

LOCAL 270

# UTILITY WORKERS UNION OF AMERICA

AFFILIATED WITH THE AFL-CIO

LIGHT—HEAT  
4205 CHESTER AVENUE



POWER—WATER  
CLEVELAND, OHIO 44103-3615

November 10, 2010

TELEPHONE: (216) 881-0004  
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To: Active and "In the Box Retirees" in the Cleveland and Ashtabula Divisions

Subject: Healthcare/Prescription Drug Benefits

Brothers and Sisters,

This letter reports on the actions taken by Alpha Group, FirstEnergy and Local 270 to protect medical and prescription coverage for you and your families.

## **MEDICAL MUTUAL SERVICES LLC TRANSITION.**

At this time, all active members and "In the Box Retirees" of Local 270 working for or retired from FirstEnergy Corporation since May 1, 2006 have been enrolled in new medical and prescription coverage through Medical Mutual Services LLC. Most families and individuals are now enrolled in the plan each selected with Medical Mutual during Open Enrollment. In other words, the plan of coverage that you picked to begin January 1, 2011, has started earlier--effective November 1, 2010.

If you had enrollment changes for January 1, 2011 and there are questions about your enrollment, Alpha will try to contact you. For example, if you added or deleted dependents for the coverage that was scheduled to start on January 1, 2011, Alpha will try to contact you to be sure that you want to enroll the dependents for coverage at this time. Any dependent child who is eligible for coverage, without additional premium cost under the Patient Protection and Affordable Care Act of 2010, has been enrolled in the Medical Mutual plan as of November 1, 2010.

With this change to Medical Mutual, the premiums needed for coverage through Medical Mutual also will start in November 2010. The updated employee contributions will begin to be deducted from your November 12, 2010 paycheck. The rates which were published during Open Enrollment for January 1, 2011 coverage through Medical Mutual have been increased by 4%. For most employees, the Medical Mutual rates are higher than the 2010 rates under Morgan Waldron's plan, so the payroll deduction for the employee contribution will be higher. A copy of the rates for each plan is attached for you to determine the impact on your own paycheck.

Cont'd>>>>>>>>

**MORGAN WALDRON INSURANCE MANAGEMENT LLC**

With the full support of Local 270, on November 5, 2010, a class action complaint was filed in the United States District Court for the Northern District of Ohio against Morgan Waldron Insurance Management LLC and related parties. The case was filed on behalf of the employees and "in the box retirees" to obtain payment for claims incurred prior to November 1, 2010, to recover the increased premium costs that employees will pay for the next 14 months, and to obtain other appropriate relief and damages. The full extent of the unpaid claims is still not known.

We will continue to update you when we have additional information. Please continue to:

- 1) contact Alpha with any questions about your enrollment under the new plan with Medical Mutual, and
- 2) contact Medical Mutual for questions about the coverage and benefits that became effective on November 1, 2010

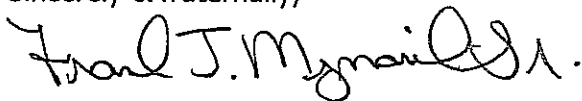
Updates will be available on the Local 270 website and hotline.

Web address is [www.local270.org](http://www.local270.org)

Hotline Number is 216-556-5957

Contact The Alpha Group at 216-520-3300

Sincerely & fraternally,



Frank J. Meznarich, Sr.  
President

Health Care/Prescription Drug

**Option 1** Z100  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 534.73	\$ 982.71	\$ 1,049.26	\$ 1,604.19
Monthly COBRA Rate	\$ 545.42	\$ 1,002.36	\$ 1,070.25	\$ 1,636.27
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 210.07	\$ 457.51	\$ 380.83	\$ 706.58
Bi-weekly Full-time Contribution	\$ 96.96	\$ 211.16	\$ 175.77	\$ 325.11
Bi-weekly Part-time Contribution (s)	\$ 135.71	\$ 288.08	\$ 292.74	\$ 456.55
Bi-weekly Part-time Contribution	\$ 246.80	\$ 453.56	\$ 484.27	\$ 740.40

