

**UFCW HEALTH CARE FUND  
SUMMARY PLAN DESCRIPTION  
PLAN A**

Revised, January 1, 2009

**ELIGIBILITY** – You will be eligible for your benefits on the 4<sup>th</sup> contribution following your probationary period. Separate eligibility applies to your dental benefits. (See Below)

Dependent Coverage	Dependents to age 19  Age 19-23 Need to Qualify with Fund Office
Deductible	<b>Major Medical</b> -\$150 deductible per person per calendar year. Family deductible=2 Individual
Coinsurance – where applicable unless otherwise noted.	20%
Coinsurance Maximum – excludes deductibles	\$1,000 per person, with a maximum of 2 family members per calendar year
Lifetime Maximum	\$1,000,000 per person
Paid in full	Participating Provider-Paid at 100% of the BC/BS Allowance Non-Participating Provider-Limited to 100% of the BC/BS Allowance. (Member responsible for balance.)

**HOSPITAL / FACILITY BENEFITS**

**INPATIENT (PRE-CERTIFICATION REQUIRED)**

Hospitalization – 120 days in a semi private room	Paid in full
Inpatient ancillary services, supplies and equipment	Paid in full
Maternity including Newborn care rendered in a hospital or birthing center	Paid in full
Skilled Nursing Facility – 120 days combined with Inpatient hospital days – 2 SNF days = 1 Hospital day. Services must be in lieu of inpatient admission.	Paid in full
Mental Health Care – 30 days per calendar year, 90 days Lifetime Maximum	Paid in full when medically necessary

Alcoholism and Substance Abuse – (2) 30 days per Lifetime.	Paid in full when medically necessary
Ambulance (Ground only)	Emergency service only – Paid in full
<b>OUTPATIENT SERVICES / HOSPITAL</b>	
Surgery	Paid in full
Pre surgical testing	Paid in full
Kidney dialysis	Paid in full
Routine mammography screening (35 or older-one per year)	Paid in full
Routine cervical cancer screening (18 or older-one per year)	Paid in full
Diagnostic x-ray	Paid in full
Diagnostic laboratory tests	Paid in full
Diagnostic machine tests	Paid in full
Radiation	Paid in full
Respiratory Therapy	Paid in full
Chemotherapy	Paid in full
Emergency room services	Medically Necessary – Paid in full. NOT Medically Necessary - \$25 penalty and subject to Major Medical deductible then paid at 80%
Home Health Care – 90 visits per calendar year including Private Duty Nursing services	Paid in full
Hospice	Paid in full
Outpatient alcoholism /substance abuse – 60 visits includes 20 family counseling visits per calendar year. 1 benefit period annually and 2 periods per lifetime	Paid in full

<b>MEDICAL / SURGICAL (PROFESSIONAL) BENEFITS</b>	
Surgery	Paid in full
Breast reconstruction surgery	Paid in full
Assistant at surgery	Paid in full
Second Surgical Opinion	Paid in full
Anesthesia	Paid in full
Maternity services	Paid in full
Inpatient doctor visits – 120 visits	Paid in full
Diagnostic x-ray Diagnostic laboratory tests Diagnostic machine tests (Combined benefit)	1 <sup>st</sup> \$200.00 paid @ 100% then subject to deductible and paid at 80%
Routine mammography screening (35 or older-one per year)	Paid in full
Routine cervical cancer screening (18 or older-one per year)	Paid in full
Radiology Services	Paid in full
Chemotherapy	Paid in full
Physical, Occupational, Speech Therapy – 60 visits per calendar year for each therapy	Subject to Major Medical deductible then paid at 80%
Office visits	Subject to Major Medical deductible then paid at 80%
Chiropractic Care – 30 visits maximum per calendar year	Subject to Major Medical deductible then paid at 80%
Well Child Visits up to age 19 including age appropriate immunizations: Birth to age 2 ⇒ 9 visits Age 2-7 ⇒ 5 visits Age 7-19 ⇒ 1 visit every 24 months Gardasil (HPV) ages 9 – 26 yrs	Paid in full

