

AMERICAN MARITIME OFFICERS

MEDICAL – PENSION – MONEY PURCHASE BENEFIT – VACATION – SAFETY & EDUCATION – 401(k)

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December, 2008

To All American Maritime Officers (AMO) Plans' Participants:

The American Maritime Officers (AMO) Medical Plan is pleased to announce the transition that took place on January 01, 2008 to CIGNA HealthCare PPO Network has produced the desired results. Please continue to utilize the CIGNA PPO Network of providers and facilities for the greatest savings to you, your dependents and the AMO Medical Plan. To locate CIGNA PPO Network providers in your area please go to www.cigna.com/SA-PPO2

AMO Medical Plan Reminders:

- The AMO Medical Plan will continue to process medical benefits, provide participant information and issue benefit payments. All Medicare claims and claims that require direct member reimbursement (Optical, Dental, Scholarship, Disability, etc.) must be sent to the AMO Medical Plan office for processing. All other claims should be sent directly to CIGNA Healthcare. Provider claims submission information can be found on the back of your AMO Medical Plan ID card.
- **Inpatient Hospitalization and Inpatient Surgical procedures** must be pre-certified with CIGNA through CareAllies (a care management company wholly owned by CIGNA) Pre-Certification program. The pre-admission certification number is (800) 768-4695. All other required Pre-Certification of medical services will be through the AMO Medical Plan at (800) 348-6515.
- **There will be no change to the current Prescription Drug Benefit in 2009; therefore, please continue to use your current Prescription Drug I.D. cards.**

It is the goal of the AMO Plans to provide our participants with the most updated and concise information regarding their benefits. We hope you find the information provided in this benefit package clear and informative. We encourage you to review the enclosures. Please complete and return any required documentation, and should you require additional information, please contact the Plans Office at 1-800-348-6515.

Sincerely,

AMO PLANS

Steven F. Nickerson
Executive Director

SN/bjs
Enclosure(s)

AMO Medical Plan 2008-2009 Benefits Update Summary

- The Medical Plan Benefits Update summarizes the most recent enhancements and amendments to the Medical Plan.
- As you review the enclosed AMO Medical Plan Benefit Update, please understand that some of the material may not be applicable to you. Much of this information has been reported in the AMO Newspaper, through e-mail via Currents, as well as posted on the AMO and AMO Plans websites: www.amo-union.org and www.amoplans.com

There will be no changes in the AMO Medical Plan deductibles, co-pays and co-insurance for 2009. However, please be reminded that all annual deductibles will need to be satisfied again in 2009 before eligible benefit payments can be made by the Plan. The annual deductibles are:

- Active Participant Medical Deductible - \$250.00; Family Medical Deductible - \$500.00
- Pensioner Not Medicare Eligible Medical Deductible - \$300.00; Family Deductible - \$600.00
- Pensioner Medicare Eligible Medical Deductible - \$250.00; Family Deductible - \$500.00
- Prescription Drug Deductible - \$100.00; Family Deductible - \$200.00

We are pleased to announce to you and your family the following AMO Medical Plan Benefit additions and enhancements:

New Benefit - Medical Plan Benefit Coverage: Transplant Organ/Tissue Benefit Services Effective July 01, 2008

Benefit Description	Deductibles/ Co-Payments/ Co-Insurance	PPO/Non-PPO Benefits	Limitations
<p>Organ Transplants and services for AMO ACTIVE Participants and Live Donors:</p> <ul style="list-style-type: none"> • Kidney • Liver <p>Adult and Pediatric cadaveric and living donors transplantation as medically necessary</p> <p>Travel, non-hospital room and board coverage for transplant donors:</p> <p>For live Kidney and Liver donors, reasonable travel, non-hospital room and board expenses will be reimbursed by the Medical Plan</p> <p>(Schedule D15)</p>	<p>Transplant Services for Kidney and Liver Transplants are subject to a Medical Access Fee Deductible of: \$2,500</p> <p>Annual Medical and In-Patient Deductible are not applicable</p> <p>\$100.00 Co-Payment for Out-Patient Hospital Services per incident</p> <p>10% Co-insurance of the Life Source Contracted Rate up to a maximum out of pocket of \$3,000</p>	<p>In-Network benefit payable at 90% of the Life Source contracted rate</p> <p>Out-of- Network Benefits are not payable for Transplants or Transplant Services</p>	<p>Transplant services must meet medical necessity review requirements</p> <p>Transplants are not covered if deemed to be experimental or investigational</p> <p>Services for Liver and Kidney transplants must be approved and processed through CIGNA Life Source</p> <p>There is no benefit coverage for travel, non-hospital room and board for transplant recipients</p> <p>Liver Transplant Services are available for ACTIVE Participants only</p>

Transplant Care Benefit service components for liver and kidney transplants include and are limited to the CIGNA Life Source Coverage Positions. Coverage positions will be updated periodically by CIGNA Life Source and by AMO Medical Plan.

