

Medical Benefits	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO Plan
Non-Premium Care Specialist Physician Office Visit Co-Payment**	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
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: <ul style="list-style-type: none"> 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 55% after deductible is met for the following: <ul style="list-style-type: none"> 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 	Plan pays 100% as required under the Affordable Care Act
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	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 100% as required under the Affordable Care Act
Routine Annual Physical Exam and Pelvic Examination	Network: <ul style="list-style-type: none"> 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	Plan pays 100% as required under the Affordable Care Act

Preventive Care Services continued on next page

Dependent Coverage	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO Plan
Spouse/Civil Union Partner	Lawful spouses, including common law spouses, covered; civil union partners not covered	Lawful spouses, including common law spouses, and civil union partners covered
For Participants With PPO Plan or Kaiser Permanente HMO Plan Coverage		
Vision Benefits	For All Eligible, Covered Participants and Dependents	
Exam, Frames and	Once every 2 years	If you are enrolled in Kaiser Permanente HMO Plan coverage, in addition to the coverage listed here, the Plan also covers wellness and refraction eye exams performed by a Kaiser Permanente HMO optometrist for a \$30 co-pay.
Single Lenses	\$240	
Bifocal Lenses	\$260	
Trifocal Lenses	\$290	
Contact Lenses	\$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	
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		

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.

BENEFITS SUMMARY FOR PLAN B—EFFECTIVE JANUARY 1, 2021

The following table provides only a summary of the benefits available under Plan B, effective January 1, 2021. 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	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO Plan
Network	UnitedHealthcare Choice Plus	Kaiser Foundation Health Plan of Colorado No Non-Network benefits except in emergency
Calendar Year Maximum	No maximum	No maximum
Calendar Year Deductible	\$600 per person; three individual deductibles per family	\$750 per person; \$2,250 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	\$3,000 per person; \$6,000 per family
Calendar Year Coinsurance Limit (deductible and co-pays not included)	Network: \$3,000 per person; up to \$5,000 per family Non-network: \$9,000 per person; no family limit	Not applicable
Coinsurance (unless stated otherwise)	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: <ul style="list-style-type: none"> 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
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 \$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; Non-Network telehealth visits are not covered	<ul style="list-style-type: none"> Primary Care Physician (PCP) \$30 per visit co-pay Specialist \$40 per visit co-pay Telehealth: <ul style="list-style-type: none"> Online chat with a Kaiser Permanente doctor: Plan pays 100% Video visit with a Kaiser Permanente PCP or Specialist: Plan pays 100% For procedures received during visit, Plan pays 75% after deductible is met
Premium Care Specialist Physician Office Visit Co-Payment**	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

*Telehealth visits for mental health and substance abuse treatment are not covered.

**Go to www.umar.com to find Premium Care Specialist Physicians in the UnitedHealthcare Choice Plus Network. If there is not a Premium Care Specialist in the required field near you, please contact UnitedHealthcare/UMR to locate a specialist and discuss the applicable co-payment.

Medical Benefits	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO Plan
<i>Preventive Care Services (continued)</i>		
Papanicolaou (Pap) Smear	Network: Plan pays 100% for one exam per year Non-Network: Plan pays 55% after deductible is met	Plan pays 100% as required under the Affordable Care Act
Prostate-Specific Antigen (PSA) Testing, Including Digital Rectal Exam (DRE)	Network: • <i>Age 40 and over:</i> Plan pays 100% for baseline exam; one exam per year after that • <i>Age 39 and under:</i> Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 100% as required under the Affordable Care Act
Preventive Colonoscopy	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% as required under the Affordable Care Act
Well-Baby Care (from birth up to the age of 3) 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 well-baby visit, 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 well-baby visit, Plan pays 55% after deductible is met	Plan pays 100% as required under the Affordable Care Act
Emergency Room Services	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
DispatchHealth	Available in the Denver/Boulder and Colorado Springs areas Plan pays 75% after deductible is met	Available in the Denver/Boulder, Longmont and Colorado Springs areas Plan pays 75% after deductible is met
Outpatient Advanced Radiology Procedures (MRIs, X-rays, CAT and PET scans)***	Network: Plan pays 75% after deductible is met and \$75 co-pay is made per day Non-Network: Plan pays 55% after deductible is met and \$75 co-pay is made per day	Plan pays 75% after deductible is met
Inpatient Hospital Services***	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met
Outpatient Surgical Services***	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met
Durable Medical Equipment***	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met Foot and ankle 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

***Precertification is required for these and other services like outpatient surgery, imaging, and dialysis. Services that require precertification are determined by UnitedHealthcare/UMR and are subject to change from time to time. Please call UnitedHealthcare/UMR at 866-494-4502 for the current list of services requiring precertification.

