

II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Calendar Year Deductible	None	Not Covered
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital and medical expenses)	Unlimited	
Physician Office Visits		
Non- Specialist	\$5 copay	Not Covered
Specialist	\$15 copay	Not Covered
Laboratory Services	No Charge	Not Covered
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses	No Charge	Not Covered
Ambulance	20% coinsurance	Not Covered
Emergency Care (Copay waived if admitted)		
Hospital ER	\$25 copay	\$25 copay
Urgent Care Center	\$15 copay	Not Covered
Mental Health, Alcohol & Substance Abuse Services		
Inpatient	No Charge	Not Covered
Outpatient		
-Doctor's office	\$15 copay	Not Covered
-Hospital	No Charge	Not Covered
Home Health (Nursing) Care (As medically necessary)	\$10 copay	Not Covered
Durable Medical Equipment (Total rental not to exceed purchase price.)	20% coinsurance	Not Covered

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Cardiac Rehabilitation	20% coinsurance No Deductibles	Not Covered
Physical Therapy (3x a week for 6 consecutive weeks per condition)	\$10 copay	Not Covered
Chiropractic (12 visits per calendar year)	\$10 copay	Not Covered
Eye/Ear Exams (Every 2 years)	\$15 copay	\$15 copay
Eyeglasses or Contact Lenses (Every year)	\$100	

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
Retail (30-Day Supply)		
Generic Drugs	\$5 copay	Not Covered
Brand Name Drugs	\$15 copay	Not Covered
Non-Preferred Brand Name Drugs	\$25 copay	Not Covered
Mail-Order (90-Day Supply)		
Generic Drugs	\$5 copay	Not Covered
Brand Name Drugs	\$15 copay	Not Covered
Non-Preferred Brand Name Drugs	\$25 copay	Not Covered

CONTINUATION OF COVERAGE FOR RETIREES

Eligibility – Retirement on/or after age..... 55
Period of Coverage Up to age 65 or Medicare eligibility

Continuation of Coverage for Retirees – Employer Paid

Employees retiring on or after January 1, 2000, under the Employer’s Pension Plan, who qualify for a Special Early Retirement on or after attaining the age of 52 or who retire under the Employer’s Pension Plan after attaining age 55 will be covered under the retiree medical plan until covered by Medicare and thereafter only if enrolled in the Medigap Plan.

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, 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.

Coordination of Benefits

There is no Coordination of Benefits provision for benefits provided through the Standard Plan.

MEDIGAP PLAN

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 prior to enrollment. All retirees qualify for a special early retirement on or after attaining the age of 52 or who retire under the Employer’s Pension Plan after attaining age 55, will be covered. The annual cost of the Plan to the participant will be \$250 per person for the Plan year January 1, 2006 through December 31, 2006 and is subject to change. There will be a one-time opt-out provision. Should you or your eligible spouse choose not to participate, that opt-out will end your participation in the Plan forever. There will be no opportunity to enroll at a future date.

MEDIGAP PLAN

All amounts and percentages apply to each eligible person

Lifetime Maximum	\$100,000
Medicare Deductibles	
Part A	80% reimbursement
Part B	80% reimbursement
Skilled Nursing Facilities	80% of the Medicare co-payment
Private Nurses	80% of reasonable and customary charges after Medicare reimbursement
Physician's Services	80% of reasonable and customary charges after Medicare reimbursement
Effective 6/1/2016	Up to \$13,000 each year, payable at 80% of actual charge, subject to \$200 annual deductible