

**UFCW LOCAL 1500 WELFARE FUND
ACA PLAN - EFFECTIVE JANUARY 1, 2015
OUTLINE OF BENEFITS**

BENEFIT	IN-NETWORK	ADDITIONAL INFORMATION
First Dollar Coverage	\$400.00	Applies to Hospital and Medical Benefits Only
Deductible	\$5,600	Applies to Hospital and Medical Benefits Only
Out-of-Pocket Maximum	\$5,600	Applies to Hospital and Medical Benefits Only
Member Contribution	\$20 Weekly	All Eligibility Requirements must be met

MEDICAL PLAN		
BENEFIT	IN-NETWORK (Empire EPO)	ADDITIONAL INFORMATION

Deductible must be met prior to reimbursement of any eligible expenses, after the first \$400 of coverage

HOSPITAL BENEFITS		
Hospital Confinement	100% of EPO Rate	Precertification required
Ambulatory Surgery Facility Fee	100% of EPO Rate	Precertification required
Pre-Surgical Testing	100% of EPO Rate	
Emergency Room Services	100% of EPO Rate, after \$100 co-pay	Co-pay waived if admitted
In-Patient Rehabilitation	100% of EPO Rate	30 days per calendar year
Skilled Nursing Facility	100% of EPO Rate	60 days per calendar year. Precertification required
Mental Health In-Patient	100% of EPO Rate	Precertification required
Substance Abuse In-Patient	100% of EPO Rate	Precertification required
Home Health Care	100% of EPO Rate	200 visits per calendar year. Precertification required
Hospice Care	100% of EPO Rate	210 days per lifetime. Precertification required
MEDICAL BENEFITS		
Primary Care Visit	100% of EPO Rate	
Specialist Visit	100% of EPO Rate	
Urgent Care Facility Visit	100% of EPO Rate	
Mental Health Visits Out-Patient	100% of EPO Rate	
Substance Abuse Visits Out-Patient	100% of EPO Rate	
Chiropractic Care	100% of EPO Rate	50 visits per calendar year
Preventive Services	Paid in full for ACA required preventive care	Deductible does not apply for in network services
Surgical Services/Physicians Fees	100% of EPO Rate	Some services require precertification
Anesthesia Services/Physicians Fees	100% of EPO Rate	
In-Patient Physician Visit	100% of EPO Rate	
Out-Patient Rehabilitative Therapies	100% of EPO Rate	30 visits per calendar year, Precertification required
Out-Patient Habilitation Services	100% of EPO Rate	30 visits per calendar year, Precertification required
Diagnostic Laboratory & X-Ray Services	100% of EPO Rate	Some services require precertification
Durable Medical Equipment	100% of EPO Rate	Precertification required

PRESCRIPTION DRUG PLAN		
BENEFIT	IN-NETWORK (Express Scripts, Inc.)	ADDITIONAL INFORMATION

Out-of-Pocket Maximum	\$1,000	
Retail:		
Generic Drugs	\$20 co-pay	Certain Pharmacies are excluded from coverage
Formulary Brand	\$30 co-pay	Certain Pharmacies are excluded from coverage
Non-Formulary Brand	\$60 co-pay	Certain Pharmacies are excluded from coverage
Specialty Drugs	\$60 co-pay	Precertification required
Mail Order:		
Generic Drugs	\$40 co-pay	Certain Pharmacies are excluded from coverage
Formulary Brand	\$60 co-pay	Certain Pharmacies are excluded from coverage
Non-Formulary Brand	\$120 co-pay	Certain Pharmacies are excluded from coverage
Specialty Drugs	\$120 co-pay	Precertification required

ANCILLARY BENEFITS		
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DENTAL BENEFITS - Participant & Spouse Only		
Maximums:		
Participant - \$2,000 per calendar year	Scheduled Allowance	
Spouse - \$1,500 per calendar year		
Under Age 19 - Unlimited annual maximum w-payments based on scheduled allowance	Scheduled Allowance	
ORTHODONTIC BENEFIT - Participant & Spouse Only		
Maximums:		
\$1,822 for Board Certified Dentist	Scheduled Treatment Allowance	Treatment must begin before age 19
\$691 for not Board Certified Dentist	Scheduled Treatment Allowance	
VISION BENEFITS - Participant & Spouse Only		
Maximums:		
Eye examination and lenses every 12 consecutive months,		
Frames every 24 consecutive months	As per Fee Schedule Allowance	
Under Age 19 - Unlimited annual maximum w-payments based on scheduled allowance		
Eligibility determined by Contributing Employer based upon hours worked.	As per Fee Schedule Allowance	

Out-of-Network benefits allowed only for emergency situations and situations where the patient has no control over the choice of provider when using an In-Network facility and/or treating physician (i.e., emergency room physician, anesthesiologist, radiologist, etc.). In these situations, the Plan would pay at the In-Network benefit level. Balance remains the patient's responsibility. NO OTHER OUT-OF-NETWORK BENEFITS PROVIDED.