ROCKY MOUNTAIN UFCW UNIONS & EMPLOYERS HEALTH BENEFIT PLAN BENEFITS SUMMARY

EFFECTIVE JANUARY 1, 2016

The following table provides only a summary of the benefits available under Plan A, Plan, B and Plan C, effective January 1, 2016. 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 for more specific information as to how and when you and your dependents are eligible for coverage and what that coverage will be. **For Plan eligibility, please contact Zenith-American Solutions at 303-430-9334 or 1-800-527-1647.**

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.

UnitedHealthcare: 1-800-826-9781; UHC Rep Shawna Gustin 303-267-3250 www.umr.com | Choice Plus Network
Express Scripts 1-800-467-2006; ESI Rep Cheryl McFarland 740-513-5707
Kaiser Permanente: 1-888-681-7878
KP Rep: Tony Licata 303-306-2510

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 in the Kaiser Permanente HMO service area.

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Company Contribution	**Hired before March 2005: $807.14 Hired after March 2005: $694.33**		**Hired before March 2005: $645.70 Hired after March 2005: $555.47**		**Hired after March 2005: $349.93**	
Weekly Employee Co-Premium is the same for Plans A and B and C: $7.50 for Employee only; $15.00 for Employee and spouse or Employee and child/children; $23.00 for Employee and spouse and child/children. There is a $100.00 per month additional sur-charge for a spouse who chooses not to enroll in their Employer's Plan and chooses only to be on our Plan.						
Medical Benefits						
Network	**UnitedHealthcare Choice Plus Network**	Kaiser Foundation Health Plan of Colorado No non-network benefits except in emergency	**UnitedHealthcare Choice Plus Network**	Kaiser Foundation Health Plan of Colorado No non-network benefits except in emergency	**UnitedHealthcare Choice Plus Network**	Kaiser Foundation Health Plan of Colorado No non-network benefits except in emergency
Calendar Year Maximum	No maximum	No maximum	No maximum	No maximum	No maximum	No maximum
Calendar Year Deductible	$500 per person; up to 3 individual deductibles per family	$500 per person; $1,000 family maximum	$600 per person; up to 3 individual deductibles per family	$750 per person; $2,250 family maximum	$700 per person; up to 3 individual deductibles per family	$750 per person; $2,250 family maximum
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 maximum per person; no family maximum	$2,500 per person; $5,000 family maximum	Network: $6,350 per person; up to $12,700 per family Non-Network: No maximum per person; no family maximum	$3,000 per person; $6,000 family maximum	Network: $6,350 per person; up to $12,700 per family Non-Network: No maximum per person; no family maximum	$4,500 per person; $9,000 family maximum
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 maximum	Not applicable	Network: $3,000 per person; up to $5,000 per family Non-Network: $9,000 per person; no family maximum	Not applicable	Network: $4,000 per person; up to $7,000 per family Non-Network: $12,000 per person; no family maximum	Not applicable

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Coinsurance (unless stated otherwise)	Network: Plan pays 80% after deductible is met Non-Network: Plan pays 65% after deductible is met	Plan pays 80% after deductible is met, except: • Diagnostic Lab: Plan pays 100%; no deductible • Ambulance: Plan pays 80% up to $500 per trip; no deductible • Skilled Nursing Facility: Plan pays 80% after deductible is met, up to 100 days per year	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met, except: • Diagnostic Lab: Plan pays 100%; no deductible • Ambulance: Plan pays 75% up to $500 per trip; no deductible • Skilled Nursing Facility: Plan pays 75% after deductible is met, up to 100 days per year	Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	Plan pays 65% after deductible is met, except: • Diagnostic Lab: Plan pays 100%; no deductible • Ambulance: Plan pays 65% up to $500 per trip; no deductible • Skilled Nursing Facility: Plan pays 65% after deductible is met, up to 100 days per year
Primary Care Physician (PCP) Office 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	• Primary Care Physician (PCP) $25 per visit co-pay • Specialist $35 per visit co-pay For procedures received during visit, Plan pays 80% after deductible is met	Network: Plan pays 100% after $30 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	• Primary Care Physician (PCP) $30 per visit co-pay • Specialist $40 per visit co-pay For procedures received during visit, Plan pays 75% after deductible is met	Network: Plan pays 100% after $40 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	• Primary Care Physician (PCP) $40 per visit co-pay • Specialist $50 per visit co-pay For procedures received during visit, Plan pays 65% after deductible is met
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	Not applicable	Network: Plan pays 100% after $40 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Not applicable	Network: Plan pays 100% after $50 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	Not applicable