**Option 7 - Major Medical Plan** Z107  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 414.24	\$ 766.36	\$ 807.80	\$ 1,242.74
Monthly COBRA Rate	\$ 422.52	\$ 781.69	\$ 823.96	\$ 1,267.59
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 89.58	\$ 241.16	\$ 139.37	\$ 345.13
Bi-weekly Full-time Contribution	\$ 41.34	\$ 111.30	\$ 64.32	\$ 159.29
Bi-weekly Part-time Contribution (s)	\$ 105.13	\$ 209.06	\$ 225.38	\$ 353.68
Bi-weekly Part-time Contribution	\$ 191.19	\$ 353.70	\$ 372.83	\$ 573.57

**Option 2** Z102  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 494.01	\$ 909.74	\$ 967.52	\$ 1,482.05
Monthly COBRA Rate	\$ 503.89	\$ 927.93	\$ 986.87	\$ 1,511.69
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 169.35	\$ 384.54	\$ 299.09	\$ 584.44
Bi-weekly Full-time Contribution	\$ 78.16	\$ 177.48	\$ 138.04	\$ 269.74
Bi-weekly Part-time Contribution (s)	\$ 125.38	\$ 248.18	\$ 269.94	\$ 421.79
Bi-weekly Part-time Contribution	\$ 228.00	\$ 419.88	\$ 446.55	\$ 684.02

**Option 8 - Traditional Plan** Z190  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 487.76	\$ 898.30	\$ 955.20	\$ 1,463.28
Monthly COBRA Rate	\$ 497.52	\$ 916.27	\$ 974.30	\$ 1,492.56
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 163.10	\$ 373.10	\$ 286.77	\$ 565.68
Bi-weekly Full-time Contribution	\$ 75.28	\$ 172.20	\$ 132.36	\$ 281.08
Bi-weekly Part-time Contribution (s)	\$ 123.79	\$ 245.06	\$ 266.50	\$ 416.45
Bi-weekly Part-time Contribution	\$ 225.12	\$ 414.60	\$ 440.66	\$ 675.36

**Option 3** Z101  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 462.24	\$ 852.48	\$ 904.03	\$ 1,386.72
Monthly COBRA Rate	\$ 471.48	\$ 869.53	\$ 922.11	\$ 1,414.45
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 137.58	\$ 327.28	\$ 235.60	\$ 489.11
Bi-weekly Full-time Contribution	\$ 63.50	\$ 151.05	\$ 108.74	\$ 225.74
Bi-weekly Part-time Contribution (s)	\$ 117.32	\$ 232.56	\$ 252.22	\$ 394.66
Bi-weekly Part-time Contribution	\$ 213.34	\$ 393.45	\$ 417.24	\$ 640.02

**Option 9 - Limited PPO Plan** Z191  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 602.59	\$ 925.09	\$ 984.79	\$ 1,507.79
Monthly COBRA Rate	\$ 512.64	\$ 943.59	\$ 1,004.49	\$ 1,537.95
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 177.93	\$ 399.89	\$ 316.36	\$ 610.18
Bi-weekly Full-time Contribution	\$ 82.12	\$ 184.56	\$ 146.01	\$ 281.62
Bi-weekly Part-time Contribution (s)	\$ 127.56	\$ 252.36	\$ 274.76	\$ 429.12
Bi-weekly Part-time Contribution	\$ 231.96	\$ 426.96	\$ 454.52	\$ 695.90

**Option 4** Z104  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 452.17	\$ 834.41	\$ 883.84	\$ 1,356.52
Monthly COBRA Rate	\$ 461.21	\$ 851.10	\$ 901.52	\$ 1,383.65
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 127.51	\$ 309.21	\$ 215.41	\$ 459.91
Bi-weekly Full-time Contribution	\$ 58.85	\$ 142.71	\$ 99.42	\$ 211.80
Bi-weekly Part-time Contribution (s)	\$ 114.76	\$ 227.63	\$ 246.59	\$ 386.07
Bi-weekly Part-time Contribution	\$ 208.69	\$ 385.11	\$ 407.93	\$ 626.09

**Option 10 - Health Savings Account Plan** Z402  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 410.39	\$ 734.64	\$ 815.70	\$ 1,221.00
Monthly COBRA Rate	\$ 418.60	\$ 749.33	\$ 832.01	\$ 1,245.42
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 85.73	\$ 209.44	\$ 147.27	\$ 323.39
Bi-weekly Full-time Contribution	\$ 39.57	\$ 95.56	\$ 67.97	\$ 149.26
Bi-weekly Part-time Contribution (s)	\$ 104.16	\$ 200.41	\$ 227.58	\$ 347.50
Bi-weekly Part-time Contribution	\$ 189.41	\$ 339.06	\$ 376.46	\$ 563.54

