

**National Bargained Benefit Plan
Attachment 1**

MEDICAL BENEFITS

Eligibility 1st of the month following 6 months of service

EE Class RFT/RPT

Employee Cost Share	Incumbent Employees:				
	Plan Year	2009	2010	2011	2012
	Maximum				
	Cost-Share	11%	14%	17%	20%

Employees Hired After January 1, 2009:

	Plan Year	2009	2010	2011	2012
	Maximum				
	Cost-Share	20%	20%	20%	20%

Full Time EE Contribution Per Month **Incumbent Employees:**

Plan Year	2010
Contributions	7%
Employees	\$30
Employee + 1	\$56
Family	\$83

Employees Hired After January 1, 2009:

Plan Year	2010
Contributions	13%
Employees	\$55
Employee + 1	\$105
Family	\$154

Part Time EE Contributions ≥ 20 : 50% of full premium cost
 < 20 hrs: 100% of full premium cost

Working Spouse Contribution N/A

Coinsurance **Network/ONA:** 90%
(After annual deductible, except **Non-Network:** 80%
that annual deductible does not
apply to In Network preventive
care)

Annual Deductible **Network/ONA- Incumbents**

	% of Base	
	<u>Wages*</u>	<u>Max*</u>
Employee	0.5%	\$500
Employee +1	1.0%	\$1,000
Family	1.5%	\$1,500

(integrated Med/Surg, Rx, MH/SA)

Network/ONA- Hired after January 1, 2009

	% of Base	
	<u>Wages*</u>	<u>Max*</u>
Employee	0.5%	\$500
Employee +1	1.0%	\$1,000
Family	1.5%	\$1,500

(integrated Med/Surg, Rx, MH/SA)

Non-Network

	% of Base	
	<u>Wages*</u>	<u>Max*</u>
Employee	1.5%	\$1,500
Employee +1	3.0%	\$3,000
Family	4.5%	\$4,500

(integrated Med/Surg, Rx, MH/SA)

*Actual deductibles in 2010, 2011, and 2012 will be determined by utilizing actual plan costs, annual premiums (as calculated above) and annual OOP maximums (as calculated below).

Annual
Out of Pocket Maximum

Network/ONA Incumbents

	% of	<u>Maximum*</u>	
	Base	< or =	>
<u>Tier</u>	<u>Wages*</u>	<u>\$50K</u>	<u>\$50K</u>
Employee	1.5%	\$2,000	\$2,500
Employee +1	2.25%	\$3,000	\$4,000
Family	3.0%	\$4,000	\$5,300

(integrated Med/Surg, Rx, MH/SA)

Hired after January 1, 2009

	% of	<u>Maximum*</u>	
	Base	< or =	>
<u>Tier</u>	<u>Wages*</u>	<u>\$50K</u>	<u>\$50K</u>
Employee	1.5%	\$2,000	\$2,500
Employee +1	2.25%	\$3,000	\$4,000
Family	3.0%	\$4,000	\$5,300

(integrated Med/Surg, Rx, MH/SA)

Non-Network

	% of	<u>Maximum*</u>	
	Base	< or =	>
<u>Tier</u>	<u>Wages*</u>	<u>\$50K</u>	<u>\$50K</u>
Employee	4.5%	\$6,000	\$7,500
Employee +1	6.75%	\$9,000	\$12,000
Family	9.0%	\$12,000	\$15,900

(integrated Med/Surg, Rx, MH/SA)

*Actual OOP Maximums in 2010, 2011, and 2012 will be determined by utilizing actual plan costs, annual premiums (as calculated above) and annual Deductibles (as calculated above).

Office Visit

Network/ONA:

Preventive 100% Company paid,
Deductible waived
Sickness/
Illness 90%, after Deductible

Non-Network: 80% of R&C after deductible

Emergency Room

Network/ONA: 90%, after Deductible

Non-Network: \$100 copay, annual deductible, then 80% coverage of R&C

(ER copay waived if admitted)

Urgent Care Center

Network/ONA:

Preventive 100% Company paid,
Deductible waived
Sickness/
Illness 90%, after Deductible

