

Memorandum of Understanding
Between the
Amalgamated Transit Union
&
The Greater Cleveland Regional Transit Authority

Default Health Care Plan

Effective upon execution, this memorandum of understanding will confirm the acceptance of the health care benefit plan listed below for employees and their eligible dependents that do not complete their online open enrollment selection within the Authority's designated time frame. Beginning with the 2012 health care open enrollment, the health care benefit plan noted below would be the default plan for any full-time ATU represented employee that does not complete their on-line open enrollment within the Authority's designated time period. The Greater Cleveland Regional Transit Authority and the Amalgamated Transit Union, having met and conferred, agree to the wages, hours and conditions of employment outlined herein. Except as outlined in this agreement, no other terms and conditions shall be effected in the Collective Bargaining Agreement still in effect between the GCRTA and the ATU (August 1, 2006 through July 31, 2009).

The parties agree to the following provisions:

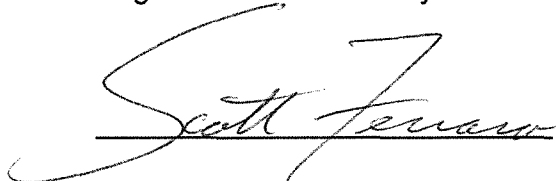
1. There are currently nine full-time ATU represented employees with family coverage that did not complete their on-line health care open enrollment within the designated time period. The nine full-time ATU represented employees with family coverage would be permitted one more opportunity to enroll their family on one of the Authority's health care plans. Their request for health care enrollment must be completed within 10 business days of signing this agreement.
2. Should any of the above employees fail to sign up again within the designated time frame noted above, the employee will only be eligible for single coverage under the Authority's health care benefit plan for the 2012 benefit year.
3. Beginning with the 2012 open enrollment period for 2013 any full-time ATU represented employee that does not complete their online open enrollment (including the option to waive coverage if appropriate) within the Authority's designated time period would default to the attached health care plan. Single coverage employees would be placed on the default plan's single coverage and employees with eligible dependents would be placed on the default plan's family coverage.

The GCRTA and the ATU acknowledge that they have had ample opportunity to confer and bargain over all negotiable matters affecting wages, hours and, terms and conditions of employment regarding the acceptance of the health care benefit plan listed below for employees and their eligible dependents that do not complete their online open enrollment selection within the Authority's designated time frame. This agreement represents a complete and final understanding between the GCRTA and the ATU on all bargaining issues.

Executed in Cleveland, Cuyahoga County, Ohio, this 11th day of January 2012.

For the Amalgamated Transit Union

For the Greater Cleveland
Regional Transit Authority





**Greater Cleveland
Regional Transit Authority
SuperMed Plus
Effective 1-1-2013**



Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	26	
Over Aged Child	28	
	Removal upon End of Month	
Overall Benefit Period Maximum	Unlimited	
Benefit Period Deductible – Single/Family ¹	\$500/\$750	\$750/\$1500
Coinsurance	80%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$1000/\$2000	\$2,500 / \$5,000
Physician/Office Services		
Office Visit (Illness/Injury) ²	80% after deductible	60% after deductible
Urgent Care Office Visit ²	80% after deductible	60% after deductible
Immunizations (tetanus toxoid, rabies vaccine, and meningococcal polysaccharide vaccine are covered services)	100%	80%
Preventative Services		
Office Visit/Routine Physical Exams	100%	60% after deductible
Well Child Care Services including Exam and Immunizations (To age 21)	100%	60% after deductible
Well Child Care Laboratory Tests (To age 21)	100%	60% after deductible
Routine Colonoscopy (Ages 50 and older)	100%	60% after deductible
Routine Mammogram (One per benefit period)	100%	60% after deductible
Routine Pap Test (One per benefit period)	100%	60% after deductible
Routine Labs, X-rays and Medical Tests	100%	60% after deductible
Outpatient Services		
Surgical Services (other than in the physician's office)	80% after deductible	60% after deductible
Diagnostic Services	80% after deductible	60% after deductible
Physical, Chiropractic, and Occupational Therapy Services (30 combined visits then subject to Medical Review)	80% after deductible	60% after deductible
Speech Therapy – Facility and Professional (10 visits then subject to Medical Review)	80% after deductible	60% after deductible
Cardiac Rehabilitation	80% after deductible	60% after deductible
Professional Services	80% after deductible	60% after deductible
Emergency use of an Emergency Room ³	80% after deductible	
Non-Emergency use of an Emergency Room ^{3,4}	80% after deductible	60% after deductible

Benefits	Network	Non-Network
Inpatient Facility		
Semi-Private Room and Board	80% after deductible	60% after deductible
Professional Services	80% after deductible	60% after deductible
Maternity	80% after deductible	60% after deductible
Skilled Nursing Facility	80% after deductible	60% after deductible
Additional Services		
Allergy Testing and Treatments	80% after deductible	60% after deductible
Ambulance	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Home Healthcare	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible
Organ Transplants	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
Mental Health and Substance Abuse		
Inpatient Facility - Mental Health and Substance Abuse Services	Benefits paid based on corresponding medical benefits	
Outpatient Mental Health Services		
Outpatient Substance Abuse Services		

Note: Services requiring a copayment are not subject to the single/family deductible.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

¹Maximum family deductible. Member deductible is the same as single deductible.

²The office visit copay applies to the cost of the office visit only.

³Copay waived if admitted.

⁴The copay applies to room charges only. All other covered charges are subject to the coinsurance.