

## II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>		
Individual	\$200	\$400
Family	\$600	\$1,200
<b>Coinsurance After Deductible</b>	20%	30%
<b>Lifetime Maximum</b> (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
<b>Out-of-Pocket Maximum</b>		
Individual	\$1,000	\$2,000
Family	\$3,000	\$6,000
<b>Physician Office Visits</b>		
Primary Care Physician	20% coinsurance, after deductible	30% coinsurance, after deductible
Specialist (includes cardiologists, psychiatrists, dermatologists, podiatrists, etc.)	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Hospital</b> Daily Hospital Room and Board, Semi Private and other allowable expenses	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Hospital Pre-Certification Penalty</b>	50% of benefits up to a maximum of \$5,000	
<b>Ambulance</b>	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Emergency Care</b>		
Hospital ER	20% coinsurance, after deductible	30% coinsurance, after deductible
Urgent Care Center	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Laboratory Services</b>	20% coinsurance, after deductible	30% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Imaging Services</b> (CT and MRI scans require prior authorization)	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Mental Health</b>		
Inpatient	20% coinsurance, after deductible	30% coinsurance, after deductible
Outpatient	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Alcohol &amp; Substance Abuse</b> (As Medically Certified)		
Inpatient	20% coinsurance, after deductible	Not Covered
Outpatient	20% coinsurance, after deductible	Not Covered
<b>Durable Medical Equipment</b> (Total rental not to exceed purchase price.)	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>External Prosthetic Devices</b>		
-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
<b>Home Health (Nursing) Care</b>	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Cardiac Rehabilitation</b>	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Physical Therapy</b>	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Chiropractic</b> (12 visits per calendar year)	20% coinsurance, after deductible	30% coinsurance, after deductible

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

### SHORT TERM DISABILITY

Benefits payable, on the 1<sup>st</sup> day of an accident, 8<sup>th</sup> day of sickness for a weekly benefits of \$600 for up to 52 Weeks

### EMPLOYEE DEATH BENEFIT

Active Employee ..... \$75,000  
 Retired Employee ..... \$20,000

### EMPLOYEE ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

For loss of:

Life ..... \$25,000  
 Both Hands or Both Feet..... \$25,000  
 Entire Sight of Both Eyes ..... \$25,000  
 One Hand and One Foot. .... \$25,000  
 One Hand or One Foot or Entire Sight of One Eye ..... \$12,500  
 One Hand or One Foot..... \$12,500  
 Maximum benefit per occurrence is..... \$25,000

## CONTINUATION OF COVERAGE FOR RETIREES

Eligibility – Retirement on/or after age..... 60  
Period of Coverage ..... Up to age 65 or Medicare eligibility

### **Continuation of Coverage for Retirees – Employer Paid**

If you retire at age 60 (age 50 if disabled) during the term of this contract and are eligible to receive a pension, benefits will be the same as for active employees for both you and your eligible dependents. 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 or when the retiree fails to pay his copay for these benefits as determined by the contract, 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.