

**2009 CONTRACT NEGOTIATIONS**

**NATIONAL GRID  
and  
UWUA, AFL-CIO, LOCALS 350 & 369, BUW**

**COMPANY PROPOSAL #5**

**LIFE AND MEDICAL INSURANCE – HEALTH CARE**

**Page B-8 #2 HEALTH CARE**

2. HEALTH CARE - The Company agrees to provide the following health care programs to active employees with six (6) or more months of service and to their eligible family members, same sex domestic partners, families of deceased employees, retirees and their eligible family members, and families of deceased retirees.

In the event of the death of an active employee, the Company will continue to provide similar health coverage for the surviving spouse and dependent children. However, coverage will be discontinued if the spouse remarries or if the spouse has access to family health care coverage through another employer, provided however, the employee contributions do not exceed 50%.

**BCBSMA NATIONAL PPO – Base Plan**

<b>In Network</b>	<b>90% of covered services</b>
<b>Deductibles</b>	<b>\$250 / \$500</b>
<b>Max out of Pocket</b>	<b>\$1,000 / \$2,000 excluding deductibles</b>
	<b>\$15 co-payment for Primary Care / \$20 Specialist.</b>

<b>Out of Network</b>	<b>70% of covered services</b>
<b>Deductibles</b>	<b>\$400 / \$800</b>
<b>Max out of pocket</b>	<b>\$2,400 / \$4,800 excluding deductibles</b>

**Employees enrolled in Blue Cross Blue Shield MA National PPO Health Plan will contribute 20% of the premium.**

**CareMark Prescription Drug Program:**

**Retail (up to a 30 day supply):**

Generic - \$10 co-payment.

Formulary - **\$20 co-payment.**

Non-Formulary - **\$35 co-payment.**

Mail Order (For maintenance drugs; up to a 90 day supply):

Generic - \$20 co-payment.

Formulary - **\$40 co-payment.**

Non-Formulary - **\$70 co-payment.**

HMO Options

Employees may also choose Harvard Pilgrim Health Care or Fallon Community Health Plans. Employee contributions for these plans will be based on the full difference between **80%** of the **BCBSMA National PPO** premium and the premiums for these plans. Minimum contribution levels equal to the **BCBSMA National PPO** contribution will apply.

Medical Waiver

Employees who waive medical coverage under this section will be reimbursed as follows:

Family Plan	\$ 750.00/year
Individual Plan	\$ 750.00/year

**Payments will be made on a monthly basis. Employees waiving medical coverage must demonstrate proof of medical coverage from another source.**

*<<no changes proposed to remainder of section 2. Health Care>>*