

SUMMARY OF BENEFITS
August 1, 2022

Life Insurance

Employee	\$	25,000
Spouse	\$	5,000
Children 14 days up to 26 yrs	\$	5,000

Accidental Death & Dismemberment

Employee Principal Sum	\$	25,000
Dependent Principal Sum - Spouse/Child	\$	5,000

Weekly Disability

Employee Only - 13 weeks (65 days)	\$	250
		7 work days

Dental (not included in medical lifetime max)

Annual Maximum- Member	\$	1,000
Annual Maximum- Dependents	\$	1,000
Part 1 PPO (Routine or Preventive)		100%
Part 1 Non-PPO		80%
Dependents 18yr and under (Check-up/ cleaning 2per year) PPO or Non-PPO		100%
Part 2 PPO (Basic & Major)		80%
Part 2 Non-PPO		70%
Part 2 & 3 Annual Deductible	\$	25
Part 3 PPO (Dentures)		80%
Part 3 Non-PPO		70%
Once every five year		

Comprehensive Medical

Lifetime Maximum (each participant & each dep)	\$	maximum removed
Annual Individual Deductible	\$	500
Family Maximum Deductible (X3)	\$	1,500
Coinsurance BC-BS PPO		80%
Coinsurance Non-PPO		65%
Coinsurance Non-PPO Facility Ambulatory Surgical Center and all services		Not Covered
Coinsurance Max(Out-of-Pocket)- BC-BS PPO	\$	2,500
Coinsurance Max(Out-of-Pocket)NonPPO	\$	4,375
Hospital Room & Board		Semi-Private Rate
Pre-Authorization Non-Compliance Penalty		removed
Chiropractic Annual Benefit	\$	2,500
After the initial visit Max Benefit per visit	\$	100
Speech Therapy Annual Limit		25 visits (per calendar year, age 18 months to age 19)
Wellness Benefit-Routine		1visit (over age 6,per calendar year)
Lifetime maximum Alcohol & Substance		maximum removed
Annual Maximum Mental/Nervous		
Inpatient		maximum removed
Outpatient		maximum removed
Lifetime Maximum Organ Transplant		maximum removed
Lifetime Maximum Dietician /Nutritionist Visit	\$	300
Lifetime Maximum Diabetes Education	\$	300

Retail Prescription Drug 30 days

Generic	\$	10	(Retail Rx 90 with 3 co-pays)
Brand		> of \$15 or 15% max of \$40	(Retail Rx 90 with 3 co-pays)

Mail Order for 90 day supply

Generic	\$	20
Brand		>of \$30 or 15% max of \$80

Non-participating pharmacy

Specialty Drugs (Pre-authorization required)

Retail	Generic	20	
	Brand	> of \$25 or 15%	\$50 Max
Mail Order	Generic	40	
	Brand	> of \$50 or 15%	\$100 Max

Non-PPO Pharmacy for Specialty Drugs

Not Covered

Vision -United Healthcare

Services/supplies covered once in a 12-month period.

No charge dependents 18 and under {For PPO and Non-Network Provider} Coverage limited to one exam/year

Not included in lifetime max

A second eye exam every 12 months for children up to age 13 and, a new pair of single vision or multi-focal lenses (with standard scratch-resistant coating) and frames from the provider's selection (up to a frame allowance) in the event of a prescription change of .5 diopter or greater.

Absolute Solutions

100%

Diagnostic Imaging & Radiology

Not applied to deductible

Please be advised that the Beer Industry – Local Union No. 703 Health and Welfare Plan is a Grandfathered Plan.

The plan's "Grandfathered" Status

The Board of Trustees believes that the Plan of the Beer Industry Local Union No. 703 Health and Welfare Fund is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

If there is any discrepancy between this summary and the official Plan document, the Plan document will govern.