

## **BLET ATTACHMENT “B” — HEALTH & WELFARE**

### **Railroad Employees National Health and Welfare Plan GA-23000:**

#### **Eligibility —**

- (1) Provide extended benefit coverage to eligible dependents for one full calendar year following the death of a covered employee.
- (2) Provide extended coverage to furloughed employees for twelve (12) months following the month in which such employees last rendered compensated service or received vacation pay, provided the employer has transmitted at least three (3) monthly payments to the Plan on behalf of such employees prior to furlough. During such 12-month period, the furloughed employee shall be reported under “active” employee status.
- (3) Provide full Plan coverage to an employee who is suspended or dismissed from service, and to his eligible dependents, until final disposition of the matter under the *Railway Labor Act*. Until such final disposition, the employee shall be reported under “active” employee status.
- (4) Provide full Plan coverage to an employee who becomes disabled, and his dependents, until such time as the employee and/or spouse become eligible for Medicare and child dependents reach age 26.
- (5) Eliminate the seven (7) calendar days per month eligibility requirement (the so-called “7-day rule”) for benefit coverage under the health and welfare, dental and vision plans.
- (6) Dependents of employees on active military status will be provided full coverage for the length of a standard tour of duty plus 6 months.

- (7) Extend full coverage to step-grandchildren residing with an employee; and any other children placed with the employee by court order or related to the employee by blood and/or marriage.

**Autism Spectrum Disorders —**

- (1) The Plan shall provide coverage for the diagnosis of autism spectrum disorders and for the treatment of autism spectrum disorders to the extent that the assessment, diagnosis and treatment of autism spectrum disorders are not already covered by the Plan.
- (2) Treatment for autism spectrum disorders shall include, but is not limited to, the care prescribed, provided, or ordered for an individual diagnosed with an autism spectrum disorder by (a) a physician licensed to practice medicine or (b) a certified, registered, or licensed health care professional with expertise in treating effects of autism spectrum disorders. Such coverage shall include but is not limited to: Applied Behavior Analysis Therapy, Speech Therapy, Social Skills Therapy, Occupational Therapy, and Physical Therapy, Psychological, Psychiatric, and Pharmaceutical Care, and Diagnosis and Assessments.
- (3) Coverage for autism shall not be subject to any maximum benefits, nor subject to any limits on the number of visits to a service provider.

**Prescription Drug Benefit —**

- (1) Prescription drug co-pays shall be as follows:
  - Retail:
    - Generic – no co-pay;
    - Brand Name Formulary – \$5.00;
    - Brand Name Non-formulary – \$10.00.

- Mail Order:  
Generic – no co-pay;  
Brand Name Formulary – \$10.00;  
Brand Name Non-formulary – \$20.00.
- (2) Increase the day's supply of medication at retail pharmacies to 30 days.

**Coordination of Benefits —**

- (1) Modify Coordination of Benefits provisions to eliminate the so-called 'non-duplication' provisions and allow reimbursement up to 100% of allowable charges.

**Reasonable and Customary Determinations —**

- (1) Increase the threshold for R&C determinations to the 95<sup>th</sup> percentile of data selected by the Plan.

**Hearing Benefits —**

- (1) Provide an annual hearing benefit of \$4,000 for each covered person.

**Birth Control/Reversal —**

- (1) Provide coverage to all (females and males) under the Plan for voluntary sterilization and/or reversal.

**Employee Contributions —**

- (1) Freeze the employee contributions at \$198.

**Employee Opt-Outs —**

- (1) Increase payments to employees who opt-out of Plan coverage from \$100 per month to \$250 per month.

**Mobile Facilities —**

- (1) Amend the current Plan definition of a facility to include a mobile facility used by licensed physicians or other qualified medical personnel to deliver services to employees and their dependents billed under covered codes as directed by the American Medical Association or other governing bodies.

**Dependent Pregnancy —**

- (1) Provide full coverage for pregnancies of female dependent children where benefits don't already exist.
- (2) Provide full coverage for new born children of female dependent children through age two (2) – where benefits don't already exist.

**Speech Therapy —**

- (1) Provide services to restore or improve speech for employees and all eligible dependents without regard to age where benefits don't already exist.

**Hospice Benefits —**

- (1) Increase the hospice benefits to reasonable and customary charges for each course of care.

