



January 14, 2011

To: Sound Health & Wellness Trust Sound 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 Sound 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.

Employees hired on or after December 3, 2010 are not eligible for the HRA until after 12 months of employment. On the first day of the 13th month of employment, the above requirements must be met to receive full HRA funding.

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	\$300	\$600
Family coverage	\$600	\$1,800

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

For employees who were hired before December 3, 2010 or for employees hired December 3, 2010 and after and have subsequently completed 12 months of work in covered employment, 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.

If you were hired on or after December 3, 2010 and have not completed 12 months of covered employment, the annual deductible described above will apply to your covered medical services during your first 12 months of employment.

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

	In-Network	Out-of-Network
Employee only coverage	\$2,750	\$5,500
Family coverage	\$5,500	\$16,500

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

If you were hired before December 3, 2010 or for employees hired December 3, 2010 and after and have subsequently completed 12 months of work in covered employment, 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.

If you were hired on or after December 3, 2010, the out-of-pocket maximum described above will apply to your initial covered medical services during your first 12 months of covered employment.

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	**	**	**

*Tier 3 drugs are not available to Sound Plan Group Health participants

**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

III. Eligibility

Effective February 1, 2011, all employees in the Sound Plan will continue to be covered under that plan through their 60th month of employment. However, once an employee has completed their 35th month of employment, they may choose to enroll in either the Sound PPO or Sound GHO plan.

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