

## II. SCHEDULE OF BENEFITS

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> Individual Family	\$150 \$300	\$200 \$600
<b>Out-of-Pocket Maximum</b> Individual Family	\$2,000 \$6,000	\$3,000 \$9,000
<b>Co-insurance 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>Physician's Office Visits and All Other Eligible Expenses</b>  Primary Care Physician	\$20 copay	30% co-insurance, after deductible
Specialist (Includes cardiologists, dermatologists, podiatrist, etc.)	\$20 copay	30% co-insurance, after deductible
<b>Telehealth Platform, Powered by Teladoc™</b> (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	
<b>Preventative Care</b>  Office Visits	\$20 copay	30% co-insurance, after deductible
Lab, X-rays and Immunizations	20% co-insurance, after deductible	30% co-insurance, after deductible

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<b>Women's Pelvic Health through The Fund's partner Bloom</b> (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: <a href="https://join.hibloom.com">https://join.hibloom.com</a>	\$0 copay	
<b>Ambulance</b>	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Emergency Room</b>	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Hospital Pre-Certification</b>	50% of benefits up to a maximum of \$5,000	
<b>Hospital</b> Daily Hospital Room and Board, Semi Private and other allowable expenses.	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Imaging Services</b> (CT and MRI scans require prior authorization)	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Laboratory and Radiology Services</b>	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Maternity Care Services</b>  Office Visits	\$20 copay	30% coinsurance, 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.)	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Outpatient Services</b> (Includes surgery and diagnostic lab/ X-rays)	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Mental Health, Alcohol, and Substance Abuse</b>  -Inpatient  <ul style="list-style-type: none"> <li>• Hospital</li> </ul>	20% co-insurance, after deductible	30% co-insurance, after deductible

SUMMARY OF BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<ul style="list-style-type: none"> <li>• Doctor's office</li> </ul> Teladoc™ -Outpatient	\$20 copay	30% co-insurance, after deductible
	\$0 copay	
	20% co-insurance, after deductible	30% co-insurance, after deductible
	<ul style="list-style-type: none"> <li>• Hospital</li> </ul>	
<ul style="list-style-type: none"> <li>• Doctor's office</li> </ul>	\$20 copay	30% co-insurance, after deductible
<b>Cancer Navigator Services</b> (No member out-of-pocket) You may reach an Oncology Nurse Navigator at: 201-308-6555 (8am -6pm ET, M-F)	\$0 copay	
<b>Durable Medical Equipment</b> (Includes rental of oxygen equipment, hospital bed, wheelchairs. Total rental not to exceed purchase price)	20% co-insurance, after deductible	30% co-insurance, 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/female pattern baldness. Limited to a maximum benefit of \$350.)	20% coinsurance, after deductible	30% coinsurance, after deductible
<b>Cardiac Rehabilitation</b>	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Physical and Occupational Therapy</b>	\$20 copay	30% co-insurance, after deductible
<b>Virtual Physical Therapy</b> (No member out-of-pocket, unlimited utilization) You may obtain information on their website at: <a href="https://meet.swordhealth.com/ufcwnational">https://meet.swordhealth.com/ufcwnational</a>	\$0 copay	

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<b>Home Health (Nursing) Care</b>	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Allergy Treatment</b>	20% co-insurance, after deductible	30% co-insurance, after deductible
<b>Chiropractic Benefits</b>	20% co-insurance, after deductible	30% co-insurance, after deductible

PRESCRIPTION DRUG BENEFITS	YOUR SHARE OF ELIGIBLE EXPENSE	
	In-Network	Out-of-Network
<b>Retail (30-Day Supply)</b>		
Generic	20% co-insurance No Deductible	30% co-insurance, after deductible
Brand Name	20% co-insurance No Deductible	30% co-insurance, after deductible
<b>Mail Order Specialty Drugs 30-day Supply (Requires prior authorization)</b>		
Specialty Drugs	20% co-insurance No Deductible	Not Covered
<b>Mail Order (90-Day Supply)</b>		
Generic	20% co-insurance No Deductible	Not Covered
Brand Name	20% co-insurance No Deductible	Not Covered

### Prescription Drug Benefits

Provided by EmpiRx Health: Call 1-877-908-9438 for Member Services

You may also obtain information on their website at [www.empirxhealth.com](http://www.empirxhealth.com)

**CONTINUATION OF COVERAGE FOR RETIREES**

Eligibility – Retirement on/or after age..... 59½  
Period of Coverage .....Up to Age 65 or Medicare Eligibility

**Continuation of Coverage for Retirees**

If you retire at age 59½ during the term of this contract and are eligible to receive a pension and have 15 years of service, benefits will be the same as for active employees for you. 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 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.