



RX Copay...

November 4, 2009

To: All Local Presidents, Legacy SBC Bargaining Units  
From: Kristie Darling, CWA Representative  
Subj: Midwest RETIREE Rx Deductibles, Co-pays & Out of Pocket Maximums

Enclosed for your convenience is the 2010 (Legacy SBC/Core Contract) Retiree Rx Deductibles, Co-pays and Out of pocket Maximums.

Reminder: Capped Retiree applies to those who retired on or after 1/1/93 but before 4/4/04. Those references to recently retired are those who retired on or after 4/4/04 and are now also considered capped retirees. The two co-pays listed under Capped 2009 reflect the difference amounts for capped (post 93 retirees) and "recent 04" retirees. Medicare eligible retirees and those who choose the new Alternative Medical Plan have separate deductibles & copays and are listed separately. (Everyone else is listed under Uncapped Bargained)

It is also my understanding that even though there is no scheduled cola increase for Social Security payments this year; most retirees will not see a Part B premium increase.

+ For those of you have enrolled in Care Plus; there is no increase in that premium either. It is still \$1/Single and \$2/Family.

+ The working spouse contribution of \$40/month is also eliminated effective 1/1/10.

KD:mc  
opeiu2/afl-cio

Attachment (1)

cc: Seth Rosen, VP  
Linda Hinton, AVP  
D-4 staff  
SBRs  
Annie Flack, RMC  
Marcy Gregory, RMC  
RMC CHapter Presidents  
RMC Activists.

## Midwest Retiree Prescription Drug Copays for 2010

### Uncapped Bargained Prescription Drug Copayments

<b>Deductible: \$50 Individual retail</b>				
	Retail		Mail Order	
	2009	2010	2009	2010
Generic	\$8	\$8	\$17	\$17
Preferred	\$26	\$26	\$54	\$54
NonPreferred	\$50	\$50	\$108	\$108
<b>Annual Out-of-Pocket Maximum</b> (only the network retail and mail order copayments for generic and preferred brand drugs count toward the Annual Out-of-Pocket Maximum)				
Individual			\$1,500	
Family			\$3,000	

### Capped/(recently) Retired Bargained

<i>NonMedicare</i>				
<b>Deductible: \$50 Individual retail</b>				
	Retail		Mail Order	
	2009	2010	2009	2010
Generic	\$8/\$10	\$8	\$17/\$20	\$17
Preferred	\$26/\$20	\$26	\$54/\$40	\$54
NonPreferred	\$50/\$40	\$50	\$108/\$80	\$108
<b>Annual Out-of-Pocket Maximum</b> (only the network retail and mail order copayments for generic and preferred brand drugs count toward the Annual Out-of-Pocket Maximum)				
Individual			\$1,500	
Family			\$3,000	
<i>Alternative Medical Option and Medicare</i>				
<b>Deductible: \$75 Family (combined retail and mail order)</b>				
	Retail		Mail Order	
	2009	2010	2009	2010
Generic	N/A	\$10	N/A	\$20
Preferred	N/A	\$30	N/A	\$75
NonPreferred	N/A	\$50	N/A	\$125
<b>Annual Out-of-Pocket Maximum</b> (only the network retail and mail order copayments for generic and preferred brand drugs count toward the Annual Out-of-Pocket Maximum)				
Individual			\$1,500	
Family			\$3,000	