



January 14, 2011

To: Sound Health & Wellness Trust SoundPlus Plan Participants

From: Board of Trustees

Re: Plan Changes to Continue our Focus on Healthy Living, Enhanced Care and Controlling Costs

The Trust is continuing its commitment to encourage and reward healthy behaviors among our plan participants. A number of wellness programs are offered by the Trust which are designed to give employees and their families direct access to the medical expertise, information and personalized support they need to make better health decisions and enjoy healthier, happier lives. With healthier employees and families come lower medical costs, which allows us to continue offering excellent medical coverage. As a result, effective January 1, 2011, the following changes have been made to your SoundPlus Plan:

I. Healthcare Reimbursement Arrangement (HRA)

The Trust will continue to fund HRA accounts for eligible employees up to an annual maximum allowance of \$500 for a single employee and \$1,000 for a family subject to meeting certain requirements. For 2011, the funding will consist of the following:

- Automatic funding of \$150 for a single employee and \$300 for an employee with family coverage
plus
- \$350 for a single employee who has taken the Personal Health Assessment (PHA) during the available time period
or
\$350 for an employee and \$350 for a spouse or same sex domestic partner who have taken the PHA during the available time period
or
\$700 for an employee with only a child or children covered who has taken the PHA during the available time period.

How your HRA is used remains unchanged. Refer to your plan booklet.

II. Health Benefits

Effective with claims incurred on or after January 1, 2011, the following changes were made to your plan:

1. **Annual Net Deductible** will be as follows:

	In-Network	Out-of-Network
Employee only coverage	\$250	\$500
Family coverage	\$500	\$1,000

For family coverage, the deductible applies to the family as a whole.

Note: If you (and your enrolled spouse or same sex domestic partner) do not take your Personal Health Assessment (PHA) during the available time period, the above deductible amounts will increase by \$350 for employee only coverage and \$700 for family coverage.

2. **Out-of-Pocket Maximum** per calendar year will be as follows:

	In-Network	Out-of-Network
Employee only coverage	\$2,250	\$4,500
Family coverage	\$4,500	\$9,000

For employees with Family coverage, the "Employee Only coverage" maximum will apply to each covered individual until the "Family coverage" maximum is met.

Note: If you (and your enrolled spouse or same sex domestic partner) do not take your Personal Health Assessment (PHA) during the available time period, the above out-of-pocket maximums will increase by \$350 for employee only coverage and \$700 for family coverage.

3. The maximum number of **Naturopathic** visits will increase from 2 to a total of 5 per calendar year.
4. The maximum number of treatments by an **Acupuncturist** will increase from 5 to a total of 8 per calendar year.
5. The **Emergency Room** visit co-pay will be \$100.
6. The **Chiropractic** maximum benefit under the PPO plan will increase from \$20 to \$30 per visit.

7. **Prescription Drug** co-pays will be as follows:

	30 day supply	60 day supply	90 day supply
Tier 0	\$0	\$0	\$0
Tier 1	\$6	\$12	\$18
Tier 2	\$22	\$44	\$66
Tier 3	\$35	\$70	\$70
Brand if generic available	**	**	**

**Generic co-pay plus the difference in cost between the generic and the brand name drug

8. The **Employee Weekly Disability** (time loss) benefit will be as follows:

Hours Employed in Eligibility Determination Month	Maximum Weekly Benefit
Less than 80	\$0
80 but less than 120	\$180
120 but less than 150	\$240
150 or more	\$300

If you have any questions about these plan changes, please contact:

PPO Plan Participants – (206) 282-4500 or (800) 225-7620, option 2 then option 1

Group Health Plan Participants - 888-901-4636