**Option 5** Z105  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 477.76	\$ 880.48	\$ 935.03	\$ 1,433.29
Monthly COBRA Rate	\$ 487.32	\$ 898.09	\$ 953.73	\$ 1,461.96
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 153.10	\$ 355.28	\$ 266.60	\$ 535.68
Bi-weekly Full-time Contribution	\$ 70.66	\$ 163.98	\$ 123.05	\$ 247.24
Bi-weekly Part-time Contribution (s)	\$ 121.26	\$ 240.19	\$ 280.87	\$ 407.91
Bi-weekly Part-time Contribution	\$ 220.50	\$ 406.38	\$ 431.55	\$ 661.52

**Option 11** Z110  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 422.95	\$ 780.96	\$ 826.28	\$ 1,268.66
Monthly COBRA Rate	\$ 431.41	\$ 796.58	\$ 842.81	\$ 1,294.24
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 98.29	\$ 255.76	\$ 157.85	\$ 371.25
Bi-weekly Full-time Contribution	\$ 45.36	\$ 118.04	\$ 72.85	\$ 171.35
Bi-weekly Part-time Contribution (s)	\$ 107.34	\$ 213.05	\$ 230.63	\$ 361.12
Bi-weekly Part-time Contribution	\$ 195.21	\$ 360.44	\$ 381.36	\$ 585.63

**Option 6** Z108  
 Medical Mutual

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 377.12	\$ 699.79	\$ 733.28	\$ 1,131.37
Monthly COBRA Rate	\$ 384.66	\$ 713.79	\$ 747.95	\$ 1,154.00
Monthly Employer Cost	\$ 324.66	\$ 525.20	\$ 668.43	\$ 897.61
Monthly Full-time Contribution	\$ 52.46	\$ 174.59	\$ 64.95	\$ 233.76
Bi-weekly Full-time Contribution	\$ 24.21	\$ 80.58	\$ 29.93	\$ 107.89
Bi-weekly Part-time Contribution (s)	\$ 95.71	\$ 190.90	\$ 204.59	\$ 321.99
Bi-weekly Part-time Contribution	\$ 174.06	\$ 322.95	\$ 338.44	\$ 522.17

Vision

**VSP Basic Vision Plan** V1BN  
**VSP Supplemental Vision Plan** V1SN

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 16.24	\$ 32.47	\$ 34.03	\$ 47.48
Monthly COBRA Rate	\$ 16.56	\$ 33.12	\$ 34.71	\$ 48.43
Monthly Employer Cost	\$ -	\$ -	\$ -	\$ -
Monthly Full-time Contribution	\$ 16.24	\$ 32.47	\$ 34.03	\$ 47.48
Bi-weekly Full-time Contribution	\$ 7.50	\$ 14.99	\$ 15.71	\$ 21.91
Bi-weekly Part-time Contribution	\$ 7.50	\$ 14.99	\$ 15.71	\$ 21.91

Dental

**Delta Dental Basic** DBOH

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 26.99	\$ 56.07	\$ 50.85	\$ 84.56
Monthly COBRA Rate	\$ 27.52	\$ 57.19	\$ 51.87	\$ 86.25
Monthly Employer Cost	\$ -	\$ -	\$ -	\$ -
Monthly Full-time Contribution	\$ 26.99	\$ 56.07	\$ 50.85	\$ 84.56
Bi-weekly Full-time Contribution	\$ 12.45	\$ 25.88	\$ 23.47	\$ 39.03
Bi-weekly Part-time Contribution	\$ 12.45	\$ 25.88	\$ 23.47	\$ 39.03

**Delta Dental Supplemental** DSDH

	Single	EE+Ch	EE+Sp	Family
Total Monthly Rate	\$ 39.99	\$ 88.63	\$ 76.00	\$ 131.67
Monthly COBRA Rate	\$ 40.79	\$ 90.40	\$ 77.52	\$ 134.30
Monthly Employer Cost	\$ -	\$ -	\$ -	\$ -
Monthly Full-time Contribution	\$ 39.99	\$ 88.63	\$ 76.00	\$ 131.67
Bi-weekly Full-time Contribution	\$ 18.46	\$ 40.91	\$ 35.08	\$ 60.77
Bi-weekly Part-time Contribution	\$ 18.46	\$ 40.91	\$ 35.08	\$ 60.77

(s) = Part-Time Subsidy Contribution (20 hrs. +)

Please refer to your Open Enrollment Packet for eligible provider(s) where you live.

