

Retiree Health Comparison for UFCW Local 7

	Pre-2017 Plan	1/1/2017 Retiree Health Plan
Eligibility Rules	Golden Rule of 75 -- age plus years of service equals 75 at the time of retirement with 15 YOS; or At least age 55, and at least fifteen years of service	Golden Rule of 75 -- age plus years of service equals 75 at the time of retirement with 15 YOS; or At least age 55, and at least fifteen years of service
When you receive the retiree health benefit	Age 65	Age 65
Plan Design	Group KPSA Plan that mirrors the plan for active employees.	Individual Core KPSA plan that is available on the market
Premiums	Fully paid premiums by the employer for those with 25 or more years of service. Current premium ~ \$440/month Retiree pays 4% of premium for every year of service less than 25 years, for self, spouse, and dependent	Premium subsidy \$80/month/retiree, spouse, eligible dependent; increase 3% Current premium \$0.
Health Reimbursement Account	N/A	Funded \$2000 per year of service at time of retirement to be used for qualified expenses
Annual Maximum Out-of-Pocket	\$2,000 individual / \$4,500 family	\$4900, per person
Annual Deductible	none	None
CO-PAYS		
Doctor Office Visit	\$10 co pay	\$20 Primary / \$50 Specialist
Emergency Room	\$100	\$75
Urgent Care	\$25	\$45
Preventive Services²	No charge	No charge

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Inpatient Hospitalization	plan pays 100%	\$265 per day for days 1–6 of your stay. Thereafter, no charge for the remainder of your stay.
Outpatient Surgery	\$50	\$250
Skilled Nursing Facility Up to 100 days per benefit period	\$0 for up to 100 days per calendar year.	\$0 per day for days 1–20; \$100 per day for days 21–100
Lab, X-Ray, Imaging	\$0 lab, \$0 X-ray, \$5 mri	\$0 Lab, \$35 X-Ray, \$365 MRI, PET, CT scans
Durable Medical Equipment	20%	20% coinsurance
Ambulance Service Per one-way trip	\$25	\$350 copay
Fitness Program: SilverSneakers®	N/A	No cost for membership to any of the participating facilities, exercise programs, and home fitness programs.
DRUG CO-PAYS		
Preferred Generic	\$5	\$7
Non-Preferred Generic	\$5	\$10
Preferred Brand name	\$5	\$47
Non-Preferred Brand-Name	\$5	\$100
Specialty	\$5	33%
Injectable Part D Vaccines		\$0