

## II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual Family	\$200 \$600	\$200 \$600
<b>Coinsurance After Deductible</b>	10%	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 Family	\$3,000 \$9,000	\$3,000 \$9,000
<b>Physician Office Visits</b>	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Laboratory Services</b>	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Hospital</b> Daily Hospital Room and Board, Semi Private and other allowable expenses	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Hospital Pre-Certification Penalty</b>	50% of benefits up to a maximum of \$5,000	
<b>Emergency Care</b> Hospital ER Urgent Care Center	10% coinsurance, after deductible 10% coinsurance, after deductible	20% coinsurance, after deductible 20% coinsurance, after deductible
<b>Mental and Nervous Expense</b> Inpatient Outpatient	10% coinsurance, after deductible 10% coinsurance, after deductible	20% coinsurance, after deductible 20% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Alcohol &amp; Substance Abuse</b> (As Medically Certified)  Inpatient	10% coinsurance, after deductible	20% coinsurance, after deductible
	10% coinsurance, after deductible	20% coinsurance, after deductible
Outpatient	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Home Health (Nursing) Care</b>	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Durable Medical Equipment</b> (Total rental not to exceed purchase price.)	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Cardiac Rehabilitation</b>	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Physical Therapy</b>	10% coinsurance, after deductible	20% coinsurance, after deductible
<b>Chiropractic</b> (12 visits per calendar year)	10% coinsurance, after deductible	20% coinsurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network (No deductibles)	Out-of-Network (after deductibles)
<b>Retail (30-Day Supply)</b>		
Generic Drugs	10% coinsurance	20% coinsurance
Preferred Brand Name Drugs	10% coinsurance	20% coinsurance
Non-Preferred Brand Name Drugs	10% coinsurance	20% coinsurance
<b>Mail Order (90-Day Supply)</b>		
Generic Drugs	10% coinsurance	Not Covered
Preferred Brand Name Drugs	10% coinsurance	Not Covered
Non-Preferred Brand Name Drugs	10% coinsurance	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, 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.

### 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 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. The annual cost of the Plan to the participant will be \$250 per person for the Plan year January 1, 2007 through December 31, 2007 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