**Flexible Spending Account (FSA) —**

- (1) Allow the maximum fund amount under IRS regulations to be rolled over from year to year in lieu of the 30 days annual grace period.
- (2) Eliminate the minimum participation rate.

**Repatriation Insurance —**

- (1) Provide medical evacuation and repatriation insurance to cover 100% of the cost for the transportation of a participant and or dependent(s) via air or ground ambulance from any location more than 100 miles from their home or from a foreign country to their home location or a medical facility within 30 miles thereof. Such coverage shall include bed-to-bed service; the cost of a medical escort; travel costs for dependent spouse and/or children; repatriation of mortal remains, including all transportation, logistical and legal arrangements in connection therewith; transportation of baggage and/or belongings back to the home of the participant/dependent; legal services arising in connection with medical situations.

**Health Risk Assessment Incentive —**

- (1) Establish an incentive payment of \$100 for the completion of a Health Risk Assessment as well as the completion of the corresponding bio metric screenings by an employee or dependent age 18 or over.

**Managed Medical Care Program (MMCP) —**

- (1) Reduce all existing co-payments under MMCP by \$5.00 per visit, excluding emergency room visits.
- (2) Reduce annual in-network, out-of-pocket maximums to \$500/individual and \$1,000/family.
- (3) Reduce the in-network deductibles to \$100/individual and \$300/family.
- (4) Provide out-of-network coverage where benefits don't already exist for:
  - Immunizations and well-person physical benefits without annual caps to include annual routine physical exams, (including diagnostic testing and immunizations); well-woman visits (including breast examination and/or

mammogram, pelvic examination and pap smear); child preventive care given in connection with routine pediatric care, (including immunizations for children as recommended by CDC).

- Annual prostate cancer screening at no cost to the participant.
- (5) Eliminate the non-notification penalty under the Care Coordination/Medical Management Program for out-of-network services where required.
  - (6) Provide for an annual patient out-of-pocket maximum of \$500 for chiropractic and physical therapy services.
  - (7) If a participant's primary care physician, treating specialist or other provider, or preferred hospital or facility, terminates network participation due to a contract cancellation with the insurance company providing coverage to the participant, allow the participant to elect coverage under one of the other insurance carrier(s) in that market anytime during the year.

**Comprehensive Health Care Benefit (CHCB) —**

- (1) Provide 90/10 co-insurance under the CHCB plan.
- (2) Reduce annual out-of-pocket maximums to \$1,000/individual and \$2,000/family.
- (3) Provide annual prostate cancer screening at no cost to the participant.
- (4) Eliminate the non-notification penalty under the Care Coordination/Medical Management Program.
- (5) Provide for an annual patient out-of-pocket maximum of \$500 for chiropractic and physical therapy services.

**Managed Mental Health and Substance Abuse Benefit (MHSA) —**

- (1) Reduce all in-network outpatient co-payments under MHSA for those under MMCP by \$5.00 per visit.

- (2) Eliminate the non-notification penalty for out-of-network services.

**Life/AD&D Insurance —**

- (1) Increase Active Employee Life Insurance to \$30,000.00.  
(2) Increase Retired Employee Life Insurance to \$5,000.00.  
(3) AD&D – increase coverage to the following:

**TABLE OF COVERED LOSSES AND BENEFIT AMOUNTS**

| <b><u>COVERED LOSSES</u></b>                              | <b><u>BENEFIT AMOUNTS</u></b> |
|---|-------------------------------|
| Life  | \$30,000                      |
| A hand*   | \$8,000                       |
| A foot*   | \$8,000                       |
| Sight of an eye   | \$8,000                       |
| Loss of more than one of the above<br>in any one accident | \$16,000                      |
| Paralyzation  | \$25,000                      |

Loss of sight of an eye means that the eye is entirely blind and that no sight can be restored in that eye.

Loss of a hand means that all of the hand is cut-off at/or above the wrist.

Loss of a foot means that all of the foot is cut-off at/or above the ankle.

\* – *Loss of a hand or foot shall also include the loss of use of a hand or foot even if the limb is still intact.*

Paralyzation means the loss of use of the extremities of the body as a result of an accident, such as, but not limited to paraplegia, quadriplegia, or hemiplegia occurring from a traumatic brain injury.

Not more than \$30,000 will be paid for all covered losses caused by all injuries which are sustained in one accident.