Subject to Spousal Premium - \$200/month  
 Subject to Tobacco Premium - \$50/month

**FirstEnergy Corp.**  
**Monthly 2011 Health Care Rates & Contributions**  
**Effective November 1, 2010 - December 31, 2010**

**UWUA Local #27**  
**Non-Medicare & Medicare Eligible Retiree**  
**05/01/2006 to 4/30/2011**

Health Care/Prescription

Option 1                      Z220, B220  
 Medical Mutual

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 534.73	\$ 982.71	\$ 1,049.26	\$ 1,604.19	\$ 534.73	\$ 982.71	\$ 1,049.26	\$ 1,049.26	\$ 1,604.19	\$ 1,604.19
Monthly COBRA Rate	\$ 545.42	\$ 1,002.36	\$ 1,070.25	\$ 1,636.27	\$ 545.42	\$ 1,002.36	\$ 1,070.25	\$ 1,070.25	\$ 1,636.27	\$ 1,636.27
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 320.57	\$ 588.01	\$ 601.83	\$ 927.58	\$ 210.07	\$ 457.51	\$ 491.33	\$ 390.83	\$ 817.08	\$ 706.59
75-84 Points	\$ 416.04	\$ 730.34	\$ 811.91	\$ 1,214.05	\$ 305.54	\$ 619.84	\$ 701.41	\$ 590.91	\$ 1,103.55	\$ 993.05
65-74 Points	\$ 604.68	\$ 892.68	\$ 993.46	\$ 1,500.53	\$ 401.04	\$ 762.18	\$ 911.49	\$ 800.99	\$ 1,390.03	\$ 1,279.53

Option 2                      Z202, B202  
 Medical Mutual

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 494.01	\$ 909.74	\$ 967.52	\$ 1,482.05	\$ 494.01	\$ 909.74	\$ 967.52	\$ 967.52	\$ 1,482.05	\$ 1,482.05
Monthly COBRA Rate	\$ 503.89	\$ 927.93	\$ 986.87	\$ 1,511.69	\$ 503.89	\$ 927.93	\$ 986.87	\$ 986.87	\$ 1,511.69	\$ 1,511.69
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 279.65	\$ 495.04	\$ 520.09	\$ 805.44	\$ 169.35	\$ 384.54	\$ 409.59	\$ 299.09	\$ 694.94	\$ 584.44
75-84 Points	\$ 375.32	\$ 657.37	\$ 730.17	\$ 1,091.91	\$ 264.82	\$ 546.87	\$ 619.67	\$ 509.17	\$ 981.41	\$ 870.91
65-74 Points	\$ 463.96	\$ 819.71	\$ 911.72	\$ 1,378.39	\$ 360.32	\$ 709.21	\$ 829.75	\$ 719.25	\$ 1,267.89	\$ 1,157.39

Option 3                      Z201, B201  
 Medical Mutual

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 462.24	\$ 852.48	\$ 904.03	\$ 1,386.72	\$ 462.24	\$ 852.48	\$ 904.03	\$ 904.03	\$ 1,386.72	\$ 1,386.72
Monthly COBRA Rate	\$ 471.48	\$ 869.53	\$ 922.11	\$ 1,414.45	\$ 471.48	\$ 869.53	\$ 922.11	\$ 922.11	\$ 1,414.45	\$ 1,414.45
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 248.08	\$ 437.78	\$ 456.60	\$ 710.11	\$ 137.58	\$ 327.28	\$ 346.10	\$ 235.60	\$ 599.61	\$ 489.11
75-84 Points	\$ 343.55	\$ 600.11	\$ 668.68	\$ 996.58	\$ 233.05	\$ 489.61	\$ 556.18	\$ 445.68	\$ 888.08	\$ 775.58
65-74 Points	\$ 432.19	\$ 762.45	\$ 848.23	\$ 1,283.06	\$ 328.55	\$ 651.95	\$ 766.26	\$ 655.76	\$ 1,172.56	\$ 1,062.06

