Alternate Plan of Medical and Prescription Drug Benefits for Eligible Employees of

Service Linen Supply and Superior Linen Service

with UFCW Local 3000

Provided by the UFCW NATIONAL HEALTH & WELFARE FUND
209-952-6533

SUMMARY OF BENEFITS – PLAN B	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Calendar Year Deductible (Individual/Family)	$300/$750	$500/$1,250
Co-insurance After Deductible	30%	50%
Lifetime Maximum	Unlimited	
Out-of-Pocket Maximum	$5,000/$10,000	$5,000/$10,000
Preventative Care	No Charge	50% co-insurance, after deductible
Physician Office Visits	30% co-insurance, after deductible	50% co-insurance, after deductible
Specialist Office Visits (Includes Cardiologists, Psychiatrists, etc.)	30% co-insurance, after deductible	50% co-insurance, after deductible
Ambulance	30% co-insurance, after deductible	30% co-insurance, after deductible
Emergency Room	30% co-insurance, after deductible	30% co-insurance, after deductible
Hospital Services (Daily hospital room and board, semi private and other allowable expenses)	30% co-insurance, after deductible	50% co-insurance, after deductible
Hospital Pre-Certification Penalty	25% of benefits up to a maximum of $2,000	
Mental Health & Substance Abuse Treatment		
Inpatient	30% co-insurance, after deductible	50% co-insurance, after deductible
Outpatient	30% co-insurance, after deductible	50% co-insurance, after deductible
Hospice Care	30% co-insurance, after deductible	50% coinsurance, after deductible
Home Health Care	30% co-insurance, after deductible	50% coinsurance, after deductible
Skilled Nursing Facility	50% co-insurance, after deductible	50% coinsurance, after deductible
Durable Medical Equipment (Total rental not to exceed purchase price)	30% co-insurance, after deductible	50% co-insurance, after deductible
Occupational, Physical, and Speech Therapy Services	30% co-insurance, after deductible	50% co-insurance, after deductible
Chiropractic Care (Limited to 12 visits per calendar year)	30% co-insurance, after deductible	50% co-insurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network (No Deductibles)	**Out-of-Network**
Mandatory Generic Substitution Applies		
Retail (30-Day Supply)		
Generic Drugs	$5 copay	Not Covered
Preferred Brand Name Drugs	$30 copay**	Not Covered
Non-Preferred Brand Name Drugs	$30 copay**	Not Covered
Mail-Order (90-Day Supply)		
Generic Drugs	$10 copay	Not Covered
Preferred Brand Name Drugs	$60 copay**	Not Covered
Non-Preferred Brand Name Drugs	$60 copay**	Not Covered
**If a brand name drug is prescribed where a generic equivalent is available, the member is responsible for the difference in cost between the brand name drug and the generic drug.		

To Find Providers in Your Network:

For Medical PPO Network BCBS through Blue Card

Horizon BlueCross BlueShield of NJ
1-800-810-2583 for Customer Service and Providers in your area.
www.bcbs.com (Prefix "UFD")

For Prescription Drugs

EmpiRx Health, LLC
1-877-241-7123 for Customer Service and Providers in your area.
www.empirxhealth.com