

Summary of Local 77 Healthcare Plan Changes

Plan Changes Effective January 1, 2009 (**NOT** subject to new Collective Bargaining Agreement acceptance)

- **NEW ELIGIBILITY AGE LIMIT FOR MEDICAL, DENTAL AND VISION PLANS** – Increase eligibility of dependent children to age 25 (through age 24) regardless of whether they are in school. Applies to Preventive and Traditional Plans (currently administered by HMA), Group Health Standard Plan, Dental Health Services Plan (DHS), Washington Dental Services Plan (WDS) and Vision Service Plan (VSP).

Medical Plan Changes Effective January 1, 2009 (subject to new Collective Bargaining Agreement acceptance)

NEW ADMINISTRATOR – Administration of the Preventive and Traditional Plans (currently administered by HMA), will be taken over by Aetna.

Preventive and Traditional

- **NEW BENEFIT — Add Simple Steps to a Healthier Life**

Simple Steps to a Healthier Life is a new, voluntary and confidential wellness program to help you and your dependents age 18 or over determine your health risks now and plan for a healthier future. You may access the wellness program conveniently from work or home; there is no special software to buy or install. The registration process is quick, easy, and secure.

The program provides a health assessment questionnaire to gauge your health risks, readiness to change certain health behaviors, and the impact of health on productivity. The health assessment questionnaire generates:

- Tailored health reports to help you focus on the areas of your health that matter most. You also will receive a printable one-page health summary to keep, record, and compare your results over time and to share with your doctor, dentist, or other health-care provider.
- An action plan that is personalized to help you achieve and maintain good health through healthy living programs that are recommended based on your health needs. These may address weight loss, healthy aging, getting in shape, stress relief, a healthier diet, a healthy heart, cancer fighting, diabetes fighting, going smoke-free, and/or alcohol awareness. The programs are easy to follow and provide step-by-step guidance for making health changes and building skills for long-term success. The programs also provide tools for tracking progress.

You will be able to log into your account at www.aetnnavigator.com to access Simple Steps.

- **NEW BENEFIT — Add Personal Health Record**

Your personal health record will provide you online access to personal information including individualized messages and alerts, detailed health history, and integrated information to help you make informed decisions about your health care. Your medical information is automatically entered into your record based on claims data submitted to Aetna. You may voluntarily enter additional health information such as family history, non-prescription medications, or procedures you had prior to Aetna membership.

You will be able to log into your account at www.aetn navigator.com to access your personal health record.

- **NEW BENEFIT — Add Informed Health Line Nurse Consultation**

You will have 24-hour, toll-free access to a team of registered nurses experienced in providing information on a variety of health topics. Learn about health conditions and medical procedures, or improve the way you communicate with your doctor.

You will be able to call the Informed Health Line at 1-800-556-1555.

- **NEW BENEFIT** – Add hearing aid benefit, which will pay up to \$1,000 per ear every 36 months.
- **NEW BENEFIT:** Add orthotics coverage, paying up to \$500 during an individual's lifetime subject to annual deductible.
- **NEW BENEFIT** – Jaw surgery exclusion removed. Orthognathic surgery covered for correction of skeletal deformities of the jaw with required documentation.
- **ENHANCED BENEFIT** -- Eliminate the annual benefit limit (maximum) for durable medical equipment.
- **REPLACEMENT BENEFIT** – Aetna Health ConnectionsSM disease management program.

Because Aetna is discontinuing LifeMasters Diabetes Management program, it will be replaced by Aetna Health Connections, a broader-based disease management program. The program addresses 37 common chronic diseases and conditions such as hypertension, diabetes, low back pain, migraines, and asthma. Additionally, Aetna Health Connections clinical staff can provide support if an individual suffers from more than one condition.

Aetna Health Connections also provides added health protection. State-of-the-art technology is used to assess whether individuals are getting the right care and to let the participant and doctor know if there's a chance for better or safer care. The ActiveHealth[®] Management CareEngine[®] system continuously scans medical, laboratory and pharmacy claims and other clinical data, comparing participants' health data with current guidelines of care on over 1,000 conditions, identifying gaps, errors, omissions and duplications, and notifies the treating doctor about opportunities to improve care. It can identify potentially dangerous drug-drug interactions, drug-disease interactions and the need for preventive screenings or other care.

