

Welfare Fund Benefits Office

United Food & Commercial Workers Local 655
13537 Barrett Parkway Drive, Suite 100
Manchester, Missouri 63021
(314) 835-2700 • Toll-Free (866) 565-2700 • Fax (314) 966-9848



Announcing Changes to Your Transplant, Vision, and Dental Benefits Effective January 1, 2010

Dear Participants:

In our continuing effort to provide you and your dependents with comprehensive health care benefits that meet your needs, we are pleased to announce the following changes to the Plan's transplant, vision, and dental benefits provisions effective January 1, 2010. Also, a change in Federal law provides new special enrollment rights to certain dependents of participants covered in a unit that offers dependent coverage.

Transplant Benefit

Currently, the Plan covers a percentage of the costs associated with transplants, up to a maximum amount that varies depending upon the type of transplant received. However, to ensure that you have a level of coverage that is in line with current costs associated with transplant procedures and increase your opportunity to receive care from the best practitioners, *effective January 1, 2010, the Fund will increase its maximum coverage amount for certain types of transplants.*

Furthermore, the maximum benefit will no longer vary by type of transplant. Instead, the Fund will pay up to \$250,000 for transplant services per person for Plan A participants and up to \$100,000 for transplant services per person, per calendar year (up to a lifetime maximum of \$250,000) for Plan B participants—regardless of the type of transplant performed. Please note that this is an aggregate maximum, **not** a per transplant maximum. Your out-of-pocket expenses, if any, will depend upon whether the transplant is performed at an in-network or out-of-network facility, and whether you are enrolled in Plan A or Plan B.

Transplant – The Plan provides coverage for human organ or tissue transplants of the pancreas, cornea, kidney, liver, skin, bone marrow, lung, or heart, up to an aggregate calendar year maximum benefit per person. Expenses must be pre-approved by the Fund Office and are subject to the Plan's lifetime maximum benefit.

Vision Benefit

The Welfare Fund currently provides benefits for most of your basic eye care needs, including examinations, eyeglasses, and contact lenses. However, effective January 1, 2010, you will receive additional discounted services through a comprehensive vision program administered by VSP Vision Care (VSP). With VSP you will:

- **Maximize Your Benefits** – Do you get your exam from a VSP provider, but your supplies from somewhere else? Your benefits go further when you get **all** of your vision care from a VSP provider, including the exam and the supplies. If you see a non-VSP provider, you will probably pay more because *a non-VSP provider may not be able to match the discounted prices being offered to you by VSP.*
- **Save Money** – You can get care and services from VSP providers, for much less. This includes services and supplies, such as lenses, frames, and contacts.
- **Avoid Filing Claims** – VSP providers will file your claims for you, non-VSP providers will not. If you go to a non-network provider, you'll have to pay for the services and supplies at the time you receive them and then file a claim with VSP.

Vision – Call VSP toll-free at **1-800-877-7195** or visit their Web site at **www.vsp.com** whenever you need to locate a vision care provider in your area. When you call to make an appointment, tell the doctor you are a VSP member. No. ID card will be needed.

Although the choice remains yours with respect to the vision care providers that you select, you should bear in mind the potential savings and convenience that comes with the VSP program.

Dental Benefit

Although your dental benefits will not change, effective January 1, 2010, you will have access to the Anthem Blue Cross and Blue Shield (BCBS) dental network. You will still be able to have your dental care performed by any dentist or dental specialist that you choose. However, when you receive your dental care from an Anthem BCBS dental network provider, your out-of-pocket costs will be lower because the providers have agreed to offer their services at discounted rates. This means you'll pay a percentage of a lower cost.

The following provides an overview of your enhanced transplant and vision benefits effective January 1, 2010, as well as your current dental benefits.

For insurance purposes, please continue using your current ID card.

