

**Plan of Medical and Prescription Drug Benefits for Eligible Employees of
CATALYST CANNABIS
UFCW LOCALS 5, 324, 770, 1167 & 1428
with
HIGH DEDUCTIBLE PPO PLAN**

Provided by the UFCW NATIONAL HEALTH & WELFARE FUND

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network w/ any Blue Cross provider	Out-of-Network
Annual Deductible (<i>individual/family</i>)	\$4,500/\$9,000	\$13,500/\$27,000
Coinsurance (<i>plan pays</i>)	70%	50%
Out-of-Pocket Maximum (<i>individual/family</i>) (<i>includes deductibles, coinsurance and copays</i>)	\$7,350/\$14,700	\$22,050/\$44,100
Lifetime Maximum	Unlimited	
Telehealth Visits	\$30 Copay	Subject to Ded & Coins
Primary Care Office Visits	\$30 Copay	Subject to Ded & Coins
Specialist Office Visits (<i>Includes Cardiologists, Psychiatrists, etc.</i>)	\$50 Copay	Subject to Ded & Coins
Preventive Care (<i>including well exams, immunizations, laboratory tests</i>)	No Charge	Subject to Ded & Coins
Hospital (<i>Daily Hospital Room and Board, Semi-Private and other allowable expense</i>)	Subject to Ded & Coins	Subject to Ded & Coins
Ambulance	Subject to Ded & Coins	Same as In-Network
Emergency Room (<i>Copay waived if admitted</i>)	\$150 Copay + 30% Coinsurance after ded	Same as In-Network
Urgent Care Clinic	\$30 Copay	Same as In-Network
Outpatient Surgery Facility	Subject to Ded & Coins	Subject to Ded & Coins
-Physician & Surgeon Fees	Subject to Ded & Coins	Subject to Ded & Coins
Mental Health and Substance Use Disorder – Inpatient Facility	Subject to Ded & Coins	Subject to Ded & Coins
Outpatient Facility	Subject to Ded & Coins	Subject to Ded & Coins

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network w/ any Blue Cross provider	Out-of-Network
Diagnostic Tests / Imaging Services <i>(CT and MRI scans require prior authorization)</i>	Subject to Ded & Coins	Subject to Ded & Coins
Home Health Care	Subject to Ded & Coins	Subject to Ded & Coins
Skilled Nursing Facility (Inpatient)	Subject to Ded & Coins	Subject to Ded & Coins
Durable Medical Equipment <i>(Total rental not to exceed purchase price)</i>	Subject to Ded & Coins	Subject to Ded & Coins
Physical, Occupational and Speech Therapy <i>(up to 18 sessions per condition)</i>	Subject to Ded & Coins	Subject to Ded & Coins
Chiropractic <i>(Up to 12 visits per calendar yr.)</i>	Subject to Ded & Coins	Subject to Ded & Coins

PRESCRIPTION DRUGS:	In-Network	Out-of-Network
Retail 30-Day Supply:		
Generic Drugs	\$5 Copay	Not Covered
Preferred Brand / Non-Preferred Brand	\$40 Copay / \$60 Copay	Not Covered
Mail Order 90-Day Supply:		
Generic Drugs	\$10 Copay	Not Covered
Preferred Brand / Non-Preferred Brand	\$80 Copay / \$120 Copay	Not Covered
Specialty Drugs	Subject to Ded & 30% Coins, up to \$250 max	Not Covered

Prescription Drug Benefits

Provided by EmpiRx Health: Call 1-877-241-7123 for Member Services
 You may also obtain information on their website at www.empirxhealth.com.

IF YOU ELECTED THESE ANCILLARY BENEFITS:

Dental Benefits

Provided by Delta Dental: Call 1-800-452-9310 for Customer Service
 1-800-335-8265 for Providers in your area
 You may also obtain information on their website at www.deltadentalnj.com.

Vision Benefits

Provided by VSP: Call 1-800-877-7195 for Customer Service
 You may also obtain information on their website at www.vsp.com.