Individuals may be identified for Health Connections participation through their physician or self-referral. Requests may be submitted through the Aetna Navigator website, Aetna patient management staff, or by submitting medical or pharmacy claims data. Supported diseases and conditions in the Health Connections program are listed below:

Vascular	Pulmonary	Orthopedic	Oncology	Gastrointestinal	Neurological	Other
Congestive Heart Failure	Asthma (adult & children)	Osteoporosis	Breast cancer	GERD (gastro esophageal/ reflux disease)	Geriatrics	Obesity
Diabetes (adult & children)	Chronic obstructive pulmonary disease	Rheumatoid arthritis	Lung cancer	Peptic ulcer disease	Migraines	Chronic kidney disease
Coronary artery disease		Osteoarthritis	Lymphoma /leukemia	IBS Crohn's disease & ulcerative colitis	Seizure disorders	Sickle cell disease
Peripheral artery disease		Chronic low back pain	Prostrate cancer	Chronic hepatitis	Parkinsonism	Cystic fibrosis
Hypertension			Colorectal cancer			End-stage renal disease
Cerebrovascular disease/stroke			General cancer			Low back pain
Hyperlipidemia						HIV
						Hypercoagulable state

Vision Plan Changes for 2009

Vision Service Plan

- **ENHANCED BENEFIT** -- Increase in-network retail frame allowance to \$150 every 24-month period.
- **ENHANCED BENEFIT** -- Increase in-network contact lens benefit to provide full payment for the exam and a \$120 lens allowance every 24-month period.

Dental Plan Changes for 2009

Dental Health Services

- **NEW BENEFIT** — Add occlusal guard (nightguard) coverage with \$350 copayment.
- **NEW BENEFIT** — Add two additional cleanings for pregnant women, up to four cleanings.
- Increase copayment on upgrade for noble and high noble crowns and bridges by \$20 due to the increase in the cost of gold. Copay for noble upgrade will be \$70 and will be \$100 for high noble upgrade.

Flexible Spending Account Program Change for 2009

- **NEW BENEFIT** — Add use of debit card for health care flexible spending account (FSA) program. Use “reimbursement” at point of purchase.

You may use the health care FSA to pay your non-reimbursed out-of-pocket expenses for medical, dental, prescription drug, vision and hearing services and supplies. Your before-tax contributions to your account through payroll deduction reduce your taxes and can be accessed currently to reimburse you after you incur eligible health care expenses.

Effective January 2009, you will have a second way to access your health care FSA money. Both options will allow you to access the unspent portion of your full annual contribution amount at any time for eligible expenses.

- 1) Submit your itemized receipts and reimbursement form, as you do now, to Benefit Administration Company for reimbursement by check or direct deposit; and/or
- 2) Request and use your new health care FSA debit card to purchase eligible health care items, thereby eliminating the need to request and wait for reimbursement. (Remember to retain all of your receipts.) You may obtain your debit card by contacting Benefits Administration Company starting the last week of December 2008 at 206-625-1800, extension 307 or emailing flexcs@baclink.com. Please allow 8 – 10 business days to receive your cards in the mail.

Eligible health care expenses fall into two categories. Here are some examples:

- The portion of covered expenses not paid by a health care plan, such as annual deductibles, co-pays, coinsurance, and covered charges that exceed the plan’s annual maximum.
- Services and supplies that may not be covered by the health care plan but are still considered an eligible expense by the IRS, such as hearing aid batteries, acupuncture, home improvements for medical reasons (e.g., wheelchair ramps, lowering of kitchen countertops), contact lens solution and laser vision correction.

Expenses not eligible for reimbursement include health insurance premiums (already deducted on a pre-tax basis from your paycheck), vitamins, health club dues, and cosmetic surgery or treatments.

By law, if you participated in the dependent care and/or health care Flexible Spending Account program in 2008, you must re-enroll during Open Enrollment to participate in the 2009 program.