Option 4                      Z214, B214  
 Medical Mutual

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 452.17	\$ 834.41	\$ 883.84	\$ 1,356.62	\$ 452.17	\$ 834.41	\$ 883.84	\$ 883.84	\$ 1,356.62	\$ 1,356.62
Monthly COBRA Rate	\$ 461.21	\$ 851.10	\$ 901.52	\$ 1,383.75	\$ 461.21	\$ 851.10	\$ 901.52	\$ 901.52	\$ 1,383.75	\$ 1,383.75
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 238.01	\$ 419.71	\$ 436.41	\$ 680.01	\$ 127.51	\$ 309.21	\$ 325.91	\$ 215.41	\$ 569.51	\$ 459.01
75-84 Points	\$ 333.48	\$ 582.04	\$ 646.49	\$ 966.48	\$ 222.98	\$ 471.54	\$ 535.99	\$ 425.49	\$ 855.98	\$ 745.48
65-74 Points	\$ 422.12	\$ 744.38	\$ 828.04	\$ 1,252.96	\$ 318.48	\$ 633.86	\$ 746.07	\$ 635.57	\$ 1,142.46	\$ 1,031.96

**FirstEnergy Corp.**  
**Monthly 2011 Health Care Rates & Contributions**  
**Effective November 1, 2010 - December 31, 2010**  
 Option 5  
 Medical Mutual

**UWUA Local #270**  
**Non-Medicare & Medicare Eligible Retirees:**  
 05/01/2006 to 4/30/2011

Z205, B205

		Retirees									
		Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate		\$ 477.76	\$ 880.48	\$ 935.03	\$ 1,433.29	\$ 477.76	\$ 880.48	\$ 935.03	\$ 935.03	\$ 1,433.29	\$ 1,433.29
Monthly COBRA Rate		\$ 487.32	\$ 898.09	\$ 953.73	\$ 1,461.99	\$ 487.32	\$ 898.09	\$ 953.73	\$ 953.73	\$ 1,461.99	\$ 1,461.99
Monthly Employer Cost											
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61	
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14	
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66	
Monthly Retiree Contribution											
85 Points	\$ 263.60	\$ 465.78	\$ 487.60	\$ 758.68	\$ 153.10	\$ 355.28	\$ 377.10	\$ 266.60	\$ 648.18	\$ 535.68	
75-84 Points	\$ 359.07	\$ 628.11	\$ 697.68	\$ 1,043.15	\$ 248.57	\$ 517.61	\$ 597.18	\$ 476.68	\$ 932.65	\$ 822.15	
65-74 Points	\$ 447.71	\$ 790.45	\$ 879.23	\$ 1,329.63	\$ 344.07	\$ 679.95	\$ 797.26	\$ 686.76	\$ 1,219.13	\$ 1,108.63	

Option 6  
 Medical Mutual  
 Z208, B208

		Retirees									
		Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate		\$ 377.12	\$ 699.79	\$ 733.28	\$ 1,131.37	\$ 377.12	\$ 699.79	\$ 733.28	\$ 733.28	\$ 1,131.37	\$ 1,131.37
Monthly COBRA Rate		\$ 384.66	\$ 713.79	\$ 747.95	\$ 1,154.00	\$ 384.66	\$ 713.79	\$ 747.95	\$ 747.95	\$ 1,154.00	\$ 1,154.00
Monthly Employer Cost											
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61	
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14	
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66	
Monthly Retiree Contribution											
85 Points	\$ 162.96	\$ 285.09	\$ 285.85	\$ 454.76	\$ 52.46	\$ 174.59	\$ 175.35	\$ 64.85	\$ 344.25	\$ 233.76	
75-84 Points	\$ 258.43	\$ 447.42	\$ 495.93	\$ 741.23	\$ 147.93	\$ 338.92	\$ 385.43	\$ 274.93	\$ 630.73	\$ 520.23	
65-74 Points	\$ 347.07	\$ 609.76	\$ 677.48	\$ 1,027.71	\$ 243.43	\$ 499.26	\$ 595.51	\$ 485.91	\$ 917.21	\$ 806.71	