Diabetes Education	Subject to Major Medical deductible then paid at 80%
Outpatient Mental Health care	40 visits per calendar year - \$50.00 Per visit
Podiatry – Medically Necessary only, Routine is not covered	Subject to Major Medical deductible then paid at 80%
Routine Adult Physical – one per calendar year	First \$75 allowed at 100%, balance subject to deductible and coinsurance
Adult Immunization – Flu Shot ONLY	100% up to \$30 maximum
<b>ADDITIONAL HEALTH SERVICES</b>	
Durable Medical Equipment	Subject to Major Medical deductible then paid at 80%
Prosthetic Devices	Subject to Major Medical deductible then paid at 80%
Medical Supplies	Subject to Major Medical deductible then paid at 80%
Diabetic equipment and supplies	Subject to Major Medical deductible then paid at 80%
Prescription Drugs (Including Oral Contraceptives)	<p style="text-align: center;"><b>Retail:</b> Co-payment \$12 Generic / \$20 Brand <i>Exception - Core Therapy Drugs Limited to \$5 Co-payment</i></p> <p style="text-align: center;"><b>Mail Order:</b> \$24 Generic / \$40 Brand <i>Exception – Core Therapy Drugs Limited to \$10 Co-payment (30 day supply pharmacy – 90 day supply mail order)</i></p> <p style="text-align: center;"><b>*Non-preferred brand drugs (drugs that have a generic available) will now be subject to a \$40.00 co-pay at retail and \$100.00 co-pay at mail order (3-month supply)</b></p>
Hearing Aid	\$500 per unit - 5 year replacement

<p>Eye exams</p>	<p>Up to \$135 maximum – including eyeglasses  ADULT – Every 2 years  CHILD - Every year  <b>*Individual Plan covers member only</b></p>																											
<p><b>Dental – Not a benefit through BCBS – Please send all paperwork to UFCW.</b>  <i>Dental waiting periods are as follows:</i></p> <ul style="list-style-type: none"> <li>➤ <i>General Dentistry</i> Eligible upon 7<sup>th</sup> Contribution.</li> <li>➤</li> <li>➤ <i>Extensive Dentistry</i> Eligible upon 13<sup>th</sup> Contribution.</li> </ul>	<p>\$1,850 per participant per year.  Preventative Care paid @ 100%.  All other services paid at 90% of Fee Schedule With 10% Co-Insurance paid by Member.</p> <p>Orthodontics - \$1,500 lifetime maximum (per participant)</p> <p><b>* Any charges incurred due to extraction of wisdom teeth Will be applied to the annual maximum</b></p> <p>Paid out according to UFCW Fee Schedule</p>																											
<p>Life Insurance</p> <p>Based on years of continuous eligibility under the plan.</p> <p>When you leave, your death benefit coverage will continue during the balance of the month in which your employment terminates <i>plus</i> one more month.</p>	<table border="0"> <tr> <td><i>Full-Time</i></td> <td>/</td> <td><i>Part-Time</i></td> </tr> <tr> <td>Less than 16yrs</td> <td></td> <td>Less than 16yrs</td> </tr> <tr> <td>\$25,000</td> <td></td> <td>\$10,000</td> </tr> <tr> <td>16-19yrs</td> <td></td> <td>16-19yrs</td> </tr> <tr> <td>\$30,000</td> <td></td> <td>\$15,000</td> </tr> <tr> <td>20-24yrs</td> <td></td> <td>20-24yrs</td> </tr> <tr> <td>\$40,000</td> <td></td> <td>\$20,000</td> </tr> <tr> <td>25yrs plus</td> <td></td> <td>25yrs plus</td> </tr> <tr> <td>\$50,000</td> <td></td> <td>\$25,000</td> </tr> </table>	<i>Full-Time</i>	/	<i>Part-Time</i>	Less than 16yrs		Less than 16yrs	\$25,000		\$10,000	16-19yrs		16-19yrs	\$30,000		\$15,000	20-24yrs		20-24yrs	\$40,000		\$20,000	25yrs plus		25yrs plus	\$50,000		\$25,000
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<p>Dependent Life Insurance</p>	<p>Spouse - \$2,000  Child - \$2,000 (14 days old)  PT - \$1,000 if purchasing family coverage.</p>																											
<p>Accidental Death and Dismemberment</p>	<table border="0"> <tr> <td><i>Full-Time</i></td> <td>/</td> <td><i>Part-Time</i></td> </tr> <tr> <td>Less than 16yrs</td> <td></td> <td>Less than 16yrs</td> </tr> <tr> <td>\$25,000</td> <td></td> <td>\$10,000</td> </tr> <tr> <td>16-19yrs</td> <td></td> <td>16-19yrs</td> </tr> <tr> <td>\$30,000</td> <td></td> <td>\$15,000</td> </tr> <tr> <td>20-24yrs</td> <td></td> <td>20-24yrs</td> </tr> <tr> <td>\$40,000</td> <td></td> <td>\$20,000</td> </tr> <tr> <td>25yrs plus</td> <td></td> <td>25yrs plus</td> </tr> <tr> <td>\$50,000</td> <td></td> <td>\$25,000</td> </tr> </table>	<i>Full-Time</i>	/	<i>Part-Time</i>	Less than 16yrs		Less than 16yrs	\$25,000		\$10,000	16-19yrs		16-19yrs	\$30,000		\$15,000	20-24yrs		20-24yrs	\$40,000		\$20,000	25yrs plus		25yrs plus	\$50,000		\$25,000
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