



## **Frequently asked questions re: proposed agreement**

**Question 1:** Is there any change in the schedule of benefits under the CHCB or MMCP Plan?

**Answer 1:** Yes. The schedule of benefits has been improved as follows:

- The Comprehensive Health Care Benefit ("CHCB") will now cover one physical per year (including testing and immunizations) for employees and eligible dependents, with 100% of costs covered up to \$150, and 75% of such costs in excess of \$150.
- CHCB will cover routine childhood immunization subject to applicable deductible and percentage of covered expenses payable.
- Under CHCB and Managed Medical Care Program ("MMCP"), existing speech therapy coverage is expanded to include as a covered expense speech therapy given to children under 3 for treatment of autism, development delay, cerebral palsy, hearing impairment, or major congenital anomalies that affect speech.
- PKU blood tests will be a covered expense under MMCP and CHCB when given to infants under age 1 in a hospital or on an outpatient basis.
- While MMCP will continue to require co-payment with regard to the first OB/GYN pregnancy visit, no co-payment for subsequent office visits for that pregnancy will be required.
- MMCP will not require co-payment for allergy shots.

**Question 2:** Are there any changes in the Early Retirement Major Medical Expense Benefit Plan (GA-46000)?

**Answer 2:** No.

**Question 3:** If an employee elects to "opt-out" of coverage under the plan and retires from service with the carrier in accordance with the 60/30 provisions of the Railroad Retirement Act, will that individual be eligible for coverage under GA-46000?

**Answer 3:** Yes. One of the eligibility requirements for GA-46000 is that the employee be covered under either the NRC/UTU or the Railroad Employees National Health and Welfare Plan when they retire and the "opt-out" election is a part of the above referenced plans.

**Question 4:** Will employees off work due to leave of absence, furlough, suspension, dismissal, disability, etc., be required to remit the cost-sharing contributions to the carrier in those months in which they are not working but continue their benefit eligibility?

**Answer 4:** No. Under these circumstances, if the carrier is not required to make the monthly health and welfare payment on behalf of the employee, the employee is not required to make the cost-sharing contribution.

**Question 5:** If an employee elects coverage under the no-cost Basic Health Care Benefit (BHCB), when will the employee be permitted to elect coverage under the Managed Medical Care Program (MMCP) or the Comprehensive Health Care Benefit Plan (CHCB)?

**Answer 5:** The employee will be permitted to select another available benefit option during the regular re-enrollment period and the benefit plan elected will become applicable on January 1 of the year following the year in which the election is made in the same manner as is currently being administered.

**Question 6:** Is there any change in the NRC/UTU Health and Welfare Plan allowing employees the option to select coverage through BlueCross/BlueShield?

**Answer 6:** No. Existing plan provisions not specifically amended by this proposed agreement continue in effect without change.

**Question 7:** Is there any change in the "in-network" MMCP benefit levels?

**Answer 7:** The only changes in the benefits are those benefit improvements set forth in the proposed agreement. Existing plan provisions not specifically amended by this proposed agreement continue in effect without change.

**Question 8:** Where employee health benefits are provided through a hospital association requiring a monthly employee payment, what amount of monthly cost-sharing will be required for dependent health benefits provided under the NRC/UTU Plan or the National Health and Welfare Plan?

**Answer 8:** The cost-sharing contribution provided for in the proposed agreement will be reduced by the amount of the required monthly hospital association dues.

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