

AFL-CIO HEALTH & WELFARE PLAN SUMMARY OF PLAN CHANGES

Plan Changes Effective January 1, 2011

Maximum Policy Benefit (or Lifetime Maximum) is Eliminated

Currently, there is a maximum amount that is payable for non-network benefits during the entire period of time you are enrolled under the Plan. This “Maximum Policy Benefit” is \$2,000,000 per covered person for non-network benefits. Effective January 1, 2011, there will no longer be a Maximum Policy Benefit under the Plan.

Extended Coverage for Children of Employees and Retirees Through Age 26

Effective January 1, 2011, the child, stepchild, adopted child (including a child placed for adoption) or foster child of a Participant or Retiree may continue to be covered under the Plan through the end of the month in which the child turns age 26. This extended coverage will apply once the child ceases to meet the definition of Dependent under the Plan, and is available regardless of school status, marital status and/or financial dependency on the Participant or Retiree. Until January 1, 2014, this extended coverage will be available only if the child does not have other employment-based health coverage available (through his or her own employment or through a spouse’s employment). If you have a child described above who is not yet 26 and who is not currently covered by the Plan, you may apply for coverage during the upcoming open enrollment period (December 1 through December 31, 2010, with coverage effective on January 1, 2011), or any future open enrollment period for coverage following that open enrollment period.

This extended coverage is not applicable to a child who may satisfy the definition of a Dependent under the eligibility rules of the Plan (for example, a child for whom legal guardianship has been awarded to a Participant or Participant’s Spouse, a grandchild/niece/nephew in the primary care of a Participant, or the child of a same-sex spouse or Domestic Partner), but who is not the son, daughter, stepchild, adopted child or foster child of a Participant or Retiree. Coverage for these Dependents will continue to be provided in accordance with the current Dependent eligibility rules of the Plan.

Coverage for a disabled child remains available under the Plan as long as the mental or physical incapacity occurs while the child is an eligible Dependent under the Plan (not including time covered only by way of the extension to age 26 for children described above).

Change to the Vision Allowance on Eyeglass Frames

Currently, the allowance for eyeglass frames differs depending on whether you purchase eyeglass frames from a network provider at a private practice (\$50.00 wholesale) or retail location (\$130.00 retail). Effective January 1, 2011, the \$130.00-retail-based allowance will apply whether the network provider is at a private practice or retail location. For information on this change, please go to www.myuhc.com or contact UHC at 1(800) 996-0592.

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Domestic Partners of Retirees Eligible for Coverage Effective October 1, 2010
(Applicable only to retirees of employers that offer retiree health coverage)

The Plan's coverage eligibility rules for retirees have been expanded to allow for the enrollment of a Domestic Partner, even if that Domestic Partner was not covered under the Plan while the retiree was in active employment. All of the regular eligibility requirements for Domestic Partner coverage under the Plan will apply and must be satisfied.

If you are a retiree and currently have a domestic partner who is not enrolled in the Plan, and you are interested in enrolling him or her in the Plan, you and your domestic partner will need to apply for the coverage and supply all the documentation required by the Plan for the substantiation of the domestic partnership. Contact the Plan Administrator to get the application and information about the supporting documentation needed.

If your full and complete application for such coverage is received on or before November 29, 2010, you may elect Domestic Partner coverage retroactive to October 1, 2010.

Otherwise, a domestic partner can be enrolled during the upcoming open enrollment period in December 2010 effective January 1, 2011 (or during any future open enrollment period for coverage following that open enrollment period).

Note: If a Domestic Partner is enrolled in coverage under the Plan, but you do not claim that individual as a dependent on your federal income tax return, the value of coverage provided to your Domestic Partner may be taxable to you. Contact the Plan Administrator for additional information.

Have Questions?

If you have questions or need additional information, please contact the Plan Administrator:

AFL-CIO Health & Welfare Plan
333 West Vine St., Suite 500
Lexington, KY 40507

(877) 423-5246

email@afcliotpa.org

In addition, this and other information is posted on the Plan's website, www.afcliotpa.org.