

UNITED AND CAL CONTRACT COMPARISONS

Mechanics' Contract

IAMAW Contract / United

ibt Contract / Continental

MEDICAL BENEFITS

With the IAM United Agreement any changes to the mechanics' Medical Benefits requires negotiations and a vote of the membership.

United Mechanics cannot lose their current Medical Benefits that are protected in the contract under the Railway Labor Act.

7 % annual premium increase limit

HMO options are free to UAL mechanics.

UAL mechanic Family Medical /Dental HMO

Monthly premiums - \$0

Annual deductible - \$0

Annual out of pocket Max - \$0

The Company can change or eliminate Benefits for Continental employee anytime.

20% annual premium increase limit

No free HMO option for CAL mechanics.

CAL ibt Family Medical /Dental Plans

350 Plan Non-Tobacco/Spouse surcharge

\$460.00 Monthly Medical premiums

\$60 Monthly Dental and Vision premiums

Monthly payroll deducted Premiums

Annual total of

\$6,760.00 or \$3.25 per hour

Annual Deductibles

\$1,050.00 or \$.50 per hour

Annual Out-of-Pocket Max

\$3950.00 or \$1.90 per hour

Yearly cost to CAL ibt mechanic

\$11,526.00 or \$5.65 per hour

There goes your one time signing "bonus" every year until the day you retire!

teamsters LOA #29 - Allows the Union to eliminate and replace Mechanics' Medical Benefits Plan anytime during the term of the contract. They claim the membership will vote on any changes to our medical coverage, but this is NOT stated in this LOA. The ibt airline division has betrayed mechanics at Continental and at Southwest Airlines - Read the history of betrayal by the teamsters airline division.

CAL 2011 Active Monthly Contributions
Medical Full-time

PPO and SmartChoice EPO Plans

UHC PPO \$350	\$210.92	\$396.07	\$285.92	\$471.06
UHC PPO \$750	\$154.68	\$292.95	\$202.72	\$339.82
UHC PPO \$1,250	\$128.90	\$248.42	\$167.57	\$285.92
Smart Choice EPO	\$55.00	\$109.00	\$59.00	\$114.00