Non-Network: 80% of R&C after deductible

Hospital	<u>In Network/ONA:</u> 90% after deductible <u>Non-Network:</u> \$35 copay, annual deductible, then 80% coverage of R&C
Diagnostic Testing	<u>Network/ONA:</u> 90%, after Deductible <u>Non-Network:</u> AS IN CURRENT PLAN
Lifetime Maximum	<u>Network/OOA:</u> Unlimited <u>Non-Network:</u> Unlimited for actives; retirees/LTD have limit of \$500k per person in non-network charges
COB	Standard – Birthday rule
Survivor	12 months at active rates; then COBRA
Retiree Eligibility	See Attachment II

PRESCRIPTION DRUG BENEFITS

Prescription Drugs See Chart Below

Bargained Plan Rx Program

Brand Restriction: If generic is available and brand is purchased, pay generic coinsurance amount plus cost difference between brand and generic

Deductible: Integrated with Medical Surgical and Mental Health Benefits

Max OOP: Integrated with Medical Surgical and Mental Health Benefits

Retail (up to a 30 day supply per Rx or refill)

Retail Generic \$8, after Deductible

Retail Brand Formulary: \$17, after Deductible

Non-Formulary: \$35, after Deductible

Personal Choice 100 % employee paid

Mail Order (up to a 90 day supply per Rx or refill)

Mail Order Generic \$17, after Deductible

Mail Order Brand Formulary: \$35, after Deductible

Non-Formulary: \$70, after Deductible

Personal Choice 100 % employee paid

MENTAL HEALTH BENEFITS

Deductible

Integrated with Medical Surgical and Rx

OOP Max

Integrated with Medical Surgical and Rx

Copayments and Coinsurance

Inpatient:

- **In Network:** 90%, after Deductible
- **Non-network:** \$35 copay, annual deductible, then 80% coverage of R&C

Outpatient

- **In Network:** 90%, after Deductible
- **Non-network:** 80% of R&C after Deductible

Limitations

Inpatient:

- **In Network:** 90%, after Deductible
- **Non-network:** \$35 copay, annual deductible, then 80% coverage of R&C

Outpatient

- **In Network:** 90%, after Deductible
- **Non-network:** 80% of R&C after Deductible

SUBSTANCE ABUSE BENEFITS

Deductible

Integrated with Medical Surgical and Rx

OOP Max

Integrated with Medical Surgical and Rx

Copayments and Coinsurance

Inpatient:

- **In Network:** 90%, after Deductible
- **Non-network:** \$35 copay, annual deductible, then 80% coverage of R&C

Outpatient

- In Network: 90%, after Deductible
- Non-network: 80% of R&C after Deductible

Limitations

Inpatient:

- In Network: 90%, after Deductible
- Non-network: \$35 copay, annual deductible, then 80% coverage of R&C

Outpatient

- In Network: 90%, after Deductible
- Non-network: 80% of R&C after Deductible

EMPLOYEE ASSISTANCE PLAN

Eligibility	DOH
EE Class	All employees
Cost	100% Company Paid
Design	1 – 8 visits Assessment, counseling and referral
Survivors	No; COBRA available
Retired Employees	No; COBRA available

Dental benefits

Eligibility	1 st of the month following 1 month of service
EE Class	RFT/RPT
Full Time EE Contribution	<u>FFS DHMO</u>
	Employee Only: \$2 \$1
	Employee + 1: \$4 \$2
	Employee + <u>≥</u> 2: \$6 \$3
Part Time EE Contributions	≥30<40: 25% of full cost ≥20<30: 50% of full cost <20 hrs: 100% of full cost

Annual Deductible	<u>FFS:</u> \$25 per person <u>DHMO:</u> None
Annual Maximum	<u>FFS:</u> \$1,300 <u>DHMO:</u> Unlimited
Diagnostic & Preventive	<u>FFS:</u> 100% R&C; No Deductible <u>DHMO:</u> 100%
Minor Restorative	<u>FFS:</u> Per schedule after deductible <u>DHMO:</u> 100%
Major Restorative	<u>FFS:</u> Per schedule after deductible <u>DHMO:</u> 75%
Orthodontia	<u>FFS:</u> Per schedule up to 50% after deductible Lifetime Max: \$1,400 <u>DHMO:</u> 60% (24-month lifetime maximum)
COB	Standard – Birthday rule
Survivor	No; COBRA available
Retiree Eligibility	No; COBRA available