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
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	Not applicable	Network: Plan pays 100% after $50 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Not applicable	Network: Plan pays 100% after $60 per visit co-pay; no deductible For procedures received during the office visit, Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	Not applicable
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.		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.		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	Plan pays 100%, no deductible for preventive mammograms only	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	Plan pays 100%, no deductible for preventive mammograms only	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	Plan pays 100%, no deductible for preventive mammograms only

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
	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		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 55% 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		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 50% 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: For children under age 3, Plan pays 65% after deductible is met; not covered for children age 3 and older	Plan pays 100% as required under the Affordable Care Act	Network: Plan pays 100% as required under the Affordable Care Act Non-Network: For children under age 3, Plan pays 55% after deductible is met; not covered for children age 3 and older	Plan pays 100% as required under the Affordable Care Act	Network: Plan pays 100% as required under the Affordable Care Act Non-Network: For children under age 3, Plan pays 50% after deductible is met; not covered for children age 3 and older	Plan pays 100% as required under the Affordable Care Act
Bone Mass Measurement Test	Network: Plan pays 100% as required under the Affordable Care Act Non-Network: Not covered	Plan pays 80% after deductible is met, for women age 65 and older or if medically necessary	Network: Plan pays 100% as required under the Affordable Care Act Non-Network: Not covered	Plan pays 75% after deductible is met, for women age 65 and older or if medically necessary	Network: Plan pays 100% as required under the Affordable Care Act Non-Network: Not covered	Plan pays 65% after deductible is met, for women age 65 and older or if medically necessary

<table>
<tr><th rowspan="2">Benefit</th><th colspan="2">Plan A</th><th colspan="2">Plan B</th><th colspan="2">Plan C</th></tr>
<tr><th>UnitedHealthcare</th><th>Kaiser</th><th>UnitedHealthcare</th><th>Kaiser</th><th>UnitedHealthcare</th><th>Kaiser</th></tr>
<tr><td>Routine Annual Physical Exam and Pelvic Examination</td><td>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</td><td>Plan pays 100%, no deductible</td><td>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 75% 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 55% after deductible is met</td><td>Plan pays 100%, no deductible</td><td>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 65% 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 50% after deductible is met</td><td>Plan pays 100%, no deductible</td></tr>
<tr><td>Papanicolaou (Pap) Smear</td><td>Network: Plan pays 100% for one exam per year

Non-Network: Plan pays 65% after deductible is met</td><td>Plan pays 100%, no deductible for preventive Pap Smears only</td><td>Network: Plan pays 100% for one exam per year

Non-Network: Plan pays 55% after deductible is met</td><td>Plan pays 100%, no deductible for preventive Pap Smears only</td><td>Network: Plan pays 100% for one exam per year

Non-Network: Plan pays 50% after deductible is met</td><td>Plan pays 100%, no deductible for preventive Pap Smears only</td></tr>
<tr><td>Prostate Specific Antigen (PSA) Testing, including Digital Rectal Exam (DRE)</td><td>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</td><td>Plan pays 100%, no deductible

Recommended for men age 50 and older</td><td>Network:
• Age 40 and over: Plan pays 100% for baseline exam; One exam per year after that
• Age 39 and under: Plan pays 75% after deductible is met

Non-Network: Plan pays 55% after deductible is met</td><td>Plan pays 100%, no deductible

Recommended for men age 50 and older</td><td>Network:
• Age 40 and over: Plan pays 100% for baseline exam; One exam per year after that
• Age 39 and under: Plan pays 65% after deductible is met

Non-Network: Plan pays 50% after deductible is met</td><td>Plan pays 100%, no deductible

Recommended for men age 50 and older</td></tr>
</table>

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Preventive Colonoscopy	Network: Plan pays 100% for exam as required under the Affordable Care Act Non-Network: Plan pays 65% after deductible is met	Plan pays 100%, no deductible	Network: Plan pays 100% for exam as required under the Affordable Care Act Non-Network: Plan pays 55% after deductible is met	Plan pays 100%, no deductible	Network: Plan pays 100% for exam as required under the Affordable Care Act Non-Network: Plan pays 50% after deductible is met	Plan pays 100%, no deductible
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	Plan pays 100%, no deductible	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 75% 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 55% after deductible is met	Plan pays 100%, no deductible	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 65% 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 50% after deductible is met	Plan pays 100%, no deductible
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	Plan pays 80% after deductible is met	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 75% after deductible is met For non-emergency services provided in a Non-Network emergency room setting, Plan pays 55% after deductible is met	Plan pays 75% after deductible is met	Network: Plan pays 65% after deductible is met Non-Network: Plan pays 65% after deductible is met For non-emergency services provided in a Non-Network emergency room setting, Plan pays 50% after deductible is met	Plan pays 65% after deductible is met