Option 7 - Major Medical Plan  
 Medical Mutual  
 Z227, B227

		Retirees									
		Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate		\$ 414.24	\$ 766.36	\$ 807.80	\$ 1,242.74	\$ 414.24	\$ 766.36	\$ 807.80	\$ 807.80	\$ 1,242.74	\$ 1,242.74
Monthly COBRA Rate		\$ 422.52	\$ 781.69	\$ 823.96	\$ 1,267.59	\$ 422.52	\$ 781.69	\$ 823.96	\$ 823.96	\$ 1,267.59	\$ 1,267.59
Monthly Employer Cost											
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61	
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14	
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66	
Monthly Retiree Contribution											
85 Points	\$ 200.08	\$ 351.66	\$ 360.37	\$ 566.13	\$ 89.58	\$ 241.16	\$ 249.87	\$ 139.37	\$ 455.63	\$ 345.13	
75-84 Points	\$ 295.55	\$ 513.99	\$ 570.45	\$ 852.60	\$ 185.05	\$ 403.49	\$ 459.95	\$ 348.45	\$ 742.10	\$ 631.60	
65-74 Points	\$ 384.19	\$ 676.33	\$ 752.00	\$ 1,139.08	\$ 280.55	\$ 565.83	\$ 670.03	\$ 559.53	\$ 1,028.58	\$ 918.08	

Option 8 - Traditional Plan  
 Medical Mutual  
 Z290, B290

		Retirees									
		Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate		\$ 487.76	\$ 898.30	\$ 955.20	\$ 1,483.29	\$ 487.76	\$ 898.30	\$ 955.20	\$ 955.20	\$ 1,483.29	\$ 1,483.29
Monthly COBRA Rate		\$ 497.52	\$ 916.27	\$ 974.30	\$ 1,492.56	\$ 497.52	\$ 916.27	\$ 974.30	\$ 974.30	\$ 1,492.56	\$ 1,492.56
Monthly Employer Cost											
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61	
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14	
65-74 Points	\$ 30.05	\$ 90.03	\$ 55.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66	
Monthly Retiree Contribution											
85 Points	\$ 273.60	\$ 483.60	\$ 507.77	\$ 786.68	\$ 163.10	\$ 373.10	\$ 397.27	\$ 286.77	\$ 678.18	\$ 565.68	
75-84 Points	\$ 369.07	\$ 645.93	\$ 717.85	\$ 1,073.15	\$ 258.57	\$ 535.43	\$ 607.35	\$ 496.85	\$ 962.65	\$ 852.15	
65-74 Points	\$ 457.71	\$ 808.27	\$ 899.40	\$ 1,359.63	\$ 354.07	\$ 697.77	\$ 817.43	\$ 706.93	\$ 1,249.13	\$ 1,138.63	

4

**FirstEnergy Corp.**  
**Monthly 2011 Health Care Rates & Contributions**  
**Effective November 1, 2010 - December 31, 2010**  
 Option 9 - Limited PPO Plan Z291, B291  
 Medical Mutual

**UWUA Local #270**  
**Non-Medicare & Medicare Eligible Retirees**  
 05/01/2006 to 4/30/2014

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 502.59	\$ 925.09	\$ 984.79	\$ 1,507.79	\$ 502.59	\$ 925.09	\$ 984.79	\$ 984.79	\$ 1,507.79	\$ 1,507.79
Monthly COBRA Rate	\$ 512.64	\$ 943.59	\$ 1,004.49	\$ 1,537.95	\$ 512.64	\$ 943.59	\$ 1,004.49	\$ 1,004.49	\$ 1,537.95	\$ 1,537.95
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 65.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 288.43	\$ 510.39	\$ 537.36	\$ 831.18	\$ 177.93	\$ 399.89	\$ 426.86	\$ 316.36	\$ 720.68	\$ 610.18
75-84 Points	\$ 383.90	\$ 672.72	\$ 747.44	\$ 1,117.65	\$ 273.40	\$ 562.22	\$ 636.94	\$ 526.44	\$ 1,007.15	\$ 896.65
65-74 Points	\$ 472.54	\$ 835.06	\$ 928.99	\$ 1,404.13	\$ 368.90	\$ 724.56	\$ 847.02	\$ 736.52	\$ 1,293.63	\$ 1,183.13

