



SUMMARY PLAN DESCRIPTION

EFFECTIVE: June 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

- **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

Unified LaborRX

Customer Service

1-800-654-2111

FOR SPECIALTY DRUGS

LOG ONTO

www.primetherapeutics.com

Or call 1-866-364-2673

ORDER YOUR DIABETIC SUPPLIES

(No Co-Pays)

1-877-316-2460

Or ONLINE at www.onesourcecmg.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

DENTALBENEFIT

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

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

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 13th Contribution.

VISION CARE DAVIS VISION (800) 999-5431 or www.davisvision.com	General Benefit: \$155.00 Maximum Every Two Years. <i>Safety Glasses: Annual benefit for those members who need them for work</i>				
HEARING AID BENEFIT (Send Itemized Bill to UFCW)	\$1,500/year, limited to single purchase (including repair & replacement) every three years. No age limit.				
DEATH BENEFIT/ ACCIDENTAL DEATH Based on years of continuous eligibility under the plan. 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.	<table border="0"> <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 style="text-align: center;">NOTE: MEMBERS HIRED ON OR AFTER 1/1/2018</p> <p style="text-align: center;"><i>Age 65 – 35% Reduction</i></p> <p style="text-align: center;"><i>Age 70 – 50% Reduction</i></p> <p style="text-align: center;"><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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5 years and Over	\$ 7,500				

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	-	www.excellusbcbs.com	1-877-223-2993
Unified LaborRX	-	www.unifiedlaborrx.com	1-844-654-2111
UFCW Benefit Funds Office	-	www.ufcwone.org	1-800-959-9497
Davis Vision	-	www.davisvision.com	1-800-999-5431
Diabetic Supplies (One Health)	-	www.onesourcemg.com	1-877-316-2460
Delta Dental PPO	-	www.deltadentalins.com	1-800-932-0783