

## II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Individual	\$150	\$150
Family	\$450	\$450
<b>Coinsurance After Deductible</b>	20%	20%
<b>Lifetime Maximum</b> (Amount payable per eligible individual, includes all benefits paid for covered hospital and medical expenses)	Unlimited	
<b>Out-of-Pocket Maximum</b>		
Individual	\$5,000	\$5,000
Family	None	None
<b>Physician's Office Visits</b>	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Hospital</b> Daily Hospital Room and Board, Semi Private and other allowable expenses	No Charge	20% co-insurance, after deductible
<b>Hospital Pre-Certification Penalty</b>	50% of benefits up to a maximum of \$5,000	
<b>Emergency Services</b>		
Ambulance	20% co-insurance, after deductible	20% co-insurance, after deductible
Emergency Room	20% co-insurance, after deductible	20% co-insurance, after deductible
Urgent Care	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Diagnostic Laboratory and Radiology Services</b>	20% co-insurance, after deductible	20% co-insurance, after deductible
Magna Preferred & Horizon Blue Cross for NJ Members Only	No Charge	20% co-insurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Outpatient Services</b>		
Surgical	No Charge	20% co-insurance, after deductible
Non-Surgical	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Mental and Nervous Expense</b>		
Inpatient	No Charge	20% co-insurance, after deductible
Outpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Alcohol and Substance Abuse</b>		
Inpatient	No Charge	20% co-insurance, after deductible
Outpatient	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Cardiac Rehabilitation</b>	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Physical Therapy</b>	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Home Health (Nursing) Care</b>	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Durable Medical Equipment</b> Includes: Rental of oxygen equipment, hospital bed, and wheelchairs. Total rental not to exceed purchase price	20% co-insurance, after deductible	20% co-insurance, after deductible
<b>Hearing Aids</b>	\$800 per ear	\$800 per ear
<b>Chiropractic Benefits</b> Limited up to 20 visits per calendar year	20% co-insurance, after deductible	20% co-insurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Vision Benefits</b>		
Eye Exam (Once every year)	No Charge	No Charge
Prescription Corrective Eyeglasses or Contact Lenses (Every year)	All except \$100	All except \$100

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Retail (30-Day Supply)</b>		
Generic	\$5 copay	20% co-insurance, after deductible
Preferred Brand Name Drugs	20% co-insurance No Deductible	20% co-insurance, after deductible
Non-Preferred Brand Name	20% co-insurance No Deductible	20% co-insurance, after deductible
<b>Mail Order (90-Day Supply)</b>		
Generic	\$10 copay	20% co-insurance, after deductible
Preferred Brand Name Drugs	20% co-insurance No Deductible	20% co-insurance, after deductible
Non-Preferred Brand Name	20% co-insurance No Deductible	20% co-insurance, after deductible

## SHORT TERM DISABILITY BENEFIT

### (NJ Office)

Benefits payable the 1<sup>st</sup> day of an accident, 8<sup>th</sup> day of a sickness, for 26 weeks  
Weeks 1-26 ..... \$546\* \*\*

\* An amount equal to two-thirds (2/3) of your average weekly salary for the eight (8) weeks prior to your disability and limited to a maximum of \$546 per week for 2009 and \$561 for 2010.

\*\*Weekly and maximum amount changes per NJ State Department of Labor.

### (California Office)

Provided by the California State Disability Insurance Program (SDI). Benefits payable after the 8<sup>th</sup> day of disability. Pays weekly and maximum amount per California State Disability Program. Claim form available on the internet at:

<http://www.edd.ca.gov/disability>.

## EMPLOYEE DEATH BENEFIT

Active Employee .....	\$20,000
Retired Employee.....	\$5,000
Temporary absent by direct payment.....	\$20,000
Monthly direct payment amount .....	\$39.40
Retired Fund Administrator/ Manager .....	40,000

## EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For loss of:

Life .....	\$20,000
Both Hands or Both Feet.....	\$10,000
Entire Sight of Both Eyes .....	\$10,000
One Hand and One Foot.....	\$10,000
One Hand or One Foot and Entire Sight of One Eye .....	\$10,000
One Hand or One Foot .....	\$5,000
Entire Sight of One Eye.....	\$5,000
Maximum benefit per occurrence is.....	\$20,000

### III. CONTINUATION OF COVERAGE FOR RETIREES

#### Retired Coverage Prior to Age 65 or Medicare

If you retire from active employment and are covered under the Retirement Plan of UFCW National Health and Welfare Fund, after both the attainment of age sixty-two (62) and the completion of more than twenty (20) years of service, you and your Dependent will be eligible to receive the health benefits set forth in this Summary Plan Description, from age 62-65, or eligible for Medicare.

#### Retired Coverage After Age 65

If you qualify for retired coverage as indicated above, the basic purpose of the program is to provide protection against financial loss of medically necessary services, supplies and care to the extent that the cost of such things is not reimbursed under the Federal Medicare Program. If the service is not covered by Medicare, there will be no coverage for the service by the Fund.

This Program is based upon the participant obtaining Medicare Part A and B. All retirees who qualify for retire coverage prior to age 65 will be covered.

All amounts and percentages apply to each eligible person

Lifetime Maximum	Unlimited
Medicare Deductibles	
Part A	100% reimbursement
Part B	100% reimbursement
Skilled Nursing Facilities	100% of the Medicare co-payment
Private Nurses	100% of reasonable and customary charges after Medicare reimbursement
Physician's Services	100% of reasonable and customary charges after Medicare reimbursement
Prescription Drug Benefits	80% co-insurance