**Option 10 - Health Savings Account Plan Z502, B502**  
 Medical Mutual

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 410.39	\$ 734.64	\$ 815.70	\$ 1,221.00	\$ 410.39	\$ 734.64	\$ 815.70	\$ 815.70	\$ 1,221.00	\$ 1,221.00
Monthly COBRA Rate	\$ 418.60	\$ 749.33	\$ 832.01	\$ 1,245.42	\$ 418.60	\$ 749.33	\$ 832.01	\$ 832.01	\$ 1,245.42	\$ 1,245.42
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 65.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 196.23	\$ 319.94	\$ 368.27	\$ 544.39	\$ 85.73	\$ 209.44	\$ 257.77	\$ 147.27	\$ 433.89	\$ 323.39
75-84 Points	\$ 291.70	\$ 482.27	\$ 578.35	\$ 830.86	\$ 181.20	\$ 371.77	\$ 467.85	\$ 357.35	\$ 720.36	\$ 609.86
65-74 Points	\$ 380.34	\$ 644.61	\$ 759.90	\$ 1,117.34	\$ 276.70	\$ 534.11	\$ 677.93	\$ 597.43	\$ 1,006.84	\$ 896.34

**Option 11 Z210, B210**  
 Medical Mutual

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 422.95	\$ 780.96	\$ 826.28	\$ 1,268.86	\$ 422.95	\$ 780.96	\$ 826.28	\$ 826.28	\$ 1,268.86	\$ 1,268.86
Monthly COBRA Rate	\$ 431.41	\$ 796.68	\$ 842.81	\$ 1,294.24	\$ 431.41	\$ 796.68	\$ 842.81	\$ 842.81	\$ 1,294.24	\$ 1,294.24
Monthly Employer Cost										
85 Points	\$ 214.16	\$ 414.70	\$ 447.43	\$ 676.61	\$ 324.66	\$ 525.20	\$ 557.93	\$ 668.43	\$ 787.11	\$ 897.61
75-84 Points	\$ 118.69	\$ 252.37	\$ 237.35	\$ 390.14	\$ 229.19	\$ 362.87	\$ 347.85	\$ 458.35	\$ 500.64	\$ 611.14
65-74 Points	\$ 30.05	\$ 90.03	\$ 65.80	\$ 103.66	\$ 133.69	\$ 200.53	\$ 137.77	\$ 248.27	\$ 214.16	\$ 324.66
Monthly Retiree Contribution										
85 Points	\$ 208.79	\$ 366.26	\$ 378.85	\$ 592.25	\$ 98.29	\$ 256.76	\$ 268.35	\$ 157.85	\$ 481.75	\$ 371.25
75-84 Points	\$ 304.26	\$ 528.59	\$ 588.93	\$ 878.72	\$ 193.76	\$ 418.09	\$ 478.43	\$ 367.93	\$ 768.22	\$ 657.72
65-74 Points	\$ 392.90	\$ 699.93	\$ 770.48	\$ 1,165.20	\$ 289.26	\$ 580.43	\$ 688.51	\$ 578.01	\$ 1,054.70	\$ 944.20

**Dental**

**Delta Dental Basic**

	Retirees									
	Single	Retiree + Children	Retiree + Spouse	Family	Single Medicare	Retiree + Child (1 Med)	Retiree + Spouse (1 Med)	Retiree + Spouse (2 Med)	Family (1 Med)	Family (2 Med)
Total Monthly Rate	\$ 26.98	\$ 56.07	\$ 50.85	\$ 84.56	\$ 26.98	\$ 56.07	\$ 50.85	\$ 50.85	\$ 84.56	\$ 84.56
Monthly COBRA Rate	\$ 27.52	\$ 57.19	\$ 51.87	\$ 86.25	\$ 27.52	\$ 57.19	\$ 51.87	\$ 51.87	\$ 86.25	\$ 86.25
Monthly Employer Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Monthly Retiree Contribution	\$ 26.98	\$ 56.07	\$ 50.85	\$ 84.56	\$ 26.98	\$ 56.07	\$ 50.85	\$ 50.85	\$ 84.56	\$ 84.56

**VSP Basic Vision Plan Code - VIBR**

Please refer to your Open Enrollment Packet for eligible provider(s) where you live.

Subject to Spousal Premium - \$200/month  
 Subject to Tobacco Premium - \$50/month