

**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
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**Calendar year maximums**

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)

	<b>Retail Pharmacy (Up to 34-day or 100 units)</b>	<b>Mail Order (Up to 90-day)</b>
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**