

*UNITED FOOD AND COMMERCIAL WORKERS & EMPLOYERS
Arizona Health & Welfare Trust*

ADMINISTRATOR: Southwest Service Administrators, Inc.
2400 W. Dunlap Ave., Suite 250 • Phoenix, AZ 85021 • Phone 602-249-3582 • Toll Free 1-800-474-3485 • Fax 602-249-3795

United Food and Commercial Workers & Employers AZ Health & Welfare Trust

PLAN C2 PARTICIPANTS * IMPORTANT NOTICE *** BENEFIT CHANGES EFFECTIVE 06-01-09**

Dear Participant:

Medical benefit costs continue to rise at an alarming rate. In order to keep your plan financially healthy, the Board of Trustees is required to make the following plan changes. Please review this information carefully.

The Plan changes effective **June 1, 2009** are –

- **Prescription Network Program co-pay amounts:**
 - **Generic - \$10**
 - **Brand name with no generic equivalent - \$25**
 - **Brand name with generic equivalent - \$35**
- **Doctor's office visit co-pay - \$25**
- **Medical Deductible - \$300 Individual/\$900 Family**
- **Dental Deductible - \$100 (for those NOT in the CIGNA Dental DMO Plan)**
- **Stop Loss-The allowable expense at which claims are paid at 100% will change from \$10,000 to \$20,000, per calendar year.**

New plan ID cards are being prepared and will be sent out shortly.

The Trustees appreciate your attention to these important changes. Please call the Fund Office if you have any questions.

Sincerely,

**BOARD OF TRUSTEES
May 2009**

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PARTICIPANTES DEL PLAN 501-C2 ** AVISO IMPORTANTE **** CAMBIOS A PARTIR DE 06/01/09**

Estimado participante:

El costo de los beneficios medicos continua elevandose a un nivel alarmante. Para poder mantener la estabilidad financiera de su plan, la Junta Directiva se ha visto en la necesidad de hacer los siguientes cambios. Favor de prestar atencion a la siguiente informacion.

Los cambios en el plan a partir del **1ro. de junio de 2009** son:

- **Co-pagos para la Red del Programa de Medicamentos:**
 - **Genericos - \$10**
 - **Marca comercial sin equivalente generico - \$25**
 - **Marca comercial con equivalente generico - \$35**
- **Co-pago para visita al Medico - \$25**
- **Deducible Medico - \$300 Individual / \$900 Familiar**
- **Deducible Dental - \$100 (Para los participantes que NO esten en el plan dental de CIGNA)**
- **Limite de Pago - El gasto permitido mediante el cual los reclamos se pagan al 100% cambiara de \$10,000 a \$20,000 por año calendario.**

Las tarjetas con la informacion actualizada se estan preparando y seran enviadas pronto.

La Junta Directiva agradecen su atencion a estos cambios importantes. Si tiene dudas o preguntas, no dude en comunicarse a nuestra oficina.

Atentamente,

**JUNTA DIRECTIVA
Mayo de 2009**