

**UFCW HEALTH CARE FUND  
SUMMARY PLAN DESCRIPTION  
MINI-WRAP PLAN  
(Effective – 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)**

<p><b>MEDICAL COVERAGE</b> (Send in Itemized Bill to UFCW)</p>	<p>1 Yearly Physical Exam with a \$75.00 Maximum</p>				
<p><b>VISION CARE –</b> Call Davis Vision @ (800) 999-5431</p>	<p>\$135 Maximum Every Two Years.</p>				
<p><b>PRESCRIPTION DRUGS</b> (Use your Prescription Drug Card at Participating Pharmacies)</p> <p><i>Up to a 30 day supply at Pharmacy Up to a 90 day supply by Mail Order</i></p>	<p style="text-align: center;"><b>Retail:</b> Co-payment \$12 Generic / \$20 Brand / \$40 Non-Preferred Brand* <i>Exception - Core Therapy Drugs limited to \$5 Copay.</i></p> <p style="text-align: center;"><b>Mail Order:</b> \$24 Generic / \$40 Brand / \$100 Non-Preferred Brand* <i>Exception – Core Therapy Drugs limited to \$10 Copay (30 day supply pharmacy - 90 day supply mail order.)</i></p> <p><b><i>NOTE: 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)</i></b></p>				
<p><b>Dental Not a benefit through BCBS – Please send all paperwork to UFCW. No Dental Card</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>➤ <i>Extensive Dentistry</i> Eligible upon 13<sup>th</sup> Contribution.</li> </ul>	<p style="text-align: center;">\$1,000 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 style="text-align: center;">UFCW Fee Schedule <i>Orthodontics - \$750 per lifetime maximum</i> <b><i>NOTE: Any charges incurred due to extraction of wisdom teeth will be applied to the annual maximum</i></b></p>				
<p><b>HEARING AID BENEFIT</b> (Send Itemized Bill to UFCW)</p>	<p>\$500 Maximum per Unit with a five (5) year Replacement Limit.</p>				
<p><b>DEATH BENEFIT</b></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 style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Less than five (5) years of Service</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>Five years or More of Service</td> <td style="text-align: right;">\$ 7,500</td> </tr> </table> <p>(\$1,000 Spouse &amp; Dependent Coverage if Purchasing Family Coverage.</p>	Less than five (5) years of Service	\$ 5,000	Five years or More of Service	\$ 7,500
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<p><b>ACCIDENTAL DEATH</b></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Less than five (5) years of Service</td> <td style="text-align: right;">\$ 5,000</td> </tr> <tr> <td>Five years or More of Service</td> <td style="text-align: right;">\$ 7,500</td> </tr> </table>	Less than five (5) years of Service	\$ 5,000	Five years or More of Service	\$ 7,500
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**Send all Claim forms to: UFCW Local One Medical Dept. • 5911 Airport Road, Oriskany, NY 13424**

Updated 1/1/2009