BENEFITS SUMMARY FOR PLAN A—EFFECTIVE JANUARY 1, 2018

The following table provides only a summary of the benefits available under Plan A, effective January 1, 2018. Not all exclusions and limitations are shown. Please refer to your Summary Plan Description (SPD) and any Plan change notices for a complete description of your benefits. Also, refer to your Collective Bargaining Agreement (CBA) for more specific information as to how and when you and your dependents are eligible for coverage and what that coverage will be. Please note that the information about dependents in this chart only applies if your dependents are eligible for coverage. **You are only eligible to enroll in the Kaiser Permanente HMO Plan if you live or work in the Kaiser Permanente HMO service area.**

Medical Benefits	Cigna PPO Plan
Network	Cigna HealthCare Open Access Plus
Calendar Year Maximum	No maximum
Calendar Year Deductible	$500 per person; 3 individual deductibles per family
Calendar Year Out-of-Pocket Limit (includes deductibles, coinsurance and co-payments for medical and prescription drug benefits)	**Network**: $6,350 per person; up to $12,700 per family **Non-Network**: No per person limit; no family limit
Calendar Year Coinsurance Limit (deductible and co-pays not included)	**Network:** $2,500 per person; up to $4,000 per family **Non-network:** $7,500 per person; no family limit
Coinsurance (unless stated otherwise)	**Network:** Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met
Primary Care Physician (PCP) Office Visit and Telehealth* Visit Co-Payment (applies to office visits for outpatient mental health and substance abuse treatment)	**Network:** Plan pays 100% after $25 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met; Non-Network telehealth visits are not covered
High Performance Specialist Office Visit Co-Payment (generally applies in the Denver, Colorado Springs, Boulder, Pueblo and Fort Collins metropolitan areas**) **Specialist Office Visit Co-Payment** (generally applies outside of the Denver, Colorado Springs, Boulder, Pueblo and Fort Collins metropolitan areas**)	**Network:** Plan pays 100% after $35 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met
Non-High Performance Specialist Office Visit Co-Payment (generally applies in the Denver, Colorado Springs, Boulder, Pueblo and Fort Collins metropolitan areas**)	**Network:** Plan pays 100% after $45 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met

*Telehealth visits for mental health and substance abuse treatment are not covered.
**Go to www.myCigna.com to find High Performance Providers in the Cigna Care Network.

This is only a brief summary of certain features of the Rocky Mountain UFCW Unions & Employers Health Benefit Plan. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan provisions, the document language will govern. The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time.

Medical Benefits	Cigna PPO Plan
Preventive Care Services	**Note:** Plan pays for 100% of preventive appointments and preventive services provided by Network provider, as required under the Affordable Care Act, including the services listed in this section. Charges for additional tests and procedures subject to Plan coinsurance and deductible if covered under the Plan.
Mammogram	**Network:** • Coverage includes the associated Preventive Outpatient Professional Services • Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on place of service • Plan pays 100% for preventive appointments and services provided by a Network provider as required under the Affordable Care Act. Charges for additional tests and procedures are subject to Plan coinsurance and deductible if covered under the Plan **Non-Network:** Plan pays 65% after deductible is met for the following: • *Age 50 and over:* Plan covers one screening per year • *Age 40 through age 49:* Plan covers one screening every two years or one screening each year for women with identified risk factors • *Age 35 through age 39:* Plan covers one baseline mammogram • *Under age 35:* Not covered
Immunization (There are special rules for flu shots. See your Enrollment Guide for more information.)	**Network:** Plan pays 100% as required under the Affordable Care Act **Non-Network:** Not covered
Bone Mass Measurement Test	**Network:** Plan pays 100% as required under the Affordable Care Act **Non-Network:** Not covered
Routine Annual Physical Exam and Pelvic Examination	**Network:** • *Ages 3 and above:* Plan pays 100% for one exam per year For diagnostic lab tests and procedures performed and/or ordered during or as a result of the Routine Annual Physical Exam, Plan pays 80% after deductible is met **Non-Network:** Not covered For diagnostic lab tests and procedures performed and/or ordered during or as a result of the Routine Annual Physical Exam, Plan pays 65% after deductible is met
Papanicolaou (Pap) Smear	**Network:** Plan pays 100% for one exam per year **Non-Network:** Plan pays 65% after deductible is met
Prostate Specific Antigen (PSA) Testing, including Digital Rectal Exam (DRE)	**Network:** • *Age 40 and over:* Plan pays 100% for baseline exam; One exam per year after that • *Age 39 and under:* Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met
Preventive Colonoscopy	**Network:** Plan pays 100% for exam as required under the Affordable Care Act **Non-Network:** Plan pays 65% after deductible is met
Well-Baby Care (from birth up to the age of three) Includes routine physical exams	**Network:** Plan pays 100% For diagnostic lab tests and procedures performed and/or ordered during or as a result of the Routine Annual Physical Exam, Plan pays 80% after deductible is met **Non-Network:** Not covered For diagnostic lab tests and procedures performed and/or ordered during or as a result of the Routine Annual Physical Exam, Plan pays 65% after deductible is met

