

Certain Health Benefits have changed, or will change in the near future. Listed below are the changes worth noting:

Dental Benefit for Retirees

The Trustees of the UFOA have been searching for a very long time for a way to improve the Retiree dental benefit. We are proud to announce that a PPO network is being added to our existing Healthplex indemnity program.

Starting July 1, 2010, retirees and their qualified dependents enrolled in the Healthplex indemnity option will retain free choice of dentists but will also be able to select dentists, both general dentists and specialists, from an extensive panel of participants or P.P.O. network. P.P.O. is an industry acronym for Preferred Provider Organization where dentists apply for membership and are qualified in their area of expertise. In order to join the P.P.O. network each dentist must agree to a review of his/her qualifications and practice and agree to accept certain fees as payment in full. The dentists who are accepted broaden their practices. Retirees and their qualified dependents can choose any dentist from the list of providers, and pay only the associated co-payments for any procedures performed, saving filing a form, and waiting for reimbursement. Patients using participating dentists will also find that their out-of-pocket costs are greatly reduced.

Members currently enrolled in the Healthplex reimbursement program will be able to access the PPO network without changing their benefit. Members currently enrolled in Dentcare who wish to join this program must fill out and submit a change of benefit enrollment application. Please note; members who have made a plan change within the last 12 months must wait the full twelve months before executing a change in benefit form. Full particulars of these important program changes will be mailed to enrolled participants very shortly.

Prescription Drug benefit changes to the Pharmacy Network

Effective September 1, 2010, both the active and retiree plans will be instituting a P.P.O. type network of pharmacies. The network of retail pharmacies that accept our drug plan will be changing. CVS will no longer be included as a part of our network providers. What that means is that **non-participating pharmacies** such as CVS **will not be able to process your prescriptions** under our plan. This step has become necessary because certain changes in the pharmacy industry have created an environment where some pharmacies refuse to offer their best pricing options to groups whom they perceive belong to competing firms. Consequently, if the plans do not adopt a P.P.O. type pharmacy network, there would be an estimated \$1.6 million additional cost, which as you know, in the current fiscal crisis, the plans could not afford. This change permits the plans to continue the same level of benefit and co-payments while still retaining a large number of participating locations.

An informative discussion regarding the reasons that this change became necessary can be found in the New York Times article in the June 6th business section, or by clicking on the following link.

<http://www.nytimes.com/2010/06/10/business/10drug.html?scp=1&sq=CVS%20CArmark&st=Search>

Every effort has been made for everyone to have easy access to a local pharmacy. **Walgreens**, the nation's largest retail pharmacy chain, has been added back to our network and one of the other very large networks, **Duane Reade**, has been retained. In the near future you will be able to locate participating pharmacies in your area, via the Express Scripts website: Express-Scripts.com The location of the nearest participating pharmacies can be found by putting your zip code in the pharmacy locator section on this site.

STUDENT VERIFICATION

DEPENDANT CHILDREN 19 TO 23 WHO ARE ENROLLED AS FULL TIME STUDENTS IN AN ACCREDITED EDUCATIONAL INSTITUTION:

Although this is not a change, we would be remiss in not noting that verification of your children enrolled as full time students, must be filed with both the family's health plan and the UFOA EVERY SEMESTER. The UFOA Family Protection Plan, as well as the family's Health Plan, must receive verification for the fall semester to continue your child/children's coverage.

Additionally, New York State has recently passed a provision, to allow dependent children to be covered under their parents Health Insurance up through age 29. This benefit is similar to COBRA coverage, and the premium cost is the responsibility of the member and/or their dependent child. In addition to paying for the cost of the Health Coverage, a separate cost is associated with the benefits that the Union provides and must also be paid for. Basic provisions for the young adult include the following:

- Be unmarried
- Be 29 years of age or under
- Not be insured by or eligible for comprehensive health insurance through his or her employer.
- Live, work or reside in NYS or the health insurance company's service area; and
- Not be covered by Medicare

Each health plan offered by the City is in the process of sending information and applications to families with eligible members. This information is also available at the New York City Office of Labor Relations website. http://www.nyc.gov/html/olr/downloads/pdf/healthb/ya_package.pdf

Family Protection Plan
(212) 376-8400