Aetna Build Your Own Plans
Deductible Only

le	Coins	Copay	Rx Copays	EE	EE + Sp	EE + Ch	Family
\$0	100%	\$20/\$25	\$5 \$25 \$50	\$174.00	\$334.00	\$237.00	\$390.00
\$0	100%	\$15/\$50	\$5 \$25 \$50	\$170.00	\$327.00	\$232.00	\$382.00
\$0	95%	\$20/\$25	\$5 \$25 \$50	\$147.00	\$279.00	\$196.00	\$325.00
\$0	95%	\$15/\$50	\$5 \$25 \$50	\$143.00	\$272.00	\$191.00	\$317.00
\$0	80%	\$20/\$25	\$5 \$25 \$50	\$127.00	\$239.00	\$166.00	\$278.00
\$0	80%	\$15/\$50	\$5 \$25 \$50	\$123.00	\$232.00	\$161.00	\$270.00
\$200	100%	\$20/\$25	\$5 \$25 \$50	\$165.00	\$316.00	\$223.00	\$368.00
\$200	100%	\$15/\$50	\$5 \$25 \$50	\$161.00	\$309.00	\$218.00	\$360.00
\$200	95%	\$20/\$25	\$5 \$25 \$50	\$138.00	\$261.00	\$182.00	\$303.00
\$200	95%	\$15/\$50	\$5 \$25 \$50	\$134.00	\$254.00	\$177.00	\$305.00
\$200	80%	\$20/\$25	\$5 \$25 \$50	\$118.00	\$221.00	\$152.00	\$256.00
\$200	80%	\$15/\$50	\$5 \$25 \$50	\$114.00	\$214.00	\$147.00	\$248.00
\$500	100%	\$20/\$25	\$5 \$25 \$50	\$154.00	\$294.00	\$207.00	\$342.00
\$500	100%	\$15/\$50	\$5 \$25 \$50	\$150.00	\$287.00	\$202.00	\$334.00
\$500	95%	\$20/\$25	\$5 \$25 \$50	\$127.00	\$239.00	\$166.00	\$277.00
\$500	95%	\$15/\$50	\$5 \$25 \$50	\$123.00	\$232.00	\$161.00	\$269.00
\$500	80%	\$20/\$25	\$5 \$25 \$50	\$107.00	\$199.00	\$136.00	\$230.00
\$500	80%	\$15/\$50	\$5 \$25 \$50	\$103.00	\$192.00	\$131.00	\$222.00
\$1000	100%	\$20/\$25	\$5 \$25 \$50	\$141.00	\$268.00	\$187.00	\$312.00
\$1000	100%	\$15/\$50	\$5 \$25 \$50	\$137.00	\$261.00	\$182.00	\$304.00
\$1000	95%	\$20/\$25	\$5 \$25 \$50	\$114.00	\$213.00	\$146.00	\$247.00
\$1000	95%	\$15/\$50	\$5 \$25 \$50	\$110.00	\$206.00	\$141.00	\$239.00
\$1000	80%	\$20/\$25	\$5 \$25 \$50	\$94.00	\$173.00	\$116.00	\$200.00
\$1000	80%	\$15/\$50	\$5 \$25 \$50	\$90.00	\$166.00	\$111.00	\$192.00
\$0	100%	\$20/\$25	\$3 35% 45%	\$168.00	\$322.00	\$228.00	\$376.00
\$0	100%	\$15/\$50	\$3 35% 45%	\$164.00	\$315.00	\$223.00	\$368.00
\$0	95%	\$20/\$25	\$3 35% 45%	\$141.00	\$267.00	\$187.00	\$311.00
\$0	95%	\$15/\$50	\$3 35% 45%	\$137.00	\$260.00	\$182.00	\$303.00
\$0	80%	\$20/\$25	\$3 35% 45%	\$121.00	\$227.00	\$157.00	\$264.00
\$0	80%	\$15/\$50	\$3 35% 45%	\$117.00	\$220.00	\$152.00	\$256.00
\$200	100%	\$20/\$25	\$3 35% 45%	\$159.00	\$304.00	\$214.00	\$354.00
\$200	100%	\$15/\$50	\$3 35% 45%	\$155.00	\$297.00	\$209.00	\$346.00
\$200	95%	\$20/\$25	\$3 35% 45%	\$132.00	\$249.00	\$173.00	\$289.00
\$200	95%	\$15/\$50	\$3 35% 45%	\$128.00	\$242.00	\$168.00	\$281.00
\$200	80%	\$20/\$25	\$3 35% 45%	\$112.00	\$209.00	\$143.00	\$242.00
\$200	80%	\$15/\$50	\$3 35% 45%	\$108.00	\$202.00	\$138.00	\$234.00
\$500	100%	\$20/\$25	\$3 35% 45%	\$148.00	\$282.00	\$198.00	\$328.00
\$500	100%	\$15/\$50	\$3 35% 45%	\$144.00	\$275.00	\$193.00	\$320.00
\$500	95%	\$20/\$25	\$3 35% 45%	\$121.00	\$227.00	\$157.00	\$263.00
\$500	95%	\$15/\$50	\$3 35% 45%	\$117.00	\$220.00	\$152.00	\$255.00
\$500	80%	\$20/\$25	\$3 35% 45%	\$101.00	\$187.00	\$127.00	\$216.00
\$500	80%	\$15/\$50	\$3 35% 45%	\$97.00	\$180.00	\$122.00	\$208.00
\$1000	100%	\$20/\$25	\$3 35% 45%	\$135.00	\$256.00	\$178.00	\$298.00
\$1000	100%	\$15/\$50	\$3 35% 45%	\$131.00	\$249.00	\$173.00	\$290.00
\$1000	95%	\$20/\$25	\$3 35% 45%	\$108.00	\$201.00	\$137.00	\$233.00
\$1000	95%	\$15/\$50	\$3 35% 45%	\$104.00	\$194.00	\$132.00	\$225.00
\$1000	80%	\$20/\$25	\$3 35% 45%	\$88.00	\$161.00	\$107.00	\$186.00
\$1000 *	80%	\$15/\$50	\$3 35% 45%	\$55.00	\$109.00	\$59.00	\$114.00

