



April 18, 2005

Announcing Additional Plan Improvements

I am pleased to advise you that at the April 12th meeting of the Board of Directors the following plan enhancement was adopted, to become effective May 1, 2005.

We have entered into a contract with *LabOne*, Inc, a provider of laboratory analysis services through which your outpatient lab testing will be covered at 100%, not subject to any deductible or coinsurance. Because of the deep discounts the Plan is able to enjoy through this contract you can be provided full coverage of the *LabOne* testing charges and the Plan can save money as well. Your provider may charge separate collection and/or handling fees which are covered under the regular benefits of the Plan, subject to its normal conditions and limitations.

In order to have your analysis performed at no cost to you, you need to show your new ID card with the *LabOne* information on it (which is being issued in connection with this open enrollment whether you make a change in coverage or not) to your physician's office (insurance person and person taking your specimens). Tell them your testing must be performed by *LabOne* in order for it to be fully paid by the Plan. With the information from your card they will be able to call *LabOne* and arrange for your specimen(s) to be picked up after your physician's office has collected the sample(s). If for some reason your physician's office is unable to collect some or all of the specimens needed, you can still receive the same coverage by calling *LabOne* at the 800 number provided on your card. They will be able to direct you to a medical provider who has a contract with *LabOne* to collect samples for them. Either way your samples are collected, your physician receives the results usually within 24 hours.

This Program does not cover lab work ordered during hospitalization, lab work needed on an emergency (STAT) basis, lab work performed by another laboratory or lab procedures not normally covered by the Plan. In addition, non-laboratory procedures such as mammography, X-ray, and imaging are not covered.

The following are examples of the savings which you and the Plan can experience based on some of our most frequent lab tests:

Automated complete blood count – average covered charge \$33.48, average paid by the Plan \$20.43, *LabOne* charge \$6.05;
Lipid panel - average covered charge \$33.68, average paid by the Plan \$16.69, *LabOne* charge \$9.88;
Comprehensive metabolic panel - average covered charge \$23.23, average paid by the Plan \$12.81, *LabOne* charge \$7.46
Thyroid function - average covered charge \$41.92, average paid by the Plan \$21.27, *LabOne* charge \$18.50.

In 2004 if LabOne had been used for all of our outpatient analysis, you (the plan's participants) would have saved over \$288,000, or an average of \$135 per participant. In addition the Plan would have saved another \$120,000. In total this represents a savings of about 25% of what you and the Plan paid for these services last year.

If you choose not to use the services available through LabOne, if a collection site is not conveniently available to you or if you need testing on an emergency basis, the Plan will continue to pay its regular benefits.

The revised Plan Document reflecting these changes will be posted on our web site in the near future.

Remember that if you have any questions you can email them to this office for our response.

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