II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Calendar Year Deductible Individual Family	 $200 $600	 $400 $1,200
Coinsurance After Deductible	20%	30%
Out-of-Pocket Maximum Individual Family	 $1,000 $3,000	 $2,000 $6,000
Lifetime Maximum (Amount payable per eligible individual, includes all benefits paid for covered hospital, medical and prescription benefits)	Unlimited	
Physician Office Visits 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
Telehealth Platform, Powered by Teladoc™ (No member out-of-pocket, unlimited utilization) You may call if you have account questions or need assistance with creating an account at: 1-800-835-2362 (Teladoc)	$0 copay	
Women's Pelvic Health through The Fund's partner Bloom (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: https://join.hibloom.com	$0 copay	
Ambulance	20% coinsurance, after deductible	30% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Emergency Care • Hospital ER	20% coinsurance, after deductible	30% coinsurance, after deductible
• Urgent Care Center	20% coinsurance, after deductible	30% coinsurance, after deductible
Hospital Pre-Certification Penalty	50% of benefits up to a maximum of $5,000	
Hospital Daily Hospital Room and Board, Semi Private and other allowable expenses	20% coinsurance, after deductible	30% coinsurance, after deductible
Laboratory Services	20% coinsurance, after deductible	30% coinsurance, after deductible
Diagnostic Tests (X-rays and blood tests)	20% coinsurance, after deductible	30% coinsurance, after deductible
Imaging Services (CT and MRI scans require prior authorization)	20% coinsurance, after deductible	30% coinsurance, after deductible
Maternity Care Services • Office Visits	20% co-insurance, after deductible	30% co-insurance after deductible
• Childbirth/ professional delivery services (Obstetrician, surgeon, etc.)	20% co-insurance, after deductible	30% co-insurance, after deductible
• Childbirth/ delivery facility services (Hospital, childbirth center, etc.)	No Charge	30% co-insurance, after deductible
Mental Health • Inpatient	20% coinsurance, after deductible	30% coinsurance, after deductible
• Teladoc™	$0 copay	
• Outpatient	20% coinsurance, after deductible	30% coinsurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	**Out-of-Network**
Alcohol & Substance Abuse (As Medically Certified) • Inpatient	20% coinsurance, after deductible	30% coinsurance, after deductible
• Teladoc™	$0 copay	
• Outpatient	20% coinsurance, after deductible	30% coinsurance, after deductible
Cancer Navigator Services (No member out-of-pocket) You may reach an Oncology Nurse Navigator at: 201-308-6555 (8am -6pm ET, M-F)	$0 copay	
Home Health (Nursing) Care	20% coinsurance, after deductible	30% coinsurance, after deductible
Durable Medical Equipment (Total rental not to exceed purchase price.)	20% coinsurance, after deductible	30% coinsurance, after deductible
External Prosthetic Devices -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. Limited to a maximum benefit of $350.)	20% coinsurance, after deductible	30% coinsurance, after deductible
Cardiac Rehabilitation	20% coinsurance, after deductible	30% coinsurance, after deductible
Virtual Physical Therapy (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: **https://meet.swordhealth.com/ufcwnational**	$0 copay	
Physical Therapy	20% coinsurance, after deductible	30% coinsurance, after deductible
Chiropractic (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)
Retail 30-Day Supply		
Generic Drugs	20% coinsurance	30% coinsurance
Preferred Brand Name Drugs	20% coinsurance	30% coinsurance
Non-Preferred Brand Name Drugs	20% coinsurance	30% coinsurance
Mail Order Specialty Drugs Supply 30-Day Supply (Requires prior authorization)		
Specialty Drugs	20% coinsurance	Not Covered
Mail Order 90-Day Supply		
Generic Drugs	20% coinsurance	Not Covered
Preferred Brand Name Drugs	20% coinsurance	Not Covered
Non-Preferred Brand Name Drugs	20% coinsurance	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.

SHORT TERM DISABILITY

Benefits payable, on the 1st day of an accident, 8th day of sickness for a weekly benefit 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.