Medical Benefits	Cigna PPO Plan
Emergency Room Services	**Network:** Plan pays 80% after deductible is met **Non-Network:** Plan pays 80% after deductible is met For non-emergency services provided in a Non-Network emergency room setting, Plan pays 65% after deductible is met
Outpatient Advanced Radiology Procedures (MRIs, X-rays, CAT and PET scans)* **	**Network:** Plan pays 80% after deductible is met and $75 co-pay is made per scan per day **Non-Network:** Plan pays 65% after deductible is met and $75 co-pay is made per scan per day
Inpatient Hospital Services* **	**Network:** Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met
Outpatient Surgical Services* **	**Network:** Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met
Durable Medical Equipment* **	**Network**: Plan pays 80% after deductible is met **Non-Network**: Plan pays 65% after deductible is met Orthotics limited to $120 maximum for one pair per lifetime
Hospice	Plan pays 80% after deductible is met
Home Health Care* **	Plan pays 80% after deductible is met **Calendar Year Maximum:** 40 days
Physical, Occupational and Speech Therapy* ** (Special rules apply to Speech Therapy)	**Outpatient Network:** Plan pays 80% after deductible is met **Outpatient Non-Network:** Plan pays 65% after deductible is met **Speech Therapy:** • Hospital Speech Therapy: Same as above • Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met • Outpatient Calendar Year Limit: 50 days
Mental Health Treatment****	
Inpatient	**Network**: Plan pays 80% after deductible is met **Non-Network**: Plan pays 65% after deductible is met
Outpatient	**Network**: • Office visits: Plan pays 100% after $25 per visit co-pay; no deductible • Outpatient Facility: Plan pays 80% after deductible is met **Non-Network**: Plan pays 65% after deductible is met
	Inpatient and certain other Mental Health Treatments are authorized and managed by Mines and Associates For diagnostic lab tests and procedures performed and/or ordered during or as a result of the Exam, Plan pays coinsurance after deductible is met
Substance Abuse Treatment****	
Inpatient	**Network**: Plan pays 80% after deductible is met **Non-Network**: Plan pays 65% after deductible is met
Outpatient	**Network**: • Office visits: Plan pays 100% after $25 per visit co-pay; no deductible • Outpatient Facility: Plan pays 80% after deductible is met. **Non-Network**: Plan pays 65% after deductible is met
	Inpatient and certain other Substance Abuse Treatments are authorized and managed by Mines and Associates For diagnostic lab tests and procedures performed and/or ordered during or as a result of the Exam, Plan pays coinsurance after deductible is met

*** Pre-certification is required for these and other services such as outpatient surgery, imaging and dialysis. Services that require pre-authorization are determined by Cigna and are subject to change from time to time. Please call Cigna for the current list of services requiring pre-authorization.

**** Mines and Associates is the Network (PPO) Provider for these treatments and performs any required pre-certification on such services.

Medical Benefits	Cigna PPO Plan
Chiropractic Benefits	**Network:** Plan pays 80% after deductible is met **Non-Network:** Plan pays 65% after deductible is met Chiropractic benefits limited to 15 visits per year
Transplant Benefits	**LifeSOURCE**: Plan pays 100% after deductible is met **Network**: Plan pays 80% after deductible is met **Non-Network**: Plan pays 65% after deductible is met **Per Transplant Maximums**: Organ Procurement (inclusive of provider contract): $10,000 per donor (Does not apply to LifeSOURCE transplant) Transportation/Lodging: $7,500 (costs incurred if transplant is performed within 100 miles of home will be excluded)
Prescription Drug Benefits	**Cigna PPO Plan**
Mandatory Generic Program	You must must use generic drugs whenever they are available. If you do not, you must pay the generic drug co-pay plus the difference in cost between the generic medication and the brand name medication. See page 28 of the Summary Plan Description for more information.
Participating Retail Pharmacy Generic Preferred Brand Non-Preferred Brand Specialty	Per 34-day supply or 100-unit dose, you pay: $5 co-payment per prescription 20% up to $50 per prescription 30% up to $75 per prescription 20% up to $100 per prescription
Maintenance Medications (90-day supply) Generic Preferred Brand Non-Preferred Brand	$10 co-payment per prescription 20% up to $100 per prescription 30% up to $150 per prescription
	Call Cigna for more information about covered maintenance medications No Mail-Order Program available
Prescription medications required to be covered at 100% by the Affordable Care Act are covered 100% by the Plan	
Non-Participating Pharmacy	Not covered, except in emergency
Maximum Supply	**Maintenance Medications**: Greater of 90-day supply or 100-unit dose **All Other Covered Medications**: Greater of 34-day supply or 100-unit dose
Age Limit for Dependent Children	**Cigna PPO Plan**
Dependent Children	Last day of the month in which the dependent child turns age 26 (or, if a stepchild or a child for whom the eligible employee has been awarded custody, December 31 of the year the child attains age 19 or age 23 if a full-time student)
Vision Benefits	**Cigna PPO Plan**
Exam, Frames and Single Lenses Bifocal Lenses Trifocal Lenses Contact Lenses	Once every 2 years $240 $260 $290 $240

Dental Benefits	For All Eligible, Covered Participants and Dependents
Calendar Year Deductible (does not apply to preventive and diagnostic)	$50 per person
Preventive and Diagnostic	**DPO Provider**: Plan pays 100% **Non-DPO Provider**: Plan pays 80%
Restorative, Oral Surgery, Endodontics, Periodontics	Plan pays 80% after deductible is met
Prosthetic	Plan pays 80% after deductible is met
TMJ Benefits	Plan pays 80% after deductible is met
Calendar Year Maximum (non-orthodontic)	$1,500 per employee or dependent age 18 and over; no maximum for dependents under age 18
Orthodontic Benefits Lifetime Maximum	Plan pays 80% after deductible is met $1,000 per person
Weekly Disability Benefits	**For All Eligible, Covered Participants**
Benefit Amount	70% of average weekly earnings
Weekly Maximum	$300 unless your current CBA provides for $200
Benefits Begin	8th consecutive day of disability or day after employer's benefits end
Maximum Duration	26 weeks
Death Benefits	**For All Eligible, Covered Participants**
Benefit Amount	$10,000
AD&D Benefits	**For All Eligible, Covered Participants**
Full Amount	$10,000
Life or Combination of Any Below	$10,000
One Hand, One Foot, One Eye	$5,000
Contact the Plan Office for other covered losses	