

This is how the health plan works now...	This is the change...	This is when the change takes effect...	This is how the change affects you...
Currently you need \$1,075 in employer contributions during a six-month contribution period to be covered by Plan A.	The contribution level is rising to \$1,300 per six-month contribution period.	The contribution period Jan. 1 through June 30, 2007.	You will need \$1,300 (instead of \$1,075) in employer contributions per six-month contribution period to get on Plan A. Contact 802's Health Benefits Department at (212) 245-4802 or hbp@Local802afm.org to determine the amount of contributions you have
Your employer pays for your health contributions. You pay no premium yourself.	If you're on Plan A, you have to pay a new participant premium. The premium is \$50 per month for individual coverage or \$135 per month for families (two or more individuals).	Jan. 1, 2007	Participants who earn Plan A eligibility will have to make a monthly premium payment in order to have access to the plan. The plan will invoice its participants quarterly. Participants will have a 30-day remittance grace period beginning with the first day of the quarter. Plan A participants who choose not to pay the participant premium will default to Plan B.
Currently you need \$400 in employer contributions over six month's time to be covered by Plan B.	The contribution level is rising to \$500 per six-month contribution period.	The contribution period Jan. 1 through June 30, 2007.	You will need \$500 in employer contributions per six-month contribution period instead of \$400 to get on Plan B. Contact 802's Health Benefits Department at (212) 245-4802 or hbp@Local802afm.org to determine the amount of contributions you have.
The plan reimburses 70% of reasonable and customary charges for out-of-network services.	The plan will now reimburse 50% of reasonable and customary charges for out-of-network services.	Jan. 1, 2007	Example: If you incur a charge of \$120 from an out-of-network provider and \$100 is the amount that is considered reasonable and customary, the plan will pay \$50. The remaining \$70 will be your responsibility.
For all services rendered out-of-network there is an annual deductible of \$500 per individual and \$1,000 per family.	The annual deductible is rising to \$1,000 for individuals and \$2,000 for families	Jan. 1, 2007	The deductible has to be met annually. What is applied towards the deductible are the first \$1,000 (\$2,000 for families) of reasonable and customary charges that are incurred out-of-network. A family of three or more can combine their deductible amounts to achieve the annual \$2,000 deductible. However, one covered person must satisfy his or her individual deductible.
Currently the out-of-pocket benchmark is \$1,500. Once the benchmark has been met the plan will reimburse 100% of the reasonable and customary charges.	The out-of-pocket benchmark will increase to \$5,000. Once that amount has been met the plan will reimburse 100% of the reasonable and customary charges.	Jan. 1, 2007	This applies to out-of-network only. There is no co-insurance on services rendered in-network. If you only see out-of-network doctors and in a year's time you pay \$5,000 in co-insurance payments, the plan will then pay 100% of the reasonable and customary amount for the remainder of that year.
Empire Blue Cross Blue Shield Direct HMO is an alternative to Plan A and Plan B which includes hospitalization and is not held to the Plan A and B yearly reimbursement cap. There is a monthly premium requirement.	Empire Blue Cross Blue Shield Direct HMO participants will incur the new monthly participant premium (described above for Plan A) in addition to the current HMO monthly premium.	Jan. 1, 2007	For details on the HMO contact the Health Benefits Department at (212) 245-4802 or hbp@Local802afm.org .

continued

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<p>Plan A participants have prescription coverage through Medco. Currently there are three levels of co-pay:</p> <p>Generic: no co-pay.</p> <p>Preferred: \$15.</p> <p>Non-preferred: \$30 or 20% of the cost, whichever is greater, with a \$50 cap.</p>	<p>Medco will remain our carrier. You will not be issued a new prescription card. However, the benefits have changed. First, there is a mandatory generic program (see details at right). The new benefits are:</p> <p>Generic: the greater of \$10 or 25% of the total cost.</p> <p>Preferred: the greater of \$20 or 25% of the total cost.</p> <p>Non-preferred: the greater of \$40 or 25% of the total cost.</p>	<p>Jan. 1, 2007</p>	<p><u>Mandatory Generic Program</u></p> <p>You will pay an amount in addition to the co-payment listed when you purchase a brand-name medication that has a generic equivalent available. This additional amount, called the differential, is equal to the difference between the approved cost of the brand-name and the generic medications. The differential will be charge even if your doctor indicates "dispense as written" or "no substitution."</p> <p>You may want to discuss with your doctor whether the generic equivalent of any brand-name medication that you take is acceptable to use. If your doctor agrees, ask for a new prescription for the generic medication to take to your local retail pharmacy or send to Medco by mail.</p>
<p>Plan A participants may order prescriptions through the mail, up to a 90-day supply.</p> <p>Currently there are three levels of co-pay for a three-month supply</p> <p>Generic: \$5.</p> <p>Preferred: \$30.</p> <p>Non-preferred: \$60.</p>	<p>The same mandatory generic program (described above) applies to mail-order prescriptions. The new benefits are:</p> <p>Generic: the greater of \$20 or 25% of the total cost.</p> <p>Preferred: the greater of \$40 or 25% of the total cost.</p> <p>Non-preferred: the greater of \$80 or 25% of the total cost.</p>	<p>Jan. 1, 2007</p>	<p>See above.</p>
<p>Heartburn and allergy medications are currently covered.</p>	<p>The following drugs will no longer be covered by the plan:</p> <p>All PPI'S: heartburn medication, Aciphex, Prevacid, Protonix, Omeprazole, Nexium, etc.</p> <p>All allergy medications: Allegra, Zyrtec, Clarinex, etc.</p>	<p>Jan. 1, 2007</p>	<p>You will have to buy PPI's and allergy drugs over the counter.</p>
<p>Currently, the administrator for claim adjudication is Union Labor Life Insurance Company (Ullico).</p>	<p>MagnaCare will become the administrator for all claim adjudication</p>	<p>Jan. 1, 2007</p>	<p>You will be issued new cards from MagnaCare. You will need to inform your providers of this change. You should submit a copy of your new card during your next visit to the doctor.</p>