

Plan A - HEALTH AND WELFARE for Employees hired before March 1, 2004

Issue	Old Agreement	New Proposal
Preventive Health Care Services (see attached for specifics)	Paid at 80% after deductible	Paid at 100% (no deductible)
HRA Benefit *	None	\$550 for single coverage \$1000 for family coverage
Incentive for Annual Health Risk Assessment Questionnaire	None	\$200 for self and \$50 for spouse (\$250 maximum) – added to HRA benefit
Deductible **	\$250 per person \$750 for family	\$1,000 per person \$2,000 for family
Plan Payment (after deductible) for services other than preventative care	80%	80%
Office visit co-pay	\$20.00 per visit	Replaced with HRA / PPO plan design*
Out-of-Pocket Maximum	\$1500 per person \$3000 for family	\$1500 per person \$3000 for family
Drug Deductible	\$50 per person \$150 for family	Eliminated Eliminated
Drug co-pays	\$10 for Generic \$20 for Brand \$35 for Non-formulary	PPO may pay drug co-pays out of HRA account (not applicable to HMO participants) * Drug co-pay reduced for certain drugs (see below) Maintenance drugs may be purchased at retail pharmacy -3 months for 2 months co-pay.
Reduced co-pays for certain classes of drugs (see attached)	None	\$7 for Generic (\$14– 90 days) \$15 for Brand (\$30–90 days) \$25 for Non-formulary (\$50–90 days) Effective 8/1/07
Chiropractic Max. Benefit	\$500 per year	\$1000 per year Pro rata increase effective 8/1/07
Vision Benefit	\$125 per year	\$150 per year Pro rata increase effective 8/1/07
Dental Benefit	\$1500 annual max.	\$1800 annual max. Pro rata increase effective 8/1/07
Ortho Benefit	\$1500 annual max	\$1800 lifetime max
Coordination of Benefits	None	COB if both members are active and eligible in our Trust Fund

Improvements to Retiree Benefits – Restoration of Death Benefit, Elimination of Drug Deductible and increased or eliminated various caps.

***Health Reimbursement Account (“HRA”)** Each year a credit will be deposited into your account. Your HRA credit can be used to pay for doctor visits, lab tests, chiropractic visits, x-rays, prescription co-pays or any eligible medical procedures. Any unused HRA credit left over at the end of the year will roll over to succeeding years, and can be used to pay certain medical expenses in retirement.

****Increased Annual Deductible** – Although your annual Deductible will increase, some medical expenses such as office visits and chiropractic visits that are paid out of your HRA, will count towards satisfying your deductible.

HMO Plans – Kaiser & PacifiCare Remain the Same

- Drug deductible eliminated for HMO participants.

HEALTH AND WELFARE for Employees hired after March 1, 2004

Issue	Old Agreement	New Agreement
Eligibility for all employees (except Clerks Helpers)	1 st day of the employee's 13 th month of employment	1 st day of the employee's 7 th month of employment (all time worked credited towards initial eligibility)
Eligibility for Dependent Children (except Clerks Helpers)	1 st day of the employee's 31 st month of employment	1 st day of the employee's 7 th month of employment (all time worked credited towards initial eligibility)
Eligibility for Dependent Spouse (except Clerks Helpers)	1 st day of the employee's 31 st month of Employment	1 st day of the employee's 25 th month of employment
Eligibility for Clerk's Helpers	1 st day of employee's 19 th month.	No change. Upon promotion all time served will be credited for initial eligibility for employee and dependents.
Weekly Premium	\$7.50 for single coverage \$15.00 for family coverage	\$ 7.00 for single coverage \$10.50 for employee & children \$15.00 for employee & spouse (with or without children)
Preventive Health Care Services (see attached for specifics)	Paid at 70% after deductible	Paid at 100% (no deductible)
HRA Benefit *	None	\$500 for single coverage \$1000 for family coverage
Incentive for Annual Health Risk Assessment Questionnaire	None	\$50 each for self and spouse (\$100 maximum) – added to HRA benefit
Deductible **	\$350 per person \$1,050 for family	\$1,000 per person \$2,000 for family
Plan Payment (after deductible) for services other than preventative care	70%	75%
Office visit co-pay	\$30 per visit 1 st 12 visits \$60 per visit thereafter	Replaced with HRA / PPO plan design *
Out-of-Pocket Maximum	\$3000 per person \$6000 for family	\$2500 per person \$5000 for family
Drug Deductible	\$50 per person \$150 for family	Eliminated Eliminated
Drug co-pays	\$10 or 10% for Generic \$30 or 25% for Brand \$50 or 50% for Non-formulary	Drug co-pays may be paid out of HRA account. * No change on amounts of co-pays. Maintenance drugs purchased at retail pharmacy -3 months for 2 months co pay.
Reduced co-pays for certain classes of drugs (attached)	None	\$7 for Generic (\$14–90 days) \$15 for Brand (\$30–90 days) \$25 for Non-formulary (\$50-90 days) Effective 8/1/07
Chiropractic Max. Benefit	\$300 per year	\$800 per year (pro rata increase effective 8/1/07)
Vision Benefit	\$94 per year	\$125 per year (pro rata increase effective 8/1/07)
Dental Benefit	\$1000 per year	No change
Step-up to improved benefits	None	Eligible for Plan A Dental, Vision, and Rx coverage 3.5 years after date of hire
Graduation to Plan A HRA / PPO Benefits	None	Eligible for all Plan A benefits 5.5 years after date of hire (6.5 years for those hired post-ratification.) Premiums still apply.
Coordination of Benefits	None	COB if both members are active and eligible in our Trust Fund.

* **Health Reimbursement Account (“HRA”)** Each year a credit will be deposited into your account. Your HRA credit can be used to pay for doctor visits, lab tests, chiropractic visits, x-rays, prescription co-pays or any eligible medical procedures . The HRA can't be used to pay your weekly medical premium. Any unused HRA credit left over at the end of the year will roll over to succeeding years.

****Increased Annual Deductible** – Although your annual Deductible will increase, some medical expenses such as office visits and chiropractic visits that are paid out of your HRA, will count towards satisfying your deductible.

PREVENTIVE HEALTH CARE

Service	Current PPO plan coverage (In-network)	New HRA plan coverage (In-network)	Out-of-Network (no change)
Mammography	After the deductible, Plan pays 80%, you pay 20%.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR.
Routine Annual Physical Exam	Plan pays 100% after you pay \$20 co-payment. One exam per year.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR. One exam per year.
Well-baby care	Plan pays 100% after you pay \$20 co-payment.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR.
Childhood Immunizations	After the deductible, Plan pays 80%, you pay 20%.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR.
Papanicolaou (Pap) smear and pelvic examination	Plan pays 100% after you pay \$20 co-payment. Up to two exams per year combined PPO and non PPO providers.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR. Up to two exams per year combined PPO and non PPO providers.
Prostate specific antigen (PSA) testing	After the deductible, Plan pays 80%, you pay 20%.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR.
Colonoscopy	After the deductible, Plan pays 80%, you pay 20%.	Plan pays 100%	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of amount over UCR.

AT MEDICALLY APPROPRIATE TIMES FOR ALL EMPLOYEES

New Reduced Cost Maintenance Drugs:

Maintenance Drug Co-Payments of \$7/\$15/\$25 (30 days), \$14/\$30/\$50 (90 days) available for hypertension, high cholesterol, diabetes control drugs, asthma, glaucoma, osteoporosis and related supplies which require a prescription.