


ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
<p>Article 7 (Continued)</p>	<p>Pilot - Upon ratification this benefit will begin as a pilot project and will end on March 31, 2007 unless union and management agree to extend it.</p> <p>Committee - Joint Labor Management Committee to review additional activities that may constitute a special assignment to duty.</p>	<p>Qualifying Process – No payment if a pending NOD related to safety violation. Benefit will be paid upon dismissal or withdrawal of NOD. Also, can't use loss of eligibility as argument for "double jeopardy"</p> <p>Pilot - Upon ratification this benefit will begin as a pilot project and will end on April 1, 2011 unless union and management agree to extend it.</p> <p>Committee - Joint Labor/Management Committee to review additional activities that may constitute a special assignment to duty such as asbestos removal, pesticide application, working heights, water related assignments, titles working with pressurized systems and high voltage assignments.</p>
<p>Article 9 Health Insurance</p>		
<p>Article 9.2(a)</p>	<p>➤ Emergency Room Services \$50 copayment for emergency room services, waived if admitted.</p> <p>➤ Hospital Outpatient Surgery \$30 copayment for outpatient surgery performed at a network hospital.</p>	<p>Effective January 1, 2010, \$60 copayment for emergency room services, waived if admitted.</p> <p>Effective January 1, 2010, \$40 copayment for outpatient surgery performed at a network hospital.</p>

ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
<p>Article 9 9.4 (m) Cancer 9.2 (d) Transplant 9.9 Infertility</p>	<p>➤ Centers of Excellence Program Centers of Excellence Program currently include Cancer Resource Services, Organ Transplants and Infertility.</p> <p><u>Cancer resource</u> - \$50 reimbursement for meals and lodging (\$100 for 2 or more people). \$10,000 lifetime limit for travel.</p> <p><u>Transplant Center of Excellence</u> – current geographic zone reimbursement per Blue Cross arrangement.</p> <p><u>Infertility Center of Excellence</u> – based on federal reimbursement rate. \$10,000 maximum travel – applied toward lifetime infertility limit.</p>	<p>Effective July 1, 2008, all Centers of Excellence Programs will utilize the federal reimbursement rates for meals and lodging.</p> <p><u>Cancer Resource Services</u> – Maximum travel benefit eliminated as long as the patient remains enrolled and is receiving benefits.</p> <p><u>Transplant Center of Excellence</u> – Reimbursement coincides with parameters of transplant benefit.</p> <p><u>Infertility</u> – No change.</p>
<p>Article 9.3 (a), (c), (e), and (f)</p>	<p>➤ Participating Provider:</p> <ul style="list-style-type: none"> • Office Visit • Outpatient Surgery • Diagnostic/Laboratory Services • Radiology Services <p>All covered office visit charges provided by participating providers during a visit will be subject to a \$12 copayment per covered individual. Copay stacking applies.</p>	<p>Effective July 1, 2009, all covered office visit charges provided by participating providers during a visit will be subject to a \$15 copayment per covered individual. Copay stacking continues.</p>
<p>9.3 (m) </p>	<p>➤ Complementary Alternative Medicine Program A discount arrangement on “employee-pay-all” non-covered services at acupuncturists, massage therapists and nutritionists services.</p>	<p>Effective January 1, 2009, the Complementary Alternative Medicine discount will no longer be offered.</p>
<p>9.3(j)</p>	<p>➤ Ambulatory Surgery Centers \$15 copayment for facility charges at freestanding ambulatory surgery center. Copay includes anesthesiology, radiology and laboratory tests performed at ambulatory surgery center on same day of surgery.</p>	<p>Effective July 1, 2008, a \$30 copayment will be required for facility charges at freestanding ambulatory surgery center. Copay includes anesthesiology, radiology and laboratory tests performed at ambulatory surgery</p>

ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
		center on same day of surgery.
<u>Article 9.4(a)</u>	<p>➤ Basic Medical Deductible The basic medical component shall equal <u>\$225</u> per enrollee; <u>\$225</u> per covered spouse or domestic partner; and <u>\$225</u> for one or all-dependent children.</p>	Effective <u>January 1, 2010</u> , the basic medical component shall equal <u>\$250</u> per enrollee; <u>\$250</u> per covered spouse or domestic partner; and <u>\$250</u> for one or all-dependent children.
<u>Article 9.4(b)</u>	<p>➤ Maximum Out-Of-Pocket Expense The maximum enrollee coinsurance out-of-pocket expense under the basic medical component shall equal <u>\$900 per individual or family</u> in any one year.</p> <p>➤ Reduced Out-of-Pocket Maximum Employees in a title Salary Grade 6 or below or an employee equated to a position title Salary Grade 6 or below on January 1st of the year, the <u>\$900</u> maximum coinsurance out-of-pocket expense shall be reduced to \$500.</p>	<p>Effective <u>January 1, 2009</u>, the maximum enrollee coinsurance out-of-pocket expense under the basic medical component shall equal <u>\$500 per enrollee, \$500 per covered spouse or domestic partner, and \$500 for one or all dependent children</u> in any one year. Effective <u>January 1, 2011</u>, the \$500 is increased to <u>\$515</u>.</p> <p>Effective <u>January 1, 2009</u>, employees in a title Salary Grade 6 or below or an employee equated to a position title Salary Grade 6 or below on January 1st of the year, the <u>\$500</u> maximum coinsurance out-of-pocket expense shall be reduced to <u>\$300 per enrollee, \$300 per covered spouse or domestic partner and \$300 for one or all dependent children</u>. Effective <u>January 1, 2011</u>, the \$300 is increased to <u>\$309</u>.</p>
<u>Article 9.4(d)</u>	<p>➤ Adult Immunizations Influenza, Pneumococcal, Measles, Mumps, Rubella, Meningitis, Varicella and Tetanus Toxoid are covered under par-provider subject to office visit copay.</p>	<u>Effective July 1, 2008</u> , Herpes Zoster (Shingles) will be added to the list of adult immunizations covered under par-provider subject to office visit copay.

ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
<u>Article 9.4(p)</u>	<p>➤ Diabetic Shoes None</p>	<p>Effective July 1, 2008, an annual diabetic shoe benefit will be available through the Home Care Advocacy Program under United HealthCare. Network Coverage: Benefits paid at 100% with no out of pocket cost up to \$500 maximum. Non-Network Coverage: Basic Medical deductible will apply and remainder paid at 75% of network allowance, up to maximum allowance of \$500.</p>
<u>Article 9.4(q)</u>	<p>➤ Prosthetic Wig One prosthetic wig covered under basic medical, subject to deductible and coinsurance, limited to one wig per lifetime</p>	<p>Upon ratification, retroactive to January 1, 2008, prosthetic wigs shall be a covered basic medical benefit and shall be reimbursed up a lifetime maximum of \$1500, not subject to deductible or coinsurance.</p>
<u>Article 9.4(r)</u>	<p>➤ Diabetes Education Program None</p>	<p>Effective July 1, 2008 or as soon as practicable thereafter, the Empire Plan medical carrier shall contract with Diabetes Education Centers accredited by the American Diabetes Education Recognition Program.</p>
<u>Article 9.6(a)</u>	<p>➤ Empire Plan Benefits Management Program (BMP) Prospective Procedure Review (PPR) requires prior notification of elective outpatient Magnetic Resonance Imaging (MRI). Failure to call BMP will result in \$250 penalty or 50% reduction in payment of charges whichever is less.</p>	<p>Effective July 1, 2008, current PPR requirements will now include elective outpatient MRI, CAT Scans, PET Scans, Nuclear Medicine and MRAs. Current penalty will apply.</p>
<u>Article 9.11</u>	<p>➤ Disease Management Current Empire Plan Disease Management Programs include Cardiovascular Risk Reduction, Asthma and Diabetes.</p>	<p>As soon as practicable, the Empire Plan Disease Management programs shall be expanded to include, but not be limited to, chronic kidney disease, eating disorders, and ADHD. Nutritional services will be covered for those programs identified when clinically appropriate.</p>

ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
<u>Article 9.14(b)</u>	<ul style="list-style-type: none"> ➤ Prescription Drug Retail /Mail– 30 day supply <ul style="list-style-type: none"> • \$5 Generic • \$15 Preferred Brand • \$30 Non-Preferred Brand 	<p>Effective July 1, 2008</p> <ul style="list-style-type: none"> • \$5 Generic • \$15 Preferred Brand • <u>\$40</u> Non-Preferred Brand
<u>Article 9.14(b)</u>	<ul style="list-style-type: none"> ➤ Prescription Drug Retail – 31 to 90 day supply <ul style="list-style-type: none"> • \$10 Generic • \$30 Preferred Brand • \$60 Non-Preferred Brand 	<p>Effective July 1, 2008</p> <ul style="list-style-type: none"> • \$10 Generic • \$30 Preferred Brand • <u>\$70</u> Non-Preferred Brand
<u>Article 9.14(b)</u>	<ul style="list-style-type: none"> ➤ Prescription Drug Mail Order – 31 to 90 day supply <ul style="list-style-type: none"> ➤ \$5 Generic ➤ \$20 Preferred Brand ➤ \$55 Non-Preferred Brand 	<p>Effective July 1, 2008</p> <ul style="list-style-type: none"> • \$5 Generic • \$20 Preferred Brand • <u>\$65</u> Non-Preferred Brand
<u>Article 9.14(c)</u>	<ul style="list-style-type: none"> ➤ 31-90 Day Supply “New to You” Drugs <p>None</p>	<ul style="list-style-type: none"> • <u>Effective July 1, 2008</u>, “new to you” prescriptions will be limited to a 30-day initial supply at retail/mail prior to the 31-90 day being filled. • The initial prescription will be filled for a 30-day supply (subject to appropriate 30-day copay). When you return to fill the remainder (31-90 day) of the prescription, the balance of the appropriate 31-90 day copayment will be applied.
Non-Network Hospital	<p>Non-network hospitals are reimbursed at 90% with a \$1500 out-of-pocket maximum. Enrollees are eligible to receive up to \$1000 reimbursement under United HealthCare to help offset the \$1500 out-of-pocket costs for non-network hospitals.</p>	<ul style="list-style-type: none"> • No change in \$1500 out-of-pocket maximum for non-network hospitals. • <u>Effective January 1, 2010</u>⁰⁹, the \$1000 reimbursement under United HealthCare to offset the out-of-pocket maximum for non-network hospitals will be reduced to \$500. • <u>Effective January 1, 2011</u>, the \$500 reimbursement under United HealthCare to offset the out-of-pocket maximum for non-network hospitals will be eliminated.

ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
<u>Article 9.17</u>	> Dependent Students Dependent full-time students granted automatic 3-month extension of benefits upon graduation from qualified course of study. (Affects Empire Plan and HMOs)	Effective July 1, 2008 , Dependent full-time students granted an automatic 3-month extension of benefits following the completion of an academic semester. (Affects Empire Plan and HMOs)
<u>Article 9.21</u>	> Workers' Compensation None	Effective July 1, 2008 , A permanent full-time employee who is removed from the payroll due to an assault, as described in Article 11.5, and is granted workers' compensation for up to 24 months shall remain covered under the State Health Insurance Plan for the same duration and will be responsible for the employee share of premium.
<u>9.26(b)</u>	> JCHB funding Funds to support Committee and Committee initiatives. 2003-2004 \$945,000 2004-2005 \$945,000 2005-2006 \$945,000 2006-2007 \$945,000	Funds to support Committee and Committee initiatives. 2007-2008 \$1,150,000 2008-2009 \$1,207,000 2009-2010 \$1,268,000 2010-2011 \$1,331,000
9.26(c) JCHB Endeavors		
	> Centers of Excellence None	The JCHB will work with the State to expand the current Centers of Excellence Programs to include, but not be limited to: Centers of Excellence for Bariatric Surgery. Nutritionist coverage will be available when clinically appropriate.
	> Copayment Waiver None	The JCHB will work with the State to look at a copayment waiver program for office visits and prescription drugs when related to chronic conditions.
	> Flexible Formulary None	The JCHB will work with the State to analyze the concept of a flexible Preferred Drug List.

ISSUE	CURRENT BENEFIT	TENTATIVE AGREEMENT
9.26 JCHB Endeavors (Continued)	> Specialty Pharmacy None	The JCHB will work with the State to investigate and analyze a specialty pharmacy program and the parameters of such benefit.
	> Alternative Drugs None	The JCHB will work with the State to conduct a comprehensive study for an alternative prescription drug program for Empire Plan enrollees.
	> Hearing Aid None	The JCHB will work with the State in building a network of participating hearing aid providers.
	> Participating Provider Guaranteed Access None	The JCHB will work with the State to study participating provider access under the current health program to determine the feasibility of a guaranteed access benefit.
	> RFP None	Clarification language covering JCHB's role in the contract procurement process.
	> Durable Medical Equipment None	The JCHB shall work with the State to review and monitor the utilization of Durable Medical Equipment under the Home Care Advocacy Program. If necessary, the JCHB and State will take appropriate action to address the issue.
	> Nurse Practitioner None	The JCHB and the State will regularly review the potential role of Nurse Practitioners as providers in the Empire Plan. The review will consist of studying provider access issues and the availability of nurse practitioners in specific geographic areas. If the JCHB and State agree that action is needed, the CSEA JCHB is empowered to work with the State and implement a benefit.

