

AAM Proposal

Tentative Agreement

HEALTH CARE PROGRAM

Active Employees

As shown in the chart below, AAM attempted to drastically change your health care benefits by shifting more cost to you. The corporation's major health care proposal (below) would have added approximately \$3,000 per year on average in out-of-pocket expenses to each employee.

Coverage	Option A		Option B	
	In network	Out-of-network	In network	Out-of-network
Deductible	\$2,000 single \$4,000 family	\$4,000 single \$8,000 family	\$1,000 single \$2,000 family	\$2,000 single \$4,000 family
Coinsurance	80%	60%	90%	60%
Out-of-pocket max (including deductible)	\$4,000 single \$8,000 family	\$8,000 single \$16,000 family	\$2,000 single \$4,000 family	\$4,000 single \$8,000 family
Office visit copay	\$25		\$15	
Specialist copay	\$50		\$25	
Emergency room copay	\$250		\$100	
Rx copay (retail)	\$15/\$30/\$60		\$10/\$25/\$50	
Rx copay (mail order)	2x retail		2x retail	
Weekly payroll deduction	\$11.40 single \$25.60 / \$20.50 / \$36.40 family		\$21.50 single \$48.25 / \$38.60 / \$68.60 family	

Dental and Vision. Eliminate dental and vision coverage because they are not "market competitive."

Office Visits. To remain uncovered, subject to individual physician charges.

Generic Drug Copayments. "Market competitive" copayments ranging from \$10 to \$15. Copayments for preferred prescription drugs ranging from \$25 to \$30 and nonpreferred prescription drug costs ranging from \$50 to \$60.

Active Employees (Effective Jan. 1, 2009)

The following changes apply to actives enrolled in the traditional plan (see Chart on page 12 for more details on how this plan works):

Annual Up-front Deductible

	In network	Out-of-network
Individual	\$150	\$600
Family	\$300	\$1,200

	In network	Out-of-network
Co-Insurance		
Plan Pays	90%	65%
Enrollee Pays	10%	35%

Annual Out-of-Pocket Maximum

Individual	\$250	\$1,000
Family	\$500	\$2,000

Weekly Payroll Contribution

Individual	\$10
Couple	\$20
Associate plus child(ren)	\$15
Family	\$25

Contributions Adjusted Annually. Beginning Jan. 1, 2010, weekly contributions will increase 3% and 3% per year thereafter. However, contributions can be made on a pre-tax basis using the Flexible Spending Account (FSA) option.

New Network. The Traditional plan will be updated to reflect changes in the health care delivery system. The new network (the Blue Cross/Blue Shield's Trust Network) preserves broad access to current providers (approximately 95% of current traditional providers participate in the Trust Network).

Dental and Vision. Current plans continue with no changes or modifications.

Office Visits. Office visits are now a covered benefit. You will still pay 100% of the costs of the visit, but under the Trust Network the doctor can only charge you the discount network price. Previously, there were no restrictions on the provider's charge.

Generic Copayments. The copayment for generic prescription drugs increased from \$3 to \$5. Copayments for preferred and non-preferred prescription drugs remain unchanged at \$12 and \$15, respectively.