BAKERS/FELRA HW

	PLAN 1 FT	PLAN 2 FT	PLAN 3 FT EFFECTIVE 1/15	PLAN 3 PT EFFECTIVE 1/15	PLAN 4 PT EFFECTIVE 1/15
Effective Dates	**Local 118 -** hired before 1/17/04 **Local 68** - hired before 1/31/04 **Employer Contribution** - $1082 **Employee Co-pay -** $5, $10, $15 Employees hired on or after April 2, 2009, Prior $9.82 a week	**Local 118**- hired after 10/17/04 **Local 68**- hired after 10/31/04 **Employer Contribution-** $334 **Employee Co-pay** $5, $10, $15, Employees hired on or after April 2, 2009, Prior $9.82 a week	**Local 118**-hired on or after 12/9/2014 **Local 68**-hired on or 11/13/2014 **Employer Contribution**- Full-Time $593 Part-Time $128 **Employee Co-pay** - $5, $10, $15, Employees hired on or after April 2, 2009, Prior $9.82		**Local 118**-hired on or after 12/9/2014 **Local 68**-hired on or 11/13/2014 **Employer Contribution** - $24 No employee co-pay
Employment Status	Full Time	Full Time	Full Time	Part Time Over 28 hours per week on average over 12 month period	Part Time under 28 hours per week on average over a 12 month period
Eligibility Requirements	**New** members not eligible for this Plan after Plan 3 and Plan 4 became effective January 1, 2015	**New** members not eligible for this Plan after Plan 3 and Plan 4 became effective January 1, 2015	First of the month following 1200 hours of service, plus 60 Days	First of the month following 13 months of employment	First of the month following 18 months of employment
Benefits Available	Medical, Rx,Life AD&D, Disability, Dental, Vision	Medical, Rx, Life AD&D, Disability, Dental, Vision	Medical, Rx, Life, AD&D Disability, Dental, Vision		Life,AD&D, Disability, Dental, Vision
Dependent Coverage	Spouse, Children – Medical till age 26. Dental Age 19(Age 23 if Full Time Student)	Spouse, Children – Medical till age 26. Dental Age 19(Age 23 if Full Time Student)	**NO SPOUSAL COV. FOR MEDICAL**, Rx, Children till age 26, Dental age 19 (Age 23 if Full Time Student) Spousal Coverage for Dental, Optical		Member and Dependents including spouse eligible for Dental and Vision
Deductible	**$300 Individual $600 Family**	**$300 Individual $600 Family**	**$500 per person**		**N/A**

Major Medical	80% up to Cigna allowed Amount	75% up to Cigna allowed Amount	70% up to Cigna allowed Amount		N/A
Dental **Denex**	**Deductible-$50 Individual** **$150 Family**	**Deductible-$50 Individual** **$150 Family**	**Deductible-$50 Individual** **$150 Family**		**Deductible-$50 Individual** **$150 Family**
Out of Pocket	$4,000/8,000 – Medical Prescription - $2850/$5,700	$5,000/10,000 – Medical Prescription - $1850/$3,700	$5,000/10,000 - Medical Prescription - $1850/$3,700		N/A
	Plan 1	**Plan 2**	**Plan 3 FT**		**Plan 3 PT**
Accident & Sickness Participant Only	**$200/26wk Eligibility for benefits continues during disability for a maximum of 10 consecutive months following the last month an employer makes contributions on your behalf.**	**$200/26wk Eligibility for benefits continues during disability for a maximum of 10 consecutive months following the last month an employer makes contributions on your behalf**	**$200/26wk Eligibility for benefits continues during disability for a maximum of 10 consecutive months following the last month an employer makes contributions on your behalf**		**$200/26wk Eligibility for benefits continues during disability for a maximum of 10 consecutive months following the last month an employer makes contributions on your behalf**
Life Insurance (Participant Only) **ULLICO**	$20,000	$20,000	$20,000	$20,000	$20,000
Accidental Death **ULLICO**	$20,000	$20,000	$20,000		$20,000
Prescription (Optum RX)	$10 co-pay generic, $15 brand on formulary, $30 brand not on formulary. Two co-pays for three month	$10 co-pay generic, $15 brand on formulary, $30 brand not on formulary. Two co-pays for three month supply	5% co-pay (minimum $5) generic, 15% co-pay (minimum $15) brand on preferred formulary, 25% (minimum $25) brand not on preferred formulary. Two co-pays for three month supply through mail order		N/A

	supply through mail order. Generics mandatory if available (brand not covered)	through mail order Generics mandatory if available (brand not covered)	Generics mandatory if available (brand not covered)	
Optical (GVS) www.gvsmd.com 1-866-265-4626	Exam and glasses every two years	Exam and glasses every two years	Exam and glasses every two years	Exam and glasses every two years