be enrolled simultaneously in two Medicare Part D plans.

## Medicare-Eligible Retirees

**Medical Only option:** There is no premium increase for 2009 unless you cover a dependent that is not Medicare eligible.

**Medical Plus Prescription option:** There is a decrease in premiums for 2009. For each covered Medicare-eligible individual, \$39.31 of the *Medical Plus Prescription* premium will go toward the plan's Medicare D coverage in 2009. This amount was

reviewed and approved by Medicare. The remainder of the premium goes toward the share of your medical and prescription benefits that exceeds the standard Medicare Part D benefits.

Monthly Medical Premiums: Medicare-Eligible Retiree/Survivor*				
Coverage Levels	Medical Only		Medical Plus Prescription	
	2008	2009	2008	2009
You Only	\$5.00	\$5.00	\$80.31	\$71.20
You + Spouse (2 Medicare)	\$10.00	\$10.00	\$160.63	\$142.40
You + Spouse (1 Medicare)	\$138.75	\$140.71	\$245.81	\$236.70
You + Child(ren)	\$20.00	\$18.75	\$97.86	\$84.95
You + Family (2 Medicare)	\$26.25	\$25.06	\$179.58	\$157.46
You + Family (1 Medicare)	\$155.00	\$155.77	\$264.77	\$251.76

\* The prices shown above apply to retirees receiving a regular DuPont pension. Individuals receiving a reduced pension will pay higher amounts.

## ❖ Medical Cost-Sharing Policy

DuPont continues to pay a substantial portion of the medical expenses for retirees and their covered dependents. As announced in 2002, the Company has set limits on the amount it will pay toward retiree medical plan costs. Those limits have not been reached. The rates for 2009 reflect the Company's medical plan retiree cost-sharing policy, which is to share changes in medical cost equally between the Company and participating retirees, until the Company limits shown above are reached.

DuPont Per Retiree/Per Year Cost-Sharing Limits		
Pre-Medicare Retirees	Medicare-Eligible Retirees	
<i>Comprehensive</i>	<i>Medical</i>	<i>Prescription</i>
\$9,000	\$1,600	\$1,000

## ❖ Information about Your Medical Plan Benefits

Managed Care POS for pre-Medicare retirees and dependents continues to require the use of a named Primary Care Physician as your first source of care. Referrals are needed before seeing a specialist. **Please refer to the chart on the following page for at-a-glance details about your 2009 medical plan benefits.**

For information on mental health benefits, refer to the Summary Plan Description available on the DuPont Retiree Benefits Website at [www.retiree.dupont.com](http://www.retiree.dupont.com).

2009 Medical Plan Benefits at a Glance	Managed Care POS For Pre-Medicare Retirees		Indemnity for Medicare-Eligible Retirees and Pre-Medicare Retirees Living Outside the Managed Care POS service area
	In-Network	Out-of-Network	Secondary Coverage to Medicare
<b>Deductible</b>	N/A	\$500/individual; \$1,000/family	\$500/individual; \$1,000/family
<b>Covered Preventive Care</b>	100% R&C* after \$20 office visit copay	100% R&C* for tests/ immunizations; 70% R&C* after deductible for associated office visit	100% R&C* for tests/immunizations; 80% R&C* after deductible for associated office visit
<b>Office Visits</b>	\$20 copay	70% R&C* after deductible	80% R&C* after deductible
<b>Outpatient Lab, X-Ray, and Other Services</b>	90%	70% R&C* after deductible	80% R&C* after deductible
<b>Inpatient Care</b>	90%	70% R&C* after deductible	80% R&C* after deductible
<b>Medicare Part B Prescription Drugs</b>	N/A	N/A	80% after deductible
<b>Stop-Loss</b>	\$1,600/ individual; \$3,200/family	N/A	\$1,600/individual; \$3,200/family
2009 Prescription Drug Program	Managed Care POS		Indemnity Medical Plus Prescription
<b>Deductible</b>	\$295/individual		\$295/individual
<b>Mail:</b> (90 Days) Generic Preferred Brand Non-Preferred Brand <sup>1</sup>	25% coinsurance, \$16 min, \$100 max 25% coinsurance, \$45 min, \$100 max 45% coinsurance, \$45 min, \$100 max		25% coinsurance, \$16 min, \$100 max 25% coinsurance, \$45 min, \$100 max 45% coinsurance, \$45 min, \$100 max
<b>Retail:</b> Non-maintenance Rx (30 Days) Generic Preferred Brand Non-Preferred Brand <sup>1</sup>	25% coinsurance, \$7 min, \$100 max 25% coinsurance, \$20 min, \$100 max 45% coinsurance, \$20 min, \$100 max		25% coinsurance, \$7 min, \$100 max 25% coinsurance, \$20 min, \$100 max 45% coinsurance, \$20 min, \$100 max
<b>Retail<sup>2</sup>:</b> Maintenance Rx (30 Days) Generic Preferred Brand Non-Preferred Brand	45% coinsurance, \$45 minimum 45% coinsurance, \$45 minimum 45% coinsurance, \$45 minimum		45% coinsurance, \$45 minimum 45% coinsurance, \$45 minimum 45% coinsurance, \$45 minimum
<b>Prescription Stop-Loss</b>	\$2,500/individual for medications purchased in network <sup>3</sup>		\$2,500/individual for medications purchased in network <sup>3</sup>