Medical Benefits	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO Plan
Hospice	Plan pays 75% after deductible is met	Plan pays 100% Not covered outside of service area
Home Health Care***	Plan pays 75% after deductible is met Calendar Year Maximum: 40 days	Plan pays 75% after deductible is met Not covered outside of service area; limited to less than 8 hours per day and 28 hours per week
Physical, Occupational, and Speech Therapy*** (Special rules apply to Speech Therapy)	Outpatient Network: Plan pays 75% after deductible is met Outpatient Non-Network: Plan pays 55% 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	For physical, occupational, and speech therapy, Plan pays: • Inpatient: 75% after deductible is met; multi-disciplinary facilities are limited to 60 days per condition, per year • Outpatient: \$30 per visit co-pay; no deductible, up to 20 visits per year for each type of therapy
Mental Health Treatment****		Non-biologically based
Inpatient	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met
Outpatient	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 & Associates For diagnostic lab tests and procedures performed and/or ordered during or as a result of the office visit, Plan pays coinsurance after deductible is met	\$30 per visit co-pay; no deductible 50% of office visit copay for group visits
Substance Abuse Treatment****		Non-biologically based
Inpatient	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met	Plan pays 75% after deductible is met
Outpatient	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 & Associates For diagnostic lab tests and procedures performed and/or ordered during or as a result of the office visit, Plan pays coinsurance after deductible is met	\$30 per visit co-pay; no deductible 50% of office visit copay for group visits

*** Precertification is required for these and other services like outpatient surgery, imaging, and dialysis. Services that require precertification are determined by UnitedHealthcare/UMR and are subject to change from time to time. Please call UnitedHealthcare/UMR at 866-494-4502 for the current list of services requiring precertification.

****MINES & Associates is the Network (PPO) Provider for these treatments and performs any required precertification on such services.

Medical Benefits	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO Plan
Chiropractic Benefits	Network: Plan pays 75% after deductible is met Non-Network: Plan pays 55% after deductible is met Chiropractic benefits limited to 15 visits per year	\$30 per visit co-pay (must use Kaiser Permanente chiropractors) Chiropractic benefits limited to 15 visits per year
Transplant Benefits	Optum Designated Transplant Facility: 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 Optum transplant) Transportation/Lodging: \$7,500 (costs incurred if transplant is performed within 100 miles of home will be excluded)	Plan pays 75% after deductible is met
Prescription Drug Benefits	PPO Medical Plan through Express Scripts, Inc.	Kaiser Permanente HMO Plan
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 your Summary Plan Description for more information.	Not applicable
Participating Retail Pharmacy	Per 34-day supply or 100-unit dose, you pay: Generic \$5 co-payment per prescription Preferred Brand 20% up to \$50 per prescription Non-Preferred Brand 30% up to \$75 per prescription Specialty 20% up to \$100 per prescription	Per 30-day supply, you pay: \$15 co-pay per prescription \$30 co-pay per prescription Not covered Covered under the applicable co-pay
90-day Supply	Generic \$10 co-payment per prescription Preferred Brand 20% up to \$100 per prescription Non-Preferred Brand 30% up to \$150 per prescription No Mail-Order Program available	Maintenance Medications \$30 co-pay per prescription \$60 co-pay per prescription Not covered Call Kaiser for more information about covered maintenance medications Available through the Mail-Order Program
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	Not covered, except in emergency
Maximum Supply	Greater of 34-day supply or 100 unit dose, unless a physician writes a prescription for a 90-day supply	Retail: 30-day supply Mail Order: 90-day supply; certain medications may be limited to a 30-day supply
Dependent Coverage	UnitedHealthcare/UMR PPO Medical Plan	Kaiser Permanente HMO 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)	Last day of the month in which the dependent child turns age 26