VISION BENEFITS

Eligibility	1st of the month following 1 month of service
EE Class	RFT/RPT
Full Time EE Contribution	Employee Only: \$0 Employee + 1: \$0 Employee + <u>≥</u> 2: \$0
Part Time EE Contributions (Shall not be less than FT contr.)	<u>≥</u> 30<40: 25% of full cost <u>≥</u> 20<30: 50% of full cost <20 hrs: 100% of full cost

In Network	100% after \$15 copay for exam, lenses, and frames; once every 12 months for EE; once every 24 months for dependents
Contact Lens Allowance	\$75/In network full-copay (lenses only)
Frame Allowance	\$105 Retail
2 nd Pair Benefit	\$30 copay, once every 24 months
Frequency: EE	Exam & lenses: 12 months Frames: 24 months
Frequency: Dependent	Exam & lenses: 24 months Frames: 24 months
Non-Network Allowance	Schedule <ul style="list-style-type: none"> ▪ Exam \$28 ▪ Lenses \$30-\$80 ▪ Frames: \$30 ▪ Contacts: \$75
COB	Standard – Birthday rule
Survivor	No; COBRA available
Retiree Eligibility	No; COBRA available

MEDICAL PLUS BENEFITS

Eligibility	1 st of the month following 6 months of service
EE Class	RFT/RPT
Employee Contributions (FT and PT)	Employee only – \$4 Employee & family – \$6
Benefits	Covers expenses for named investigational treatments not covered by traditional health care plans.
COB	Standard – Birthday rule
Survivor	Company extended coverage at employee rates for 3 months; then COBRA for 36 months
Retiree Eligibility	Eligible same as Medical Plan; retiree pays 100% of premium equivalent

FLEXIBLE SPENDING ACCOUNTS

Dependent Care Spending Accounts

Eligibility	1 st of the month following 1 month of service
EE Class	RFT/RPT
Maximum	\$5,000
Minimum	\$100

Health Care Spending Accounts

Eligibility	1 st of the month following 1 month of service
EE Class	RFT/RPT
Maximum	\$5,000
Minimum	\$100
Survivor	No
Retiree Eligibility	No; COBRA available for HCSA remainder of calendar year

LIFE INSURANCE

Eligibility	1 st of the month following 1 month of service
EE Class	RFT / RPT
Basic Life Insurance Benefit	Company Paid 1-½x covered comp \$500,000 max (Basic + Supp) Reduction schedule post 65
Supplemental Life Insurance Benefit	EE paid 1-4x covered comp

	\$500,000 max (Basic + Supp)
Accelerated Death Benefit	Yes – up to 75%
AD&D	Included with Basic Life Insurance 1-½x covered comp
Seatbelt Incentive	Yes
Dependent Benefit Amount	Employee Paid Spouse/RDP: \$25k-\$200k, Smoker/nonsmoker rates Child: \$5,000 - \$20,000, \$0.13 per \$1,000
LTD Coverage	<u>Basic Life</u> : Company paid for 3 years <u>Supplemental Life</u> : EE paid; max 3 yrs. <u>Dependent</u> : to end of month in which LTD begins
Portability upon termination	Yes – all employee paid coverages
Conversion upon termination	Yes – basic, supp & dependent coverages
Survivor	No
Retired Employees	No

LONG-TERM CARE

Eligibility	DOH
EE Class	RFT / RPT ≥ 20 hours
Cost	Employee paid
Spouse/RDP	Yes, EOI
Parents	Yes, EOI
Parents-in-Law	Yes, EOI
Retired Employees	May continue if enrolled at time of retirement
Nursing Home Coverage	Yes
Comprehensive Coverage	Yes

ADOPTION ASSISTANCE PROGRAM

Eligibility	1 st of the month in which EE attains 6 months of service
EE Class	RFT; RPT with ≥ 20 hours/wk.
Maximum	\$5,000
Spouse Adoption	Yes

TUITION REIMBURSEMENT PLAN

Eligibility	12 months of service
EE Class	RFT/RPT
Maximum (same for FT & PT)	\$5,250
Reimbursement for classes:	FT: 100% ≥ 20 hrs: 75% <20 hrs: 50%

The Actual Terms of the Bargained Plan will be set forth and governed by the Plan Document and the Summary Plan Description.