**New Benefit - Medical Plan Benefit Coverage:
Lasik Vision Correction
Effective April 01, 2008**

Benefit Description	Deductibles/Co-Payments Co-Insurance	PPO/Non-PPO Benefits	Limitations
<u>Optical Benefit Lasik Vision Correction</u> (Schedule R1)	In-Network Not Subject to Annual Medical Deductible In-Network Not Subject to Co-Insurance Out-of-Network Not Subject to Annual Medical Deductible Out-of-Network Not Subject to Co-Insurance	In-Network benefit payable at 100% of the contracted rate Out-of-Network Benefits payable at 100% of UCR	\$600.00 per person per life time

The Vision Correction Services Benefit can be used in conjunction with the Optical Benefit and will be paid in addition to the annual Optical Benefit. *Optical Benefits are those in effect on the effective date of pension unless amended, modified or terminated, or unless the Trustees specifically provide otherwise.*

**New Benefit - Medical Plan Benefit Coverage for In Network PPO Access:
International Medical Healthcare Access
Effective October 01, 2008**

The AMO Medical Plan has contracted with Companion Global Healthcare

- Network access in addition to CIGNA Healthcare PPO.
- Access to a highly select international network of facilities. All of Companion Global Healthcare's network facilities have earned Joint Commission International (JCI) accreditation.
- For more information about how Companion Global Healthcare can offer significant cost savings for your healthcare needs, visit: www.CompanionGlobalHealthcare.com
- **You will receive an additional package from Companion Global Healthcare with Provider Network Access and Benefit information.**

* The AMO Medical Plan Rules and Regulations do not allow benefits for travel expenses.

If you have any questions regarding this publication or any of the Plan's benefits, please contact the Plan office at:

Telephone: (954) 920-4247 or (800) 348-6515 Fax: (954) 920-9482, Website: www.amoplans.com

E-Mail:

- [Medical Plan: amomedical@amoplans.com](mailto:amomedical@amoplans.com)
- [Pension Plan and MPB: amopension@amoplans.com](mailto:amopension@amoplans.com)
- [Vacation Plan: amovacation@amoplans.com](mailto:amovacation@amoplans.com)
- [401\(k\) Plan: amo401k@amoplans.com](mailto:amo401k@amoplans.com)

Please read the following enclosures carefully as they contain vital information regarding medical benefits and coverage under the AMO Medical Plan:

- 2009 Permanent Data and Coordination of Benefits for Dependent Spouse and Dependent Children Form (for participants in active employment)
- 2009 Permanent Data and Pensioner's Medical Benefits Earnings Limitation and Coordination of Benefits Form (for pensioners not Medicare eligible)
- AMO Medical Plan Notice of Privacy Practices
- Important Information Regarding COBRA Continuation of Medical Coverage Rights

Annual Documents

The AMO Medical Plan requires updated information annually to help expedite benefit payments. In order to avoid delays in benefit claim processing, please complete the applicable annual forms and return them to the Plan office as soon as possible. The Plan's required annual documents are:

- 2009 Permanent Data & COB for Dependent Spouse/Children (for participants in active employment)
- 2009 Pensioners Permanent Data, Earnings Limitation & COB (for Pensioners not Medicare Eligible)

From time to time the Plan may require other forms to be completed. For your convenience, all Medical Plan forms are available via the AMO Plans web site: www.amoplans.com.

Note: A 2009 Coordination of Benefits and Affidavit of Support for Dependent Student Form are required for eligible dependent students who are between the ages of 19-23. In order for a dependent student to be considered eligible for medical benefits under the AMO Medical Plan, the dependent student must meet the requirements of the Rules and Regulations of the AMO Medical Plan. If you have a Dependent Child who is between the ages of 19-23 please contact the AMO Medical Plan office at 1-800-348-6515 or, you can obtain the Affidavit at the AMO Plans website www.amoplans.com.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The AMO Medical Plan complies with Federal law (the Newborns' and Mothers' Health Protection Act of 1996) that prohibits restricting benefits for a mother's or newborn child's hospital length of stay because of childbirth to less than 48 hours following a normal delivery, or less than 96 hours following a cesarean section. The AMO Medical Plan does not require a physician to obtain authorization (pre-certification) for prescribing a length of stay not in excess of those periods. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours if applicable).

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The AMO Medical Plan complies with the Women's Health and Cancer Rights Act of 1998 by providing benefits to members and dependents in connection with a mastectomy, and who elect breast reconstruction, subject to the terms and provisions of the AMO Medical Plan.