## **Railroad Employees National Dental Plan (GP12000-A):**

### **Eligibility —**

- (1) Provide full Plan benefits to new employees and eligible dependents on the first day of the month following the month in which such employees render compensated service.
- (2) Provide full Plan coverage to an employee and eligible dependent who is suspended or dismissed from service until final disposition under the Railway Labor Act.
- (3) Extend dental coverage for retirees and their eligible dependents until the employee reaches age 65 or becomes eligible for Medicare, whichever is the latter.

### **Benefits —**

- (1) Eliminate the annual deductible.
- (2) Increase the annual maximum to \$4,000.00.
- (3) Increase Type B coverage to 100%.
- (4) Increase Type C coverage to 75%.
- (5) Increase orthodontia benefit to 75% with a maximum of \$4,000.00.
- (6) Provide orthodontia coverage to all employees and covered dependents regardless of age.
- (7) Eliminate the alternate treatment provisions of the Plan.



## **Railroad Employees National Vision Plan:**

### **Network —**

- (1) Provide full Plan benefits to new employees and eligible dependents on the first day of the month following the month in which such employees render compensated service.
- (2) Change eye exam from one (1) every 12 months, counting from the most recent service date, to one (1) per calendar year.

### **In-Network Benefits —**

- (1) Increase the frame allowance to \$250 per calendar year.
- (2) Provide full coverage for the following options:
  - Scratch Coating
  - UV Protection
  - Anti-Reflective Coating
  - Photochromic Lenses
  - Progressive Lenses
- (3) Increase the allowance for contact lenses to \$250 per calendar year.
- (4) Provide full coverage for corrective eye surgery, including but not limited to laser eye surgery, to correct vision in one or both eyes.
- (5) Eliminate lens exclusions for oversized lenses.

## **Hospital Associations:**

- (1) Amend the “Dues Offset Formula” to provide that Hospital Association dues offsets will be increased by the same percentage that Plan costs increase for a given year. Thereafter, adjustments, if any, shall be made annually on January 1st of each subsequent year.

- (2) The so-called pick-up and/or runout liability fees for any employees (or dependents, if applicable) transferring from Hospital Association Railroads to Non-Hospital Association Railroads and/or transferred from Non-Hospital Association Railroads to Hospital Association Railroads will be borne by the Railroads.
- (3) Disabled or Retired Hospital Association members whose coverage is disrupted for any reason other than non-payment of Association dues will be allowed to enroll in the Railroad Employees National Early Retirement Major Medical Benefit Plan (GA-46000) without penalty provided they would have met the eligibility requirements at the time they retired.
- (4) Treat Dependent Spouses covered as Employees under a Hospital Association Plan the same as two married railroad employees covered under the Plan who are not covered under a Hospital Association Plan.
- (5) Allow for coordination of benefits for employees and eligible dependents between the Hospital Association and the National Plan to provide for annual family deductibles and out-of-pocket amounts not to exceed those amounts agreed to under the National Agreement.

**National Health Legislation:**

- (1) In the event that further national health legislation should be enacted, benefits provided under The Railroad Employees National Health and Welfare Plan, The Railroad Employees National Early Retirement Major Medical Benefit Plan, The Railroad Employees National Dental Plan and The Railroad Employees National Vision Plan with respect to a type of expense which is a covered expense under

such legislation will be integrated so as to avoid duplication, and the parties will agree upon the disposition of any resulting savings.

**General:**

- (1) The JPC shall be joint policyholders and will jointly participate in the selection of the insurance company or companies or other administrators required to administer all benefit Plans covering employees subject to this Agreement, shall jointly determine the plan benefits needed to meet the changing needs of the employees and otherwise jointly administer all of the Plans' activities. The Joint Plan Committee shall oversee and administer The Railroad Employees National Early Retirement Major Medical Benefit Plan, the Railroad Employees National Dental Plan, the Railroad Employees National Vision Care Plan, the various plans established to provide supplemental sickness benefits to covered employees and any and all plans which may hereafter be developed or introduced to provide health and welfare benefits to active and retired employees and their eligible dependents.
- (2) Eliminate the exclusion of benefits for treatment by a family member who is otherwise a qualified provider, from any and all plans containing such exclusion.
- (3) With regard to the settlement of any issue identified in this Notice, an individual committee representing employees party hereto may elect to preserve any existing agreement provision(s) where more beneficial.