* This option is the same as the Smart Choice plan.

With Non-Tob.Credit (most common)

\$162.92	\$300.07	\$237.92	\$375.06
\$106.68	\$196.95	\$154.72	\$243.82
\$80.90	\$152.42	\$119.57	\$189.92
\$7.00	\$13.00	\$11.00	\$18.00

With Non-Tob.Credit (most common)

EE	EE + Sp	EE + Ch	Family
\$126.00	\$238.00	\$189.00	\$294.00
\$122.00	\$231.00	\$184.00	\$286.00
\$99.00	\$183.00	\$148.00	\$229.00
\$95.00	\$176.00	\$143.00	\$221.00
\$79.00	\$143.00	\$118.00	\$182.00
\$75.00	\$136.00	\$113.00	\$174.00
\$117.00	\$220.00	\$175.00	\$272.00
\$113.00	\$213.00	\$170.00	\$264.00
\$90.00	\$165.00	\$134.00	\$207.00
\$86.00	\$158.00	\$129.00	\$199.00
\$70.00	\$125.00	\$104.00	\$160.00
\$66.00	\$118.00	\$99.00	\$152.00
\$106.00	\$198.00	\$159.00	\$246.00
\$102.00	\$191.00	\$154.00	\$238.00
\$79.00	\$143.00	\$118.00	\$181.00
\$75.00	\$136.00	\$113.00	\$173.00
\$59.00	\$103.00	\$88.00	\$134.00
\$55.00	\$96.00	\$83.00	\$126.00
\$93.00	\$172.00	\$139.00	\$216.00
\$89.00	\$165.00	\$134.00	\$208.00
\$66.00	\$117.00	\$98.00	\$151.00
\$62.00	\$110.00	\$93.00	\$143.00
\$46.00	\$77.00	\$68.00	\$104.00
\$42.00	\$70.00	\$63.00	\$96.00
\$120.00	\$226.00	\$180.00	\$280.00
\$116.00	\$219.00	\$175.00	\$272.00
\$93.00	\$171.00	\$139.00	\$215.00
\$89.00	\$164.00	\$134.00	\$207.00
\$73.00	\$131.00	\$109.00	\$168.00
\$69.00	\$124.00	\$104.00	\$160.00
\$111.00	\$208.00	\$166.00	\$258.00
\$107.00	\$201.00	\$161.00	\$250.00
\$84.00	\$153.00	\$125.00	\$193.00
\$80.00	\$146.00	\$120.00	\$185.00
\$64.00	\$113.00	\$95.00	\$146.00
\$60.00	\$106.00	\$90.00	\$138.00
\$100.00	\$186.00	\$150.00	\$232.00
\$96.00	\$179.00	\$145.00	\$224.00
\$73.00	\$131.00	\$109.00	\$167.00
\$69.00	\$124.00	\$104.00	\$159.00
\$53.00	\$91.00	\$79.00	\$120.00
\$49.00	\$84.00	\$74.00	\$112.00
\$87.00	\$160.00	\$130.00	\$202.00
\$83.00	\$153.00	\$125.00	\$194.00
\$60.00	\$105.00	\$89.00	\$137.00
\$56.00	\$98.00	\$84.00	\$129.00
\$40.00	\$65.00	\$59.00	\$90.00
\$7.00	\$13.00	\$11.00	\$18.00

