

# **SUMMARY OF MATERIAL MODIFICATIONS**

## **JOINT BENEFIT TRUST NON-1400 HOUR PLAN**

### **JANUARY 1, 2010**

This pamphlet summarizes changes recently made to your Plan. It is intended as a supplement to your Summary Plan Description (SPD).

These Plan changes were made to encourage more active participation in your health care in order to improve your health status while helping to control medical costs. Please take the time to read and understand all of the Plan changes described here and note that these changes do not all take effect on the same date. Understanding your benefits and actively participating in your own wellness is an important step in improving and maintaining your health while also helping to manage costs. You should keep this summary of Plan changes with your SPD and refer to it whenever you have questions about your Plan.

If you need further explanation, please call JBT's Customer Service department at 1-800-JBT-HELP or 1-800-528-4357.

### **PLAN CHANGES**

#### **Bridged and Self-Pay Non-1400 Hour Employees**

The following Plan enhancements affect Bridged and Self-Pay Non-1400 Hour employees. You are a "bridged" Non-1400 Hour employee if you attained 3-Year Seniority before July 1, 1985 and your employer pays for your medical coverage during the off-season. You are a "self-pay" Non-1400 Hour employee if you attained 3-Year Seniority between July 1, 1985 and June 30, 2003 and you purchased off-season medical coverage through payroll withholding or by making self-payments

#### **MY Health IQ (MHIQ) Wellness Screening Program**

Starting in 2010, JBT will begin offering an annual biometric screening program for every 1400 Hour employee. JBT-eligible Non-1400 Hour "Bridged" and Self-Pay employees are also eligible to participate in this program on their own time. This voluntary MHIQ Screening Program will be offered at each plant location in either the spring or fall (The MHIQ Screening Program is in addition to the Health-Check-Up Program which will continue to be offered on a tri-annual basis to all Non-1400 Hour employees with a year or more of seniority). Non-1400 Hour Bridged and Self-Pay employees who choose to participate in the MHIQ testing will receive a comprehensive report along with a health risk score, which is an indication of your health status. Participants who are determined to have or be at high risk for developing a chronic disease or having a significant medical event such as hospitalization, will be entitled to participate in a Lifestyle Management Program to help reduce that risk.

## Enhanced Benefits for Participating in the MY Health IQ Screening

When you take the MHIQ test, the Plan will pay the following preventive care services in full – you pay nothing as long as the services are performed by an Anthem Blue Cross preferred provider and provided you are eligible for medical coverage at the time services are received:

- **Cancer screening tests**
  - Annual gynecological exam and pap smear
  - Fecal occult blood test – once every 5 years starting at age 50
  - Screening Colonoscopy – once every 5 years starting at age 50
- **Annual Flu shot** – starting at age 50
- **Pneumonia Immunization** – once every five years beginning at age 50, limited to a lifetime maximum of two.

You will be eligible for these enhanced benefits two months after you complete MHIQ screening and your eligibility will continue for 12 months thereafter. For example, if you take the MHIQ test in February 2010, your enhanced benefits will be available from April 1, 2010 through March 31, 2011, provided you have maintained your medical coverage when the service is received.

## Reduction in Prescription Drug Copayments

The Trust has contracted with Healthways, a chronic disease management company, to provide patient support and lifestyle coaching for members who have chronic health conditions. Effective January 1, 2010, if you or one of your eligible family members is diagnosed and under treatment for one of the following chronic conditions and agree to participate in the Chronic Disease Management (CDM) Program, you will be eligible for reduced prescription drug copayments.

### *Chronic Conditions Eligible for Reduced Prescription Drug Copayments:*

- Diabetes
- Congestive heart failure
- Coronary heart disease
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Oncology
- Atrial Fibrillation
- Hepatitis C
- Osteoarthritis
- Inflammatory Bowel Disease

Non-1400 Hour “Bridged” and “Self-Pay” employees have the option to buy off-season prescription drug coverage. If you have purchased such coverage and if you also participate in two phone “care” calls with a Healthways nurse in a 12-month period, you

will meet the participation criteria and be eligible for reduced prescription drug copays as follows:

	<b>Copay <u>without</u> Participation in CDM</b>	<b>Copay <u>with</u> Participation in CDM</b>
<b>Retail</b>		
Generic	\$10	\$0
Brand	\$20	\$10
Non-Preferred	\$35	\$25
<b>Mail Order</b>		
Generic	\$20	\$0
Brand	\$40	\$20
Non-Preferred	\$70	\$50

Your copay reduction will begin two months after you complete your second successful phone call with Healthways during any 12 consecutive month period; however, participants diagnosed with one of the eligible chronic conditions listed above who successfully completed two calls with Healthways during 2009, will be entitled to the reduced prescription drug copayment beginning January 1, 2010 and continuing throughout calendar year 2010. Continued eligibility for reduced drug copays requires that you participate in two phone “care” calls with a Healthways nurse annually and maintain your eligibility for drug benefits.

The Fund Office will notify you when you meet the participation criteria and will advise you of both the beginning and end dates of the copay reduction period.

### **All Non-1400 Hour Employees**

#### **Increase in Dental Table of Allowances**

Effective August 1, 2009, the allowances for covered dental procedures were increased by an average of 3%. The calendar-year deductible remains the same at \$50 per individual or \$100 per family. The annual maximum benefit payable per person is still \$750.

The new Table of Allowances pamphlet, as well as a new Participating Dentist Directory, were recently mailed to you. If you did not receive them, please contact the Fund Office for copies.

#### **Increased Mammography Benefit**

The Trust has approved an increase in the annual mammography benefit to a maximum of \$100 effective July 1, 2009. JBT’s Indemnity Medical Plan will cover an annual mammogram (once every 12 months) for females who have reached age 40. The mammogram benefit will no longer be available to employees who have not yet earned JBT coverage even if they participate in the tri-annual Health Check-Up Program.

Although participants may use any radiology provider of their choice, the Trust has contracted with radiology providers throughout Northern California who have agreed to accept JBT's payment as payment in full. This mammography network is separate from the Blue Cross network. Please call the Fund Office if you need a copy.

**REMINDER**

During the off-season, your prescription drug card still gets you discounts on prescription drugs, even if you are no longer eligible for drug benefits, So continue to use your card. It will save you money on your prescriptions.

This document is a Summary of Material Modification (SMM) as required by the Employee Retirement Income Security Act (ERISA) of 1974. It provides a summary of the changes to the benefits for eligible 1400 Hour employees.

This document does not guarantee continued employment or benefits. In addition, the Board of Trustees reserves the right to change or end the Plan. The Board of Trustees may modify or end the Plan by a formally approved resolution at a regularly constituted Trustee meeting held in accordance with the Trustees' established process.