



SUMMARY COMPARISON OF MEDICAL & DENTAL PLANS

**FOR RETIREES AND DEPENDENTS
ELIGIBLE FOR
CLASS E BENEFITS**

**UNITED FOOD & COMMERCIAL WORKERS UNIONS
AND FOOD EMPLOYERS BENEFIT FUND**

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All Benefits described in this Summary Comparison of Medical & Dental Plans are effective January 1, 2011.

Introduction

This booklet is a brief summary of the health care coverage available to E Retirees. The booklet itself and the charts at the end of the booklet summarize the benefits available under the health care plans offered by the Fund.

The information in this booklet can help you make decisions about your health care coverage and will inform you of the facts you need to know when accessing health care services. Please read it carefully so that you will understand the benefits provided, the choices of plans available to you, and the requirements of the Retiree Health Care Plan.

E Retirees Medical Benefits

As of January 1, 2000, the E Retiree Indemnity Medical Plan II was converted to the Indemnity PPO Medical Plan (E-2 Retirees version). There was no change, however, to the pre-merger Meat Cutters Indemnity Medical Plan I (E-1 Retirees Medical Plan).

How To Determine Your E Retiree Classification And Coverage

If you and your spouse or domestic partner are both enrolled in Medicare or if you have already enrolled in the Indemnity PPO Medical Plan or an HMO, regardless of your eligibility for Medicare, by paying a monthly premium, you are covered by the Plan or the HMO you have chosen. Your benefit classification is E-2.

If you are not yet eligible for Medicare or your spouse or domestic partner is not yet eligible for Medicare and you have not enrolled in a medical plan that requires a monthly premium, you are covered by the pre-merger Meat Cