

Active Plan of Benefits for Employees and Dependents

**Retiree Plan of Benefits for Eligible Retirees, Disabled Employees, Their Dependents, Widows,
and Dependents of Deceased Employees**

**Plan of Benefits for Dependents of Medicare Eligible Retirees
(Who Are Not Eligible for Medicare)**

Local 380

Life Insurance (Active Plan of Benefits for Employees and Dependents Only)

Employee	\$10,000
Eligible spouse	\$2,500
Dependent child over 3 years	\$2,500

AD&D Insurance (Active Plan of Benefits for Employees Only)

Accidental death and dismemberment principal sum (employee only)	\$10,000
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Weekly Accident and Sickness Benefit (non-occupational, Active Plan of Benefits for Employees Only)

Weekly benefit	\$250
Maximum number of weeks	26

Comprehensive Medical Benefits (For All)

Annual deductible

Individual	\$300
Family	\$600

Other deductibles

Emergency room copayment, waived if admitted	\$50
Hospitalization without obtaining pre-approval	\$200

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Annual out-of-pocket limit	
Individual	\$5,000
Family	\$10,000
The annual out-of-pocket limits only apply to in-network charges. Out-of-network charges are not applied toward the out-of-pocket limits.	
Plan pays...	
In-network charges	80%
Out-of-network reasonable and customary charges	60%
Supplemental Accident Benefit	
Maximum benefit per accident	100% of reasonable and customary charges up to 90 days
Calendar year maximums	
Well adult examinations and immunizations (does not require deductible)	\$1,000
Home health care visits	100
Days of treatment in a skilled nursing care facility	120
All covered expenses	No Limit
Lifetime maximums (per person)	
Diabetes education	\$500
Bereavement services	\$500
Special Work Benefit (Active Plan of Benefits for Employees Only)	
Employee reimbursed (if you work at least 2,000 contribution hours in a calendar year)	First \$100 of deductible for preceding calendar year

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Prescription Drug Benefits (For All)

Therapeutic Class of Drugs Copayments

(to treat diabetes, high blood pressure, heart disease, high blood cholesterol, and asthma)

	Retail Pharmacy (Up to 34-day or 100 units)	Mail Order (Up to 90-day)
Generic drug copayment	\$0	\$0
Preferred brand drug copayment	\$10	\$20
Non-preferred brand drug copayment	\$20	\$40

Participating Retail Pharmacy Copayments

Generic drug copayment	\$7.50
Preferred brand drug copayment	20% of TUF* up to \$50
Non-preferred brand drug copayment	30% of TUF* up to \$75

Mail Order Program

Generic drug copayment	\$15.00
Preferred brand drug copayment	20% of TUF* up to \$100
Non-preferred brand drug copayment	30% of TUF* up to \$150

Note: if you have a prescription filled for a brand name drug that has a generic equivalent, you will need to pay the difference between the brand name and generic drug as well as the brand name copayment.

*Total Undiscounted Fee (TUF)

Hearing Aid Benefit

Hearing Exam (referral through EPIC Hearing Healthcare) Hearing Aid (discounted) Limit per Ear (through EPIC)	Paid at 100% Paid at 100% up to \$2,500
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Dental Expense Benefit – Not included in Plan

Vision Care Benefit – Not included in Plan