\*Reasonable & Customary (R&C)

<sup>1</sup> If you choose a brand-name drug for which a generic equivalent is available, you will be responsible for paying the difference in the costs between the two drugs, along with the normal coinsurance. The \$100 maximum copay will not apply.

<sup>2</sup> Applies after you have reached the equivalent of a 90-day supply, or three refills of a maintenance medication.

<sup>3</sup> Excludes Retail Maintenance Prescriptions.

## ❖ New Three-Tier Prescription Benefit Design for Retirees

Starting January 1, 2009, DuPont will be introducing a three-tier prescription drug design. The new benefit design applies to both pre-Medicare retirees and Medicare-eligible retirees. Refer to page 2 of this guide for a description of the three tiers, which are generics, preferred brands, and non-preferred brands. The following chart outlines the **2009 DuPont Retiree Prescription Benefit Design**.

2009 Prescription Drug Tiers	Retail Cost (30-Day Supply)	Mail Order Cost (90-Day Supply)
Deductible	\$295/individual	
Generics	25%, \$7 min, \$100 max	25%, \$16 min, \$100 max
Preferred Brands	25%, \$20 min, \$100 max	25%, \$45 min, \$100 max
Non-Preferred Brands	45%, \$20 min, \$100 max	45%, \$45 min, \$100 max
Annual Stop-Loss	2,500/individual (in-network)	

**Important:** You should determine whether the medications you're currently taking are considered generics or are preferred drugs. If you are taking a non-preferred medication, talk to your doctor about whether a preferred or generic drug is appropriate for you. If you switch to generic or preferred brand medications before December 31, 2008, you can avoid paying a higher coinsurance (45%).

You can find out from Medco whether your current medication is a preferred or non-preferred drug, by visiting one of the websites listed below:

- Pre-65 individuals: [www.medco.com/openenroll](http://www.medco.com/openenroll); access code: NONMDRET11450
- Medicare Part D individuals: [www.medco.com/medd/dupont](http://www.medco.com/medd/dupont).

You can also call Medco Member Services at 1-800-572-8695 for assistance. Medco will automatically mail all covered retirees a copy of their *Preferred Prescriptions Guide*.

### Examples of Non-Preferred and Generic/Preferred Prescription Alternatives

Non-Formulary Drug	Generic/Preferred Prescription Alternatives
Toprol XL	Metoprolol extended release
Lexapro	Citalopram, fluoxetine, paroxetine, sertraline
Protonix	Omeprazole, Nexium
Coumadin	Warfarin
Benicar	Diovan, Cozaar, Atacand, Micardis

### Suggestions for Saving Money on Prescriptions

There are ways to keep your prescription costs down. You can use mail order to fill maintenance prescriptions. You can find preferred alternatives to non-preferred medications you may be taking. You can find these alternatives by utilizing Medco's My Rx Choices<sup>®</sup> prescription savings program at [www.medco.com/choices](http://www.medco.com/choices), or by talking with a Medco representative by calling 1-800-572-8695. With the Medco Website, you can look up the name of a medication to find lower-cost alternatives and your potential savings. You can opt for generics instead of name-brand medications. You can also try asking your doctor to prescribe the preferred medication if a generic equivalent is not available.

If you buy a brand-name drug when there is a generic equivalent medication to the brand-name drug available (even if your physician has written "dispense as written" or "no substitution allowed"), then you are responsible for payment of the difference between the cost of the two drugs, plus the copay. If

you are unable to take the generic equivalent medication due to an allergy, or for another reason, an appeal to Medco Health Solutions is required. The difference between the brand-name and generic equivalent medication price does not apply toward your annual out-of-pocket stop-loss, or the \$100 per-fill maximum.

