

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)

Locals 111, 112, 393, 444 & 498

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

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

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%

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Supplemental Accident Benefit

Maximum benefit per accident	100% of Allowable Charges up to 90 days
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Calendar year maximums (per person)

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	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)

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Hearing Aid Benefit (Active and Retired Employees Only)

Hearing Exam (referral through EPIC Hearing Healthcare)	Paid at 100%
Hearing Aid (discounted) Limit per Ear (through EPIC)	Paid at 100% up to \$2,500

Dental Expense Benefit (For All)

Preventative and diagnostic services	100%
Restorative and prosthodontic services	80%
Orthodontic services (under age 19)	60%
Calendar year maximum for preventive, diagnostic, restorative and prosthodontics (does not apply to preventive services for children younger than age 19)	\$1,000
Lifetime maximum for orthodontics	\$1,000

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Vision Expense Benefit (Except for Local 498 Retirees)

	In-Network Benefits	Out-of-Network Benefits
Plan Frequency Comprehensive Exam, Lenses, Frames or Contact Lenses	every 12 months	
Eye exams Contact Lens Exam Comprehensive Exam	Covered in full \$0 copay for fitting and evaluation and \$200 allowance	\$200 total allowance
Standard Lenses Single Vision, Bifocal, Trifocal or Lenticular	Covered in Full	
Contact Lenses (in lieu of eyeglass lenses and frames benefit) Medically Necessary Cosmetic—Elective (Disposable)	Prescription materials covered-in-full up to \$200 allowance Prescription materials covered-in-full up to \$200 allowance	
Frames	Covered-in-full up to \$200 retail allowance	
Maximum Benefit Allowance	None	
	In-Network Only	
Discounts on Additional Purchases Prescription eyeglass lenses Add-on charges to basic lenses Contact lenses (except disposables) Disposable contact lenses All other prescription materials Eyeglass frames	20% for additional pair of complete glasses 20% N/A N/A N/A 20% for additional pair of complete glasses	
Additional Discounts	Laser vision correction (LASIK, PRK and Custom LASIK using wavefront technology): 15% off retail price; Hearing aids through TruHearing: average 25% discount	