



**SUMMARY PLAN DESCRIPTION**  
**EFFECTIVE: January 1, 2025** **M**

**MEDICAL COVERAGE**  
 Claims Service Unit –  
**1-800-959-9497**

- 1 Yearly Physical Exam  
*(No coverage for Blood work, x-rays, etc.)*
- Send Claim Form to:**  
*UFCW Medical Department – 5911 Airport Road, Oriskany, NY 13424*

**OUT OF POCKET MAX**  
 Prescription Drugs Only

- **\$2,600 Individual**

**MDLIVE (Telemedicine) –24/7**  
 TEXT – EXCELLUS to 635483  
 Or REGISTER/LOG IN AT:  
[ExcellusBCBS.com/Member](http://ExcellusBCBS.com/Member)

- **NO CO-PAY**  
*24/7 Access to a Doctor*

**IMMUNIZATIONS**

- Yearly Flu Shot – This will be covered with a reimbursement amount up to \$30.  
*Use Drug ID Card at In Network Pharmacies or mail claim form to Fund office as noted above*

**PRESCRIPTION DRUG BENEFIT**



**Customer Service 1-800-681-6912**

**FOR SPECIALTY DRUGS**  
 LOG ONTO [www.Accredo.com](http://www.Accredo.com)  
 Or call 1-800-803-2523

\*\* A LIST OF CORE THERAPY DRUGS CAN BE FOUND AT [www.ufcwone.org](http://www.ufcwone.org)

ORDER YOUR DIABETIC SUPPLIES  
*(No Co-Pays)*  
 1-877-316-2460  
 Or ONLINE at [www.onesourcemg.com](http://www.onesourcemg.com)

Thirty (30) Day Supply from Retail Pharmacy

CO-PAYMENT		
GENERIC	BRAND	Non-PREFERRED BRAND
20% (Min. \$15 – Max \$25)	30% (Min. \$30 – Max \$50)	50% (Min. \$50 – Max \$100)

\*\*Exception - Core Therapy Drugs limited to \$10 Co-Pay.

**Ninety (90) Day Supply from Mail Order OR Tops Markets & Parkway Drugs**

GENERIC	BRAND	Non-PREFERRED BRAND
20% (Min. \$40 – Max \$70)	30% (Min. \$85 – Max \$125)	50% (Min/Max \$200)

\*\*Exception – Core Therapy Drugs limited to \$15 Co-Pay

**NOTE: \*Non-preferred brand drugs (drugs that have a generic available)**

*Generic Oral Contraceptives: No Co-Pay with prescription*

**DENTAL BENEFIT**

ALL Dental Claims should be submitted to Delta Dental for processing and Payment. Claims can be submitted by your dental provider or by you directly to:

**Delta Dental**  
**P.O. Box 2105**  
**Mechanicsburg, PA 17055**  
**Or Visit their Website at**  
**[www.deltadentalins.com](http://www.deltadentalins.com)**

*For questions regarding your claim(s), please call Delta Dental PPO at:*  
**1-800-932-0783**

A LIST OF IN-NETWORK PROVIDERS CAN BE FOUND AT:  
[www.deltadentalin.com](http://www.deltadentalin.com)

**Maximum Benefit:** \$1,000 per participant per year  
**Preventative Care:** Paid @ 100% of Fee Schedule  
**All Other Services:** Paid at 90% of Fee Schedule With 10% Co-Insurance paid by Member.

**Orthodontics - \$1,000 per lifetime maximum**

**NOTE: Any charges incurred due to extraction of wisdom teeth will be applied to the annual maximum**

*General Dentistry - Eligible upon 7th Contribution.  
 Extensive Dentistry – Eligible upon 13<sup>th</sup> Contribution.*

<p><b>VISION CARE</b>                  DAVIS VISION                  (800) 999-5431 or <a href="http://www.davisvision.com">www.davisvision.com</a></p>	<p>General Benefit: \$155.00 Maximum Every Two Years.   <i>Safety Glasses: Annual benefit for those members who need them for work</i></p>				
<p><b>HEARING AID BENEFIT</b>                  (Send Itemized Bill to UFCW)</p>	<p>\$1,500/year, limited to single purchase (including repair &amp; replacement) every three years. No age limit.</p>				
<p><b>DEATH BENEFIT/                  ACCIDENTAL DEATH</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> <tr> <td>Less than five (5) years of Service</td> <td>\$ 5,000</td> </tr> <tr> <td>5 years and Over</td> <td>\$ 7,500</td> </tr> </table> <p><b>NOTE: MEMBERS HIRED ON OR AFTER 1/1/2018</b></p> <p><i>Age 65 – 35% Reduction</i></p> <p><i>Age 70 – 50% Reduction</i></p> <p><i>Applies to both full-time and part-time employees.</i></p>	Less than five (5) years of Service	\$ 5,000	5 years and Over	\$ 7,500
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**Does this Coverage Provide Minimum Essential Coverage?** Since your coverage under the Fund’s Plan M meets this requirement, you will **NOT** pay a penalty in connection with the ACA’s Individual Mandate, as long as you remain covered under Plan M during 2023.

**Does this Coverage Meet the Minimum Value Standard?** The ACA rates health plans available through the state Exchanges by assigning them a “metal” category, based on the average percentage of covered health costs payable by the plan. Bronze plans have a minimum value standard of 60%, Silver plans have a minimum value of 70%, Gold plans have a minimum value of 80% and Platinum plans have a minimum value of 90%. **The Fund’s consultant has determined that your coverage under Plan M does not meet the ACA’s minimum value standard. If you need a plan that provides hospitalization and additional medical benefits, please contact the Fund Office for eligibility requirements.**

**Helpful WEBSITE Links**

Medical Claims – Excellus BCBS	-	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>	1-877-223-2993
LucyRX (Express Scripts)	-	<a href="http://www.express-scripts.com">www.express-scripts.com</a>	1-800-681-6912
UFCW Benefit Funds Office	-	<a href="http://www.ufcwone.org">www.ufcwone.org</a>	1-800-959-9497
Davis Vision	-	<a href="http://www.davisvision.com">www.davisvision.com</a>	1-800-999-5431
Diabetic Supplies (One Health)	-	<a href="http://www.onesourcemg.com">www.onesourcemg.com</a>	1-877-316-2460
Delta Dental PPO	-	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	1-800-932-0783