With Spouse Surchage

\$210.92	\$481.07	\$285.92	\$556.06
\$154.68	\$377.95	\$202.72	\$424.82
\$128.90	\$333.42	\$167.57	\$370.92
\$55.00	\$194.00	\$59.00	\$199.00

With Spouse Surchage

EE	EE + Sp	EE + Ch	Family
\$174.00	\$419.00	\$237.00	\$475.00
\$170.00	\$412.00	\$232.00	\$467.00
\$147.00	\$364.00	\$196.00	\$410.00
\$143.00	\$357.00	\$191.00	\$402.00
\$127.00	\$324.00	\$166.00	\$363.00
\$123.00	\$317.00	\$161.00	\$355.00
\$165.00	\$401.00	\$223.00	\$453.00
\$161.00	\$394.00	\$218.00	\$445.00
\$138.00	\$346.00	\$182.00	\$388.00
\$134.00	\$339.00	\$177.00	\$380.00
\$118.00	\$306.00	\$152.00	\$341.00
\$114.00	\$299.00	\$147.00	\$333.00
\$154.00	\$379.00	\$207.00	\$427.00
\$150.00	\$372.00	\$202.00	\$419.00
\$127.00	\$324.00	\$166.00	\$362.00
\$123.00	\$317.00	\$161.00	\$354.00
\$107.00	\$284.00	\$136.00	\$315.00
\$103.00	\$277.00	\$131.00	\$307.00
\$141.00	\$353.00	\$187.00	\$397.00
\$137.00	\$346.00	\$182.00	\$389.00
\$114.00	\$298.00	\$146.00	\$332.00
\$110.00	\$291.00	\$141.00	\$324.00
\$94.00	\$258.00	\$116.00	\$285.00
\$90.00	\$251.00	\$111.00	\$277.00
\$168.00	\$407.00	\$228.00	\$461.00
\$164.00	\$400.00	\$223.00	\$453.00
\$141.00	\$352.00	\$187.00	\$396.00
\$137.00	\$345.00	\$182.00	\$388.00
\$121.00	\$312.00	\$157.00	\$349.00
\$117.00	\$305.00	\$152.00	\$341.00
\$159.00	\$389.00	\$214.00	\$439.00
\$155.00	\$382.00	\$209.00	\$431.00
\$132.00	\$334.00	\$173.00	\$374.00
\$128.00	\$327.00	\$168.00	\$366.00
\$112.00	\$294.00	\$143.00	\$327.00
\$108.00	\$287.00	\$138.00	\$319.00
\$148.00	\$367.00	\$198.00	\$413.00
\$144.00	\$360.00	\$193.00	\$405.00
\$121.00	\$312.00	\$157.00	\$348.00
\$117.00	\$305.00	\$152.00	\$340.00
\$101.00	\$272.00	\$127.00	\$301.00
\$97.00	\$265.00	\$122.00	\$293.00
\$135.00	\$341.00	\$178.00	\$383.00
\$131.00	\$334.00	\$173.00	\$375.00
\$108.00	\$286.00	\$137.00	\$318.00
\$104.00	\$279.00	\$132.00	\$310.00
\$88.00	\$246.00	\$107.00	\$271.00
\$55.00	\$194.00	\$59.00	\$199.00

With Non-Tob. Credit & Spouse Surch

\$162.92	\$385.07	\$237.92	\$460.06
\$106.68	\$281.95	\$154.72	\$328.82
\$80.90	\$237.42	\$119.57	\$274.92
\$7.00	\$98.00	\$11.00	\$103.00