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
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	Plan pays 80% after deductible is met	Network: Plan pays 75% after deductible is met and $75 co-pay is made per scan per day Non-Network: Plan pays 55% after deductible is met and $75 co-pay is made per scan per day	Plan pays 75% after deductible is met	Network: Plan pays 65% after deductible is met and $75 co-pay is made per scan per day Non-Network: Plan pays 50% after deductible is met and $75 co-pay is made per scan per day	Plan pays 65% after deductible is met
Inpatient Hospital Services**	Network: Plan pays 80% after deductible is met Non-Network: Plan pays 65% after deductible is met	Plan pays 80% after deductible is met	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met	Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	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	Plan pays 80% after deductible is met	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met	Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	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	Plan pays 80% after deductible is met Prosthetic Arms and Legs: Plan pays 80%; no calendar year maximum	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met Orthotics limited to $120 maximum for one pair per lifetime	Plan pays 75% after deductible is met Prosthetic Arms and Legs: Plan pays 80%; no calendar year maximum	Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met Orthotics limited to $120 maximum for one pair per lifetime	Plan pays 65% after deductible is met Prosthetic Arms and Legs: Plan pays 80%; no calendar year maximum
Hospice	Plan pays 80% after deductible is met	Plan pays 80% after deductible is met Not covered outside of service area	Plan pays 75% after deductible is met	Plan pays 75% after deductible is met Not covered outside of service area	Plan pays 65% after deductible is met	Plan pays 65% after deductible is met Not covered outside of service area
Home Health Care**	Plan pays 80% after deductible is met 16 hours per day maximum Calendar Year Maximum: 40 days	Plan pays 80% after deductible is met Not covered outside of service area	Plan pays 75% after deductible is met 16 hours per day maximum Calendar Year Maximum: 40 days	Plan pays 75% after deductible is met Not covered outside of service area	Plan pays 65% after deductible is met 16 hours per day maximum Calendar Year Maximum: 40 days	Plan pays 65% after deductible is met Not covered outside of service area

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<tr><th>UnitedHealthcare</th><th>Kaiser</th><th>UnitedHealthcare</th><th>Kaiser</th><th>UnitedHealthcare</th><th>Kaiser</th></tr>
<tr><td>Speech Therapy**</td><td>Inpatient: Not covered

Outpatient Network:
• Hospital Speech Therapy: Plan pays 80% after deductible is met
• Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met

Outpatient Non-Network:
• Hospital Speech Therapy: Plan pays 65% after deductible is met
• Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met

Outpatient Calendar Year Maximum: 50 days</td><td>For physical, occupational, and speech therapy, Plan pays:
• Inpatient: 80% after deductible is met
• Outpatient: $25 per visit co-pay; no deductible, up to 20 visits per year for each type of therapy</td><td>Inpatient: Not covered

Outpatient Network:
• Hospital Speech Therapy: Plan pays 75% after deductible is met
• Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met

Outpatient Non-Network:
• Hospital Speech Therapy: Plan pays 55% after deductible is met
• Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met

Outpatient Calendar Year Maximum: 50 days</td><td>For physical, occupational, and speech therapy, Plan pays:
• Inpatient: 75% after deductible is met
• Outpatient: $30 per visit co-pay; no deductible, up to 20 visits per year for each type of therapy</td><td>Inpatient: Not covered

Outpatient Network:
• Hospital Speech Therapy: Plan pays 65% after deductible is met
• Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met

Outpatient Non-Network:
• Hospital Speech Therapy: Plan pays 50% after deductible is met
• Speech Pathologist (Non-Hospital): Plan pays 50% after deductible is met

Outpatient Calendar Year Maximum: 50 days</td><td>For physical, occupational, and speech therapy, Plan pays:
• Inpatient: 65% after deductible is met
• Outpatient: $40 per visit co-pay; no deductible, up to 20 visits per year for each type of therapy</td></tr>
</table>

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Mental Health Treatment*** *Inpatient***	Network: Plan pays 80% after deductible is met Non-Network: Plan pays 65% after deductible is met	Non-biologically based Plan pays 80% after deductible is met $25 per visit co-pay; no deductible	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Non-biologically based Plan pays 75% after deductible is met $30 per visit co-pay; no deductible	Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	Non-biologically based Plan pays 65% after deductible is met $40 per visit co-pay; no deductible
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		Network: • Office visits: Plan pays 100% after $30 per visit co-pay; no deductible • Outpatient Facility: Plan pays 75% after deductible is met Non-Network: Plan pays 55% 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		Network: • Office visits: Plan pays 100% after $40 per visit co-pay; no deductible • Outpatient Facility: Plan pays 65% after deductible is met Non-Network: Plan pays 50% 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	