Special CHIPRA Enrollment Rights

Effective April 1, 2009, new special enrollment rights provided by the Children's Health Insurance Program Reauthorization Act (CHIPRA) apply. This only applies to you and your eligible dependents if you are covered in a unit that offers dependent coverage. First, if you or your dependents were covered under Medicaid or a state CHIP plan and lose that coverage, you or your dependents are entitled to a special enrollment period in this Plan. Second, if you or your dependents become eligible for the state's premium assistance, you are entitled to a special enrollment period. You have 60 days to notify the Plan of the event, and 31 days to provide proof of eligibility and enroll. To request Special CHIPRA Enrollment or obtain more information, contact the Fund Office at 314-835-2700.

We recommend that you keep this letter with your important documents, such as your Summary Plan Description (SPD), so that you can refer to it when needed.

If you have any questions about these Plan changes, please contact the Fund Office at 314-835-2700.

Sincerely,
Board of Trustees

Dental – Only Unit 1 full-time employees and their dependents are eligible for dental benefits. Contact the Fund Office at **314-835-2700** to find out if you are eligible under Unit 1.

Anthem BCBS provides access to a large network of dentists and dental specialists. To find a provider in your area, log onto **www.655hw.org**.

This announcement contains only highlights of certain features of the Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at anytime.

Transplant, Dental, and Vision Benefits Schedules

TRANSPLANT BENEFITS - PLAN A Effective January 1, 2010

Benefits And Payment Provisions	In-Network	Out-of-Network
Organ Transplant Benefit	Plan pays 90% after deductible	Plan pays 60% of reasonable & customary after deductible
Maximum* per Person	\$250,000**	\$250,000**

* Benefit maximum starts 5 days prior and ends 18 months after transplant.
 ** Aggregate maximum for all transplants.
 Transplant benefits apply to your lifetime maximum.

TRANSPLANT BENEFITS - PLAN B Effective January 1, 2010

Benefits And Payment Provisions	In-Network	Out-of-Network
Organ Transplant Benefit	Plan pays 80% after deductible	Plan pays 60% of reasonable & customary after deductible
Calendar Year Maximum* per Person	\$100,000**	\$100,000**

* Benefit maximum starts 5 days prior and ends 18 months after transplant.
 ** Aggregate maximum for all transplants.
 Transplant benefits apply to your yearly calendar maximum.

DENTAL BENEFITS - PLAN A AND PLAN B* Anthem Blue Cross and Blue Shield Dental Network – Effective January 1, 2010

Services	Benefits Payable
Calendar year maximum payable for coverage A, B, and C combined	\$3,000 per person
Coverage A: routine exams, prophylaxis, and X-rays	Plan covers 100%
Coverage B: restorative, basic dental care, periodontics	Plan covers 80%
Coverage C: veneers, crowns, bridges, dentures	Plan covers 50%
Orthodontia (covered only for eligible children)	Plan covers 80% up to \$2,000 lifetime per child

* Only Unit 1 full-time employees and dependents are eligible for dental benefits.

VISION CARE BENEFITS - PLAN A AND PLAN B* Vision Service Plan (VSP) – Effective January 1, 2010

VSP Choice Providers	Benefits Payable Every Other Calendar Year
Well Vision Exam	Plan covers 100% after you pay a \$35 copayment
Prescription Glasses	
Prescription Lenses – single vision, lined bifocal, and lined trifocal, and Polycarbonate lenses for dependent children	Plan covers 100% after you pay a \$50 copayment
Allowance for frames	Plan covers a maximum of \$100; you receive 20% off the amount over your allowance
Allowance for contact lenses and contact lens exam (fitting and evaluation)	Plan covers a maximum of \$150
Non-VSP Service Providers	Benefits Payable Every Other Calendar Year
Complete routine eye exam (eye exam related to illness or injury covered under medical benefits)	Plan covers up to \$50
Pair of lenses (eyeglasses) Single vision lenses Lined bifocal lenses Lined trifocal lenses	Plan covers up to \$50 Plan covers up to \$60 Plan covers up to \$70
Frame	Plan covers up to \$40
Contact Lenses	Plan covers up to \$150