With Non-Tob Credit & Spouse Surch

EE	EE + Sp	EE + Ch	Family
\$126.00	\$323.00	\$189.00	\$379.00
\$122.00	\$316.00	\$184.00	\$371.00
\$99.00	\$268.00	\$148.00	\$314.00
\$95.00	\$261.00	\$143.00	\$306.00
\$79.00	\$228.00	\$118.00	\$267.00
\$75.00	\$221.00	\$113.00	\$259.00
\$117.00	\$305.00	\$175.00	\$357.00
\$113.00	\$298.00	\$170.00	\$349.00
\$90.00	\$250.00	\$134.00	\$292.00
\$86.00	\$243.00	\$129.00	\$284.00
\$70.00	\$210.00	\$104.00	\$245.00
\$66.00	\$203.00	\$99.00	\$237.00
\$106.00	\$283.00	\$159.00	\$331.00
\$102.00	\$276.00	\$154.00	\$323.00
\$79.00	\$228.00	\$118.00	\$266.00
\$75.00	\$221.00	\$113.00	\$258.00
\$59.00	\$188.00	\$88.00	\$219.00
\$55.00	\$181.00	\$83.00	\$211.00
\$93.00	\$257.00	\$139.00	\$301.00
\$89.00	\$250.00	\$134.00	\$293.00
\$66.00	\$202.00	\$98.00	\$236.00
\$62.00	\$195.00	\$93.00	\$228.00
\$46.00	\$162.00	\$68.00	\$189.00
\$42.00	\$155.00	\$63.00	\$181.00
\$120.00	\$311.00	\$180.00	\$365.00
\$116.00	\$304.00	\$175.00	\$357.00
\$93.00	\$256.00	\$139.00	\$300.00
\$89.00	\$249.00	\$134.00	\$292.00
\$73.00	\$216.00	\$109.00	\$253.00
\$69.00	\$209.00	\$104.00	\$245.00
\$111.00	\$293.00	\$166.00	\$343.00
\$107.00	\$286.00	\$161.00	\$335.00
\$84.00	\$238.00	\$125.00	\$278.00
\$80.00	\$231.00	\$120.00	\$270.00
\$64.00	\$198.00	\$95.00	\$231.00
\$60.00	\$191.00	\$90.00	\$223.00
\$100.00	\$271.00	\$150.00	\$317.00
\$96.00	\$264.00	\$145.00	\$309.00
\$73.00	\$216.00	\$109.00	\$252.00
\$69.00	\$209.00	\$104.00	\$244.00
\$53.00	\$176.00	\$79.00	\$205.00
\$49.00	\$169.00	\$74.00	\$197.00
\$87.00	\$245.00	\$130.00	\$287.00
\$83.00	\$238.00	\$125.00	\$279.00
\$60.00	\$190.00	\$89.00	\$222.00
\$56.00	\$183.00	\$84.00	\$214.00
\$40.00	\$150.00	\$59.00	\$175.00
\$7.00	\$98.00	\$11.00	\$103.00

PPO Benefits

Here is a summary of the benefits available in the PPO Option. (Please see the Web site of the claims administrator for a full list of benefits as they do change.) Certain administrative procedures must be followed to ensure that you have coverage. Before you access certain health care services, check with your claims administrator for specific information. Please note that amounts illustrated are what you pay.

