



Ford Motor Company of Canada, Limited
Ford du Canada Limitée

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February 3, 2009

CAW Hourly and Salaried Bargaining Unit
Retirees and Surviving Spouses

The 2008 Collective Agreement – changes to your benefits program

Changes to the Collective Agreement as they apply to Health Care program coverage is set out below and overrides any previous communication. Feel free to contact Green Shield Canada, the health benefit carrier, if you require additional information 1-888-711-1119 or www.greenshield.ca.

Prescription Drug Benefit Plan

Effective January 1, 2009, the prescription drug co-pay has changed from \$.35 to 10% per prescription or refill.

HOW THE PLAN WORKS – Effective January 1, 2009 the plan administrator will reimburse the full cost of all eligible drug bills for each person covered by the plan, less a co-payment of 10% of the total allowed amount paid by the plan for each prescription dispensed by a pharmacist, doctor or hospital.

- (1) when a drug prescribed for a covered person has a generic equivalent (regardless of interchangeability), the maximum benefit under the plan for such drug will be limited to the cost of the lowest priced generic drug, less the co-pay stated above, and;
- (2) If the covered person chooses the more costly drug, in lieu of the lowest priced generic drug, such person will be responsible for the difference in cost. Where there is documented evidence of an adverse reaction to a generic drug and Green Shield Canada is provided with a copy of the "Canadian Adverse Drug Reaction Monitoring Program" form completed by the physician that has been submitted to Health Canada the brand name drug will be reviewed for eligibility.
- (3) The 10% co-payment will be applied until the annual out-of-pocket maximums identified below are reached:

Calendar Year	Out-of-pocket Maximum
2009	\$250.00
2010	\$270.00
2011	\$290.00

Once the annual out-of-pocket maximum (per family) is reached, the plan will pay 100% of the total allowed amount paid by the plan for eligible prescription drugs for the remainder of the calendar year. The covered person will still be required to pay for any dispensing fee charged by the pharmacy in excess of \$11.00 per prescription.

Reimbursement may be obtained by either of the following methods:

- If you deal with an "agreement" pharmacy, you pay the pharmacy 10% of the total allowed amount paid by the plan for each eligible prescription dispensed. The pharmacist will bill the plan administrator directly for the balance. In the event the agreement between the pharmacy and the carrier provides for a maximum allowable dispensing fee in excess of \$11.00, the covered person will be responsible for the excess. Or ...

- You may claim payment by submitting a claim form to the plan administrator and attaching your receipted bills. These bills must be official prescription receipts and clearly show the drug name, drug identification number (DIN) and quantity of the drug, the prescription number, the cost, the date of purchase and the patient's name. The covered person will be responsible for any additional charges assessed by the non-participating pharmacy over and above those paid by the plan, including any dispensing fee charge over \$11.00. The net eligible amount of your claim less the 10% co-payment will be sent to the subscriber by the plan administrator (Green Shield Canada).

NOTE: Prescription drug benefits for residents of Ontario who are age 65 or older are available under the Ontario Drug Benefit Program. Residents who also have the Prescription Drug Plan are required to present their Ontario Drug Benefit (ODB) Card to their pharmacist. This will ensure that the pharmacist bills the ODB Program. However, if certain drug benefits are not available under the Ontario Drug Benefit Program, then they may be claimed in accordance with the terms of the Prescription Drug Plan. Most provinces provide similar coverage for seniors. The prescription drug plan 10% co-payment will also apply to retirees and ODB recipients up to the annual maximum identified in (3) above.

Vision Care Program

Effective October 1, 2008, the vision plan was amended to increase the amounts available to each participant every 24 months as follows:

- Multi-focal vision and laser eye surgery increased from \$325 to \$345
- Bifocal vision from \$255 to \$275
- Single vision from \$200 to 220
- Contacts from \$210 to \$230

Effective October 1, 2008 coverage for routine eye exams (once in a 24 month period) is increased from \$65.00 to \$85.00.

Extended Health Services

Effective October 1, 2008, the following paramedical benefit increases will apply:

- Chiropractor – annual maximum is increased from \$450 to \$465 (per visit, maximum remains at \$25.00)
- Psychologist Services – annual maximum is increased from \$600 to \$625 (per visit, maximum remains at \$50)

Long Term Care

Effective January 1, 2009, coverage for Long Term Care is capped at \$1,543.95 per month, (the current rate for Ward Accommodation) for those who enter a facility on or after January 1, 2009. Employees or retirees who enter A Long Term Care facility prior to this date will be grandfathered at their existing coverage.

Personnel Services
Ford of Canada