

II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$150 \$300	\$200 \$600
Co-insurance After Deductible	20%	30%
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
Out-of-Pocket Maximum Individual Family	\$2,000 \$6,000	\$3,000 \$9,000
Physician's Office Visits and All Other Eligible Expenses Primary Care Physician	\$20 copay	30% co-insurance, after deductible
Specialist (Includes cardiologists, psychiatrists, dermatologists, podiatrist, etc.)	\$20 copay	30% co-insurance, after deductible
Preventative Care Office Visits	\$20 copay	30% co-insurance, after deductible
Lab, X-rays and Immunizations	20% co-insurance, after deductible	30% co-insurance, after deductible
Ambulance	20% co-insurance, after deductible	30% co-insurance, after deductible
Emergency Room	20% co-insurance, after deductible	30% co-insurance, after deductible
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses.	20% co-insurance, after deductible	30% co-insurance, after deductible
Hospital Pre-Certification	50% of benefits up to a maximum of \$5,000	

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Laboratory and Radiology Services	20% co-insurance, after deductible	30% co-insurance, after deductible
Outpatient Services (Includes surgery and diagnostic lab/ X-rays)	20% co-insurance, after deductible	30% co-insurance, after deductible
Mental Health		
-Inpatient	Hospital: 20% co-insurance, after deductible Doctor's office: \$20 copay	30% co-insurance, after deductible
-Outpatient	Hospital: 20% co-insurance, after deductible Doctor's office: \$20 copay	30% co-insurance, after deductible
Alcohol and Substance Abuse		
-Inpatient	Hospital: 20% co-insurance, after deductible Doctor's office: \$20 copay	30% co-insurance, after deductible
-Outpatient	Hospital: 20% co-insurance, after deductible Doctor's office: \$20 copay	30% co-insurance, after deductible
Durable Medical Equipment (Includes rental of oxygen equipment, hospital bed, wheelchairs. Total rental not to exceed purchase price)	20% co-insurance, after deductible	30% co-insurance, after deductible
External Prosthetic Devices		
-Wigs, toupees or hair pieces (Limited up to 2 per diagnosis/course of treatment. Does not cover for the diagnosis of androgenetic alopecia- male pattern baldness)	20% coinsurance, after deductible, and any amount over \$350 maximum	30% coinsurance, after deductible, and any amount over \$350 maximum

SUMMARY OF BENEFITS	YOUR SHARE OF ELGIBLE EXPENSE	
	In-Network	Out-of-Network
Cardiac Rehabilitation	20% co-insurance, after deductible	30% co-insurance, after deductible
Physical and Occupational Therapy	\$20 copay	30% co-insurance, after deductible
Home Health (Nursing) Care	20% co-insurance, after deductible	30% co-insurance, after deductible
Allergy Treatment	20% co-insurance, after deductible	30% co-insurance, after deductible
Chiropractic Benefits	20% co-insurance, after deductible	30% co-insurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Retail (30-Day Supply)		
Generic	20% co-insurance No Deductible	30% co-insurance, after deductible
Brand Name	20% co-insurance No Deductible	30% co-insurance, after deductible
Mail Order (30-Day Supply)		
Generic	20% co-insurance No Deductible	Not Covered
Brand Name	20% co-insurance No Deductible	Not Covered

SHORT TERM DISABILITY

Benefits payable the 1st day of an accident, 8th day of a sickness, for 52 weeks
 Weeks 1-52 \$350

EMPLOYEE DEATH BENEFIT

Active Employee	\$30,000
Retired Employee.....	\$3,500

EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For loss of:

Life	\$2,500
Both Hands or Both Feet.....	\$2,500
Entire Sight of Both Eyes	\$2,500
One Hand and One Foot.....	\$2,500
One Hand or One Foot and Entire Sight of One Eye	\$2,500
One Hand or One Foot.....	\$2,250
Entire Sight of One Eye.....	\$1,250
Maximum Benefit Per Occurrence is	\$5,000

CONTINUATION OF COVERAGE FOR RETIREES

Eligibility – Retirement on/or after age.....	59½
Period of Coverage	Up to Age 65 or Medicare Eligibility

Continuation of Coverage for Retirees

If you retire at age 59½ during the term of this contract, and are eligible to receive a pension and have 15 years of service, benefits will be the same as for active employees for you. Coverage will be provided during the term of the Labor Agreement or until the end of the month preceding the month in which the covered person reaches age 65 or Medicare eligible whichever is earliest.

In no event shall eligibility hereunder continue beyond the termination of the Agreement and Declaration of Trust between the Employer and the United Food & Commercial Workers’ International Union, formerly the Distillery, Wine and Allied Workers’ International Union, nor beyond the date you or your dependent spouse, as the case may be, becomes eligible to apply for benefits under the Federal Medicare Program, whether or not such application is made.