PPO Provision	UHC Choice Plus \$350 Deductible	UHC Choice Plus \$750 Deductible	UHC Choice Plus \$1,250 Deductible	HMSA PPP Plan (Hawaii)	CIGNA PPO
Annual deductible (individual/family)					
In-network	\$350/\$1,050	\$750/\$2,250	\$1,250/\$3,750	\$0 / \$0	\$0 / \$0
Out-of-network	\$3,000/\$9,000	\$3,000/\$9,000	\$3,000/\$9,000	\$100/\$300	\$100/\$200
Annual out-of-pocket maximum (individual/family)					
In-network	\$2,500/\$5,000	\$2,500/\$5,000	\$3,500/\$7,000	\$2,500/\$7,500	\$1,000/\$2,000
Out-of-network	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$2,500/\$7,500	\$2,000/\$4,000
Doctor's office visit					
In-network	\$20 copay	\$20 copay	\$30 copay	10% coinsurance	\$15 copay
Out-of-network	40% coinsurance after you pay deductible	40% coinsurance after you pay deductible	40% coinsurance after you pay deductible	30% coinsurance	20% coinsurance after you pay deductible
Specialist's office visit					
In-network	\$25 copay	\$25 copay	\$35 copay	10% coinsurance after you pay deductible	\$15 copay
Out-of-network	40% coinsurance after you pay deductible	40% coinsurance after you pay deductible	40% coinsurance after you pay deductible	30% coinsurance after you pay deductible	\$80 copay
Inpatient hospital stay					
In-network	20% coinsurance after you pay deductible	20% coinsurance after you pay deductible	20% coinsurance after you pay deductible	10% coinsurance	\$250 copay
Out-of-network	40% coinsurance after you pay deductible	40% coinsurance after you pay deductible	40% coinsurance after you pay deductible	30% coinsurance	\$250 copay and 20% coinsurance after you pay copay and deductible
Emergency room (same for in and out of network)	\$125 copay plus 20% coinsurance	\$125 copay plus 20% coinsurance	\$125 copay plus 20% coinsurance	10% coinsurance	No cost if accident related; \$75 copay if due to illness



2012 Rate Information

As you evaluate your 2012 Benefit Choices, you may want to refer to the following Medical, Dental, and Vision plan rates. Along with the information in the Decision Guide, the plan rates will help you consider your needs and determine which benefits are right for you.

MEDICAL OPTIONS	Monthly Contribution			
	EE	EE + S	EE + C	EE + F
Aetna Select AZ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select Buffalo HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select Detroit HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select FL HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select MA HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select MidAtlantic HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select MN HMO	\$61.40	\$128.96	\$116.60	\$184.20
Aetna Select NV HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select NJ HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select NY HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select N. California HMO	\$64.72	\$135.96	\$122.96	\$194.24
Aetna Select N. Carolina HMO	\$46.24	\$97.12	\$87.80	\$138.72
Aetna Select PA HMO	\$0.00	\$0.00	\$0.00	\$0.00
Aetna Select S. California HMO	\$0.00	\$0.00	\$0.00	\$0.00
Anthem Colorado HMO	\$0.00	\$0.00	\$0.00	\$0.00
BCBS IL HMO	\$0.00	\$0.00	\$0.00	\$0.00
BCBS Medical PPO	\$83.20	\$174.72	\$158.04	\$249.60
Group Health WA HMO	\$0.00	\$0.00	\$0.00	\$0.00
HMSA Hawaii HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Atlanta HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Denver HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Hawaii HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser MidAtlantic HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser N. California HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Northwest HMO	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser Ohio HMO	\$36.12	\$75.92	\$68.64	\$108.44
Kaiser S. California HMO	\$0.00	\$0.00	\$0.00	\$0.00

DENTAL OPTIONS	Monthly Contribution			
	EE	EE + S	EE + C	EE + F
Aetna Dental HMO	\$0.00	\$0.00	\$0.00	\$0.00
MetLife Traditional Dental PPO (Flight Attendants)	\$8.88	\$18.64	\$19.52	\$29.32
MetLife Traditional Dental PPO (ALL Except Flight Attendants)	\$8.60	\$18.08	\$18.96	\$28.44

VISION OPTIONS	Monthly Contribution			
	EE	EE + S	EE + C	EE + F
Superior Vision	\$7.60	\$15.30	\$12.50	\$21.40
VSP	\$9.01	\$15.39	\$15.78	\$24.99
VSP Plus	\$11.32	\$17.67	\$21.18	\$28.32

This rate sheet lists the monthly rates for all 2012 medical, dental and vision plans available to co-workers in your workgroup. You can review the specific plans for which you are eligible (based on your address on record) on the Your Benefits Resources (YBR) website or by calling the United Airlines Benefits Center.