



**Michigan Electrical Employees' Health Plan**  
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## **NOTICE ABOUT BENEFIT PLAN IMPROVEMENTS**

April 2008

To: *Eligible Active Participants, and  
Retired Participants Not Covered Under the Supplement to Medicare Plan:*

This notice contains information about improvements to your Plan of benefits. Please keep this notice with your Summary Plan Description booklet for future reference.

### **ANNUAL OUT-OF-POCKET LIMIT REDUCED**

The out-of-pocket limits under the medical plan (the Comprehensive Major Medical Benefit) have been reduced to \$2,000 per person and \$4,000 per family (from \$4,000 per person and \$6,000 per family). An out-of-pocket limit is the maximum amount you have to pay during a calendar year based on your 20% co-payment percentage (30% for out-of-network expenses) for covered medical expenses. If your out-of-pocket limit is met, the Plan generally pays 100% for the covered medical expenses you incur during the remainder of that year. However, exceptions apply—see page 34 of your Summary Plan Description booklet for more information.

This change applies to covered medical expenses incurred on and after January 1, 2008. The Plan Office will review all 2008 claims previously processed, and make any necessary adjustments if the person's out-of-pocket expenses exceed the new limits.

### **MAXIMUM SELF-PAY PERIOD FOR ACTIVE EMPLOYEES**

Qualifying active employees who have fewer than 130 hours during a work month can self-pay their short hours to maintain their eligibility for Plan benefits. Effective with the February 2008 work month (for April coverage), short hours self-pays can be made for a maximum of nine (9) consecutive months (instead of the six months previously permitted). COBRA continuation coverage may be available after you exhaust your short hour self-pay coverage for up to an additional 18 months.

### **NON-BARGAINING UNIT EMPLOYEE ENROLLMENT**

If a non-bargaining unit employee declined coverage under the Plan due to coverage as a dependent under a spouse's employer-provided group health plan or health insurance, as described on

Page 12 of your Summary Plan Description booklet, the non-bargaining employee may enroll himself or herself and any eligible dependents under the Plan in an open enrollment period during July each year for benefit entitlement under the Plan on the first day of September. The non-bargaining unit employee must submit a completed and signed Plan enrollment form so that it is received by the Plan no later than July 31st. Coverage for the employee and his or her dependents will be subject to the provisions of the pre-existing condition exclusion described on pages 12 and 50 of your Summary Plan Description booklet.

The open enrollment is available in addition to the Plan's special enrollment feature when your coverage under another Plan ends (as described on page 12 of your Summary Plan Description), and when you acquire a new dependent through marriage, birth, adoption or placement for adoption. You can request enrollment for yourself, your dependent spouse and any child newly acquired through marriage, birth, adoption or placement for adoption within 30 days of the event. If you enroll on a timely basis, coverage will be effective on the date of the event. Coverage for the employee and his or her dependents will be subject to the provisions of the pre-existing condition exclusion described on pages 12 and 50 of your Summary Plan Description booklet

*Call the Plan Office if you have questions about your benefits or eligibility. If you need a copy of your Summary Plan Description, you can obtain one (and notices of any subsequent changes) by calling the Plan Office.*