

VERY IMPORTANT PLAN INFORMATION
PLEASE READ CAREFULLY

December 21, 2006

As you know, the cost of medical care has increased substantially over the past few years. These types of increases can place a tremendous strain on the Fund's assets and reserves. The Trustees' goal is to continue to provide comprehensive health care coverage for participants while ensuring the strength of the Fund. As a result, the Trustees have found it necessary to make changes to your Plan benefits **effective January 1, 2007**.

The Plan changes are as follows:

- Increase the deductibles to: in-network \$300 per person / \$1,200 per family
- Increase out-of-pocket maximums to: in-network \$2,000 per person plus deductible
- Add \$20 office co-pay (not subject to deductible), \$100 emergency room co-pay (not subject to deductible) for in-network providers
- Limit inpatient mental nervous to 30 days per year. Increase outpatient mental nervous visits to 30 per year
- Eliminate annual deductible carry-over
- Increase hourly contribution rate to \$4.35

The following change will be effective **February 1, 2007**:

- Increase retiree premium to \$230 for single, \$460 for member and spouse

You will be receiving new medical identification cards soon. There has been no change to the current network of preferred providers. The same information on how to verify if a provider is in-network will be listed on the new cards.

The Board realizes the difficulty that these increases will place on the membership; however, the Board is confident that only with these changes can it continue to provide you and your family with comprehensive coverage in the future. If you have any questions or need additional information, please contact the Fund Office.

Sincerely,

Board of Trustees
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