### Common Brand-Name Drugs and Generic Equivalents

Brand-Name Drug	Generic Equivalent	Brand-Generic Cost Difference*
Name	Name	
Zocor	Simvastatin	\$304.99
Wellbutrin XL	Bupropion HCL	\$74.30
Norvasc	Amlodipine Besylate	\$95.26
Prilosec	Omeprazole	\$269.68
Zoloft	Sertraline HCL	\$170.74
Toprol XL	Metoprolol Succinate	\$14.62
Ambien	Zolpidem Tartrate	\$229.84
Duragesic	Fentanyl	\$573.03
Plendil	Felodipine	\$32.95
Prozac	Fluoxetine HCL	\$285.01

*\*Based on 90-day supply by mail as of 9/25/2008.*

*Actual drug costs and copays may vary based on quantity and/ or strength.*

**Note:** The difference between brand and generic pricing can vary substantially over time, due to competitive pricing considerations and other market forces.

## ❖ Medicare Part B Prescription Drug Benefits

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Under the DuPont Medical Plan, Medicare Part B prescriptions are processed through the medical benefit portion of the Plan with Medicare as the **primary** payor and DuPont/Aetna as the **secondary** payor. Medicare considers these Part B medications as medical in nature, which is why the DuPont medical plan processes them as medical claims rather than prescription claims.

Medicare Part B drugs include the following items:

- Diabetic supplies, such as test strips and meters;
- Prescription drugs that are administered at your doctor's office;
- Drugs that help prevent your body from rejecting an organ after transplant, as long as the transplant was paid for by Medicare;
- Certain orally administered anti-cancer drugs;
- Certain drugs used in nebulizers, which are small devices that vaporize liquid medicine so that it is easily inhaled into the lungs; and
- Certain drugs used in external infusion pumps, which are small devices that gradually deliver fluid or medication through a vein.

You should go to a Medicare-approved retail pharmacy to fill your prescription and present your Medicare Part B card, not to be confused with the Medco ID card, to process these prescriptions. If you decide to go to a retail pharmacy that is not a Medicare-approved supplier, Medicare will not pay for the prescription. You should still present your Medicare Part B card in these cases to process the prescription.

**Note:** Your Part B prescription costs will be applied to your **medical** stop-loss (\$1,600/individual; \$3,200/family) and will **not** apply to your **prescription** stop-loss (\$2,500/individual).

To learn more about Medicare Part B Drugs, you can call Medicare Customer Service at 1-800-MEDICARE (1-800-633-4227). You can also find out which Medicare Part B drugs are covered by visiting the Medicare Website at [www.medicare.gov](http://www.medicare.gov). The instructions that follow will help get you started:

1. Click **Find Out What Medicare Covers**.
2. Select your state.
3. Choose **Prescription Drugs** as the coverage topic.
4. Click **View Results**.

Additionally, you can visit the DuPont Retiree Website at [www.retiree.dupont.com](http://www.retiree.dupont.com) to review the frequently asked questions and answers that are specific to Medicare Part B Drugs.

## ❖ Medicare Part D Prescription Drug Benefits and Tips

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### What Makes the DuPont Prescription Drug Plan Unique?

The DuPont medical plan's prescription drug coverage qualifies as an "enhanced" Medicare Part D plan. Enhanced plans exceed the basic Medicare coverage requirements. These DuPont plan enhancements include the following examples:

- A formulary (list of covered drugs) that does not limit you to two or three specified medications for a particular condition; and
- Benefits that fill in the basic Medicare Part D coverage gaps. DuPont prescription benefits don't stop when you reach a set level of drug expense. Rather, the plan provides 100% benefits for most medications once you pay \$2,500 in deductible and prescription copayments during the year. The \$2,500 annual stop-loss helps protect you financially from high-cost prescription expenses.

**Tip: Compare Medicare Part D Prescriptions Plans.** A variety of Medicare Part D prescription drug plans are available for you to consider. Premiums, covered medications, deductible amounts, copayments, the list of preferred medications, and network pharmacies vary from plan to plan. These variances allow you to choose the plan with the features that best meet your personal needs. To compare Medicare Part D plans available in your area, go online to [www.medicare.gov](http://www.medicare.gov) or call Medicare at 1-800-MEDICARE (1-800-633-4227). Medicare reviews, approves, and monitors every Part D plan to ensure participants receive coverage and benefits that meet or exceed Medicare standards.

If you prefer a public Medicare Part D plan instead of the DuPont prescription benefit, you have the option of switching to *Medical Only* coverage through DuPont for yourself and your covered dependents. Call the MyInfo Service Center before December 31, 2008, if you wish to change to *Medical Only* coverage for 2009.