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Substance Abuse Treatment*** *Inpatient***	 Network: Plan pays 80% after deductible is met Non-Network: Plan pays 65% after deductible is met	Non-biologically based Plan pays 80% after deductible is met $25 per visit co-pay; no deductible	 Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Non-biologically based Plan pays 75% after deductible is met $30 per visit co-pay; no deductible	 Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% after deductible is met	Non-biologically based Plan pays 65% after deductible is met $40 per visit co-pay; no deductible
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		Network: • Office visits: Plan pays 100% after $30 per visit co-pay; no deductible • Outpatient Facility: Plan pays 75% after deductible is met. Non-Network: Plan pays 55% 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		Network: • Office visits: Plan pays 100% after $40 per visit co-pay; no deductible • Outpatient Facility: Plan pays 65% after deductible is met. Non-Network: Plan pays 50% 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	
Chiropractic Benefits	Plan pays 65% after deductible is met up to scheduled limits, up to 15 visits per year	Not covered	Plan pays 55% after deductible is met up to scheduled limits, up to 15 visits per year	Not covered	Plan pays 50% after deductible is met up to scheduled limits, up to 15 visits per year	Not covered

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
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 due to travel within 100 miles of home will be excluded)	Plan pays 80% after deductible is met, up to scheduled limits	LifeSOURCE: Plan pays 100% after deductible is met Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% 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 due to travel within 100 miles of home will be excluded)	Plan pays 75% after deductible is met, up to scheduled limits	LifeSOURCE: Plan pays 100% after deductible is met Network: Plan pays 65% after deductible is met Non-Network: Plan pays 50% 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 due to travel within 100 miles of home will be excluded)	Plan pays 65% after deductible is met, up to scheduled limits
Prescription Drug Benefits						
Mandatory Generic Program	You 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.	Not applicable	You 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.	Not applicable	You 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.	Not applicable

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Participating Retail Pharmacy	Per 34-day supply, or up to 100-unit dose, you pay:	Per 30-day supply, you pay:	Per 34-day supply, or up to 100-unit dose, you pay:	Per 30-day supply, you pay:	Per 34-day supply, or up to 100-unit dose, you pay:	Per 30-day supply, you pay:
Generic	$5 co-payment per prescription	$15 co-pay per prescription	$5 co-payment per prescription	$15 co-pay per prescription	$5 co-payment per prescription	$15 co-pay per prescription
Preferred Brand	20% up to $50 per prescription	$30 co-pay per prescription	20% up to $50 per prescription	$30 co-pay per prescription	20% up to $50 per prescription	$30 co-pay per prescription
Non-Preferred Brand	30% up to $75 per prescription	Not covered	30% up to $75 per prescription	Not covered	30% up to $75 per prescription	Not covered
Specialty	20% up to $100 per prescription	Covered under the applicable co-pay	20% up to $100 per prescription	Covered under the applicable co-pay	20% up to $100 per prescription	Covered under the applicable co-pay
Maintenance Medications (90-day supply)	Per 34-day supply, or up to 100-unit dose, you pay:	Per 30-day supply, you pay:	Per 34-day supply, or up to 100-unit dose, you pay:	Per 30-day supply, you pay:	Per 34-day supply, or up to 100-unit dose, you pay:	Per 30-day supply, you pay:
Generic	$10 co-payment per prescription	$30 co-pay per prescription	$10 co-payment per prescription	$30 co-pay per prescription	$10 co-payment per prescription	$30 co-pay per prescription
Preferred Brand	20% up to $100 per prescription	$60 co-pay per prescription	20% up to $100 per prescription	$60 co-pay per prescription	20% up to $100 per prescription	$60 co-pay per prescription
Non-Preferred Brand	30% up to $150 per prescription	Not covered	30% up to $150 per prescription	Not covered	30% up to $150 per prescription	Not covered
Prescription medications required to be covered at 100% by the Affordable Care Act are covered	Call UNITED HEALTHCARE for more information about covered maintenance medications No Mail-Order Program available	Call Kaiser for more information about covered maintenance medications Available through the Mail-Order Program	Call UNITED HEALTHCARE for more information about covered maintenance medications No Mail-Order Program available	Call Kaiser for more information about covered maintenance medications Available through the Mail-Order Program	Call UNITED HEALTHCARE for more information about covered maintenance medications No Mail-Order Program available	Call Kaiser for more information about covered maintenance medications Available through the Mail-Order Program
Non-Participating Pharmacy	Not covered, except in emergency	Not covered, except in emergency	Not covered, except in emergency	Not covered, except in emergency	Not covered, except in emergency	Not covered, except in emergency

