



Notice of Benefit Improvements and Premium Rate Increase Effective for January 2011 Coverage

This letter is to advise you that **improvements** have been made in your benefits. Effective for services received on and after January 1, 2011, the Board of Trustees is pleased to inform you of the following improvements in your Retiree Welfare benefits:

1. The maximum benefit for prescription drugs is increased to \$5,000 annually (from the current maximum of \$2,500).
2. Preventive care is covered at 100% with no cost sharing (see the reverse side of this notice for details on the covered preventive care services).

Along with these improvements, retiree health plan rates will increase effective with December 2010 premiums for January 2011 coverage. The action taken by the Board of Trustees to increase rates is due to the continuing increase in costs for health care benefits and the expanded coverage provided effective January 1, 2011. Even with this increase, retirees will continue to pay only a portion of the total actual cost of providing retiree medical benefits. The rate increase is as follows:

Retirees Who Began Retiree Health Coverage October 2004 or After:

Effective with premiums paid in December 2010 for your January 2011 coverage, the premium shall be changed as follows:

Retiree Only	\$200.00 (an increase of \$20.00/month)
Retiree and Child(ren).....	\$250.00 (an increase of \$20.00/month)
Retiree and Spouse.....	\$400.00 (an increase of \$40.00/month)
Retiree, Spouse, and Child(ren)	\$450.00 (an increase of \$40.00/month)

Retirees Who Began Retiree Medical Prior to October 2004:

Effective with premiums paid in December 2010 for your January 2011 coverage, the premium shall be changed as follows:

Retiree Only	\$170.00 (an increase of \$20.00/month)
Retiree and Child(ren).....	\$220.00 (an increase of \$20.00/month)
Retiree and Spouse.....	\$340.00 (an increase of \$40.00/month)
Retiree, Spouse, and Child(ren)	\$390.00 (an increase of \$40.00/month)

Retroactive Change / Catch-up Payment

Because notification of this rate change was received after the December payments were processed, a one time adjustment is required to pay the increased January premium. The one time additional cost (\$20.00 or \$40.00) will be deducted from your January pension check or automatic self-payment, if applicable. If you self-pay your premium, please adjust the amount appropriately. This will be in addition to the new premium for January.

Thereafter, only the new premium for participation will be deducted from your February 2011 and future pension checks or automatic self-payment, if applicable. If you self-pay your premium, please adjust the amount appropriately.

Future Changes

The cost of providing retiree health coverage is likely to continue to increase and, therefore, the retiree's payment obligation may be adjusted by the Trustees in the future. The Board of Trustees is providing this program of Retiree Health and Wellness benefits to the extent that money is currently available to pay the cost of the program. The Board of Trustees retains full and exclusive authority at its discretion to determine the expenditures of money for the program. The program may be terminated or modified at any time by the Board of Trustees.

If you have any questions, please contact the Trust Office at 1-800-225-7620.

Sound Health & Wellness Retiree Trust

Preventive Care

Preventive care services, as described below, are covered at 100% of charges (not subject to the deductible), if a PPO provider is utilized, and 50% of charges (subject to the deductible) if a non-PPO provider is used.

Adult Screening Tests. The plan covers:

- One mammogram for an eligible female, as follows:
 - Every two calendar years, under age 40
 - Every calendar year, age 40 and over
- One routine Pap and pelvic exam per calendar year
- One routine prostate exam per calendar year
- One prostate specific antigen (PSA) per calendar year
- Prostate cancer screening (at age 50)
- Heart scan, bone density testing and other preventive screenings your physician considers reasonable and medically necessary if not normally performed in a doctor's office or as part of a routine physical exam
- Routine fecal occult blood tests in conjunction with a routine colon/rectal exam, as follows:
 - One test, every two calendar years, under age 50
 - One test per calendar year, age 50 and over
 - Colorectal cancer screening (at age 50)
 - Flexible sigmoidoscopy every three to five years
 - One colonoscopy every 10 years

Annual Physical Exams (excluding dependent children under age 19). The plan pays for routine physical exams, including:

- Laboratory and x-ray services when ordered by a physician (other than those described above)
- Physician services for office visits

Certain guidelines may apply.

Preventive Care Office Visits (dependent children to age 19). The plan covers:

- Six visits (including visits for immunizations) up to age 1
- Three visits (including visits for immunizations) from age 1 to age 2
- An annual visit from ages 2 – 18 (includes immunizations).

Flu and Pneumonia Shots. Flu and pneumonia shots will be covered in full. Participants must submit an itemized receipt indicating the name of the person receiving the flu shot to the Trust Office. Only flu and pneumonia shots provided in the USA will be reimbursed. You can go to any local grocery store, pharmacy or public facility (e.g., fire stations). If you go to a doctor's office you will be reimbursed for the flu or pneumonia shot. If the doctor also charges for an office visit, the office visit will not be covered. Flu and pneumonia shots are not subject to the deductible.