**Tip: Know the Impact of Your Choices on Your DuPont Retiree Coverage.** If you decrease your coverage from *Medical Plus Prescription* to *Medical Only*, you cannot return to *Medical Plus Prescription* at a later date. The same rule applies whether you're stopping coverage for yourself or dropping coverage for one of your dependents.

If you choose to **cancel** your DuPont Medicare Part D coverage, you must call the MyInfo Service Center toll-free at 1-877-MYINFO4 (1-877-694-6364) between November 17 and December 31, 2008. You have the option to receive *Medical Only* coverage, or no coverage at all through DuPont. Your change will become effective January 1, 2009. A decision to decline DuPont medical or prescription drug coverage is considered permanent and irrevocable.

If you or your spouse (or other covered dependent) **enroll in another Medicare Part D plan**, you must call the MyInfo Service Center at 1-877-MYINFO4 (1-877-694-6364) to report the change. If your covered dependent enrolls in another Medicare Part D plan while you have *Medical Plus Prescription* coverage, your dependent will be dropped from your coverage. Medicare prohibits the DuPont plan from providing Part D coverage to individuals who do not meet the eligibility requirements.

## ❖ Declination of Coverage

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**What happens if you elect to stop your DuPont medical or dental coverage?** A decision to stop participating in DuPont medical or dental coverage is considered permanent and irrevocable; the few exceptions are outlined below. In addition, if you **decrease** your coverage (for example, if you go from the *Standard Dental Option* to the *Limited Option*, or from *Medical Plus Prescription* coverage to *Medical Only* coverage), you cannot return to the higher level of coverage at a later date. The same rules apply whether you're stopping coverage for yourself or dropping coverage for one of your dependents. Note that, due to the broad availability of Medicare Advantage and Medicare Supplement plans, the DuPont plan no longer allows retirees to re-enroll in DuPont coverage when leaving a Medicare Advantage plan to return to traditional Medicare.

**Exception:** If you have coverage available through another employer's medical or dental plan, you may elect to decline DuPont medical or dental coverage and take the one or both of the plans offered by the other employer. If you lose eligibility at a later date for the other employer's plan, you may re-enroll in DuPont coverage. You must call the MyInfo Service Center within 60 days and provide proof of loss of eligibility for yourself and any dependents that you wish to re-enroll. Loss of other group coverage due to non-payment of premiums is not considered a loss of eligibility.

**Retirees can only cover their spouse or partner at the time of retirement.**

Retirees are not permitted to add a new spouse to their medical or dental coverage. The spouse at the time of retirement will continue to be eligible for coverage, provided that person continues to be a spouse and has no break in coverage. Existing spouses of retirees not currently covered can be added in the future if the retiree provides proof that the marriage occurred before January 1, 2008, and that the spouse lost eligibility for other group coverage within 60 days of the request.

## ❖ Contact Information

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### **MyInfo Call Center and Website**

<https://myinfo.dupont.com>

1-877-MYINFO4 (1-877-694-6364)

- Access and print copies of newsletters, Summary Plan Descriptions, Q&As, and other benefit information
- Request changes to your medical or dental plan options
- Get answers to questions about your DuPont benefit premiums
- Remove any dependents you no longer wish to cover
- Change your life insurance beneficiary

### **Medicare**

[www.medicare.gov](http://www.medicare.gov)

1-800-MEDICARE (1-800-633-4227) (TTY/TDD users should call 1-877-486-2048)

- Compare plans available in your area
- Get answers to general questions about Medicare
- Learn about resources in your area that help explain Medicare Part D
- Find more information on federal financial assistance available to those who qualify

### **Medco**

[www.medco.com](http://www.medco.com)

1-800-572-8695

- Get answers to questions about the DuPont prescription drug coverage
- Find a network pharmacy
- Get help filling your prescriptions
- Find out current prices for your medications

### **DuPont Retiree Website**

[www.retiree.dupont.com](http://www.retiree.dupont.com)

- Get the latest news regarding your DuPont retiree benefit plans
- Use links to access other relevant benefit websites

### **Additional Information**

*Although DuPont expects to continue offering medical and dental benefit plans, the Company reserves the right to amend, modify, or discontinue the plans at its discretion at any time. Any inconsistency between the terms of this document and plan documents will be governed by the plan documents.*

### **MyInfo Authorization**

*Note that when you use the MyInfo Call Center to initiate a transaction, you are authorizing the Plan Administrator to execute each transaction as if you had given written, signed authorization to do so. You should refer to your Summary Plan Description for a more detailed explanation of Plan provisions and procedures.*