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
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	Retail: 30-day supply Mail Order: 90-day supply; certain medications may be limited to a 30-day 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	Retail: 30-day supply Mail Order: 90-day supply; certain medications may be limited to a 30-day 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	Retail: 30-day supply Mail Order: 90-day supply; certain medications may be limited to a 30-day supply
Dependent Coverage						
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, age 19 or age 23 if a full-time student)	Last day of the month in which the dependent child turns age 26	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, age 19 or age 23 if a full-time student)	Last day of the month in which the dependent child turns age 26	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, age 19 or age 23 if a full-time student)	Last day of the month in which the dependent child turns age 26
Spouse/Civil Union Partner	Lawful Spouses, including Common Law spouses, covered; Civil Union partners not covered	Last day of the month in which the dependent child turns age 26	Lawful Spouses, including Common Law spouses, covered; Civil Union partners not covered	Last day of the month in which the dependent child turns age 26	Lawful Spouses, including Common Law spouses, covered; Civil Union partners not covered	Last day of the month in which the dependent child turns age 26
Vision Benefits						
Exam, Frames and • Single Lenses • Bifocal Lenses • Trifocal Lenses • Contact Lenses	Once every 2 years • $240 • $260 • $290 • $240	$25 co-pay for wellness and refraction eye exams performed by a Kaiser Permanente HMO optometrist. Additional vision benefits for Kaiser Permanente HMO Plan participants are available through the UNITED HEALTHCARE PPO Plan.	Once every 2 years • $240 • $260 • $290 • $240	$30 co-pay for wellness and refraction eye exams performed by a Kaiser Permanente HMO optometrist. Additional vision benefits for Kaiser Permanente HMO Plan participants are available through the UNITED HEALTHCARE PPO Plan.	Once every 2 years • $240 • $260 • $290 • $240	$40 co-pay for wellness and refraction eye exams performed by a Kaiser Permanente HMO optometrist. Additional vision benefits for Kaiser Permanente HMO Plan participants are available through the UNITED HEALTHCARE PPO Plan.
Dental Benefits						
Calendar Year Deductible (does not apply to preventive and diagnostic)	$50 per person		$50 per person		Not applicable	
Preventive and Diagnostic	DPO Provider: Plan pays 100% Non-DPO Provider: Plan pays 80%		DPO Provider: Plan pays 100% Non-DPO Provider: Plan pays 80%		DPO Provider: Plan pays 100% Non-DPO Provider: Plan pays 80%	

Benefit	Plan A		Plan B		Plan C	
	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser	UnitedHealthcare	Kaiser
Restorative, Oral Surgery, Endodontics, Periodontics	Plan pays 80% after deductible is met		Plan pays 80% after deductible is met		Not covered	
Prosthetic	Plan pays 80% after deductible is met		Plan pays 80% after deductible is met		Not covered	
TMJ Benefits	Plan pays 80% after deductible is met		Plan pays 80% after deductible is met		Not covered	
Calendar Year Maximum (non-orthodontic)	$1,500 per employee or dependent age 18 and over; no maximum for dependents under age 18		$1,500 per employee or dependent age 18 and over; no maximum for dependents under age 18		$1,000 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		Plan pays 80% after deductible is met $1,000 per person		Not covered	
Weekly Disability Benefits						
Benefit Amount	70% of average weekly earnings		70% of average weekly earnings		70% of average weekly earnings	
Weekly Maximum	$300		$300		$300	
Benefits Begin	8th consecutive day of disability or day after employer's benefits end		8th consecutive day of disability or day after employer's benefits end		8th consecutive day of disability or day after employer's benefits end	
Maximum Duration	26 weeks		26 weeks		26 weeks	
Death Benefits						
Benefit Amount	$10,000		$10,000		$10,000	
AD&D Benefits						
Full Amount	$10,000		$10,000		$10,000	
Life or Combination of Any Below	$10,000		$10,000		$10,000	
One Hand, One Foot, One Eye	$5,000		$5,000		$5,000	

*Go to www.UMR.com to find High Performance Providers in the **UnitedHealthcare** Network.

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

***Mines and Associates (1-800-873-7138 or 303-832-1068) is the Network (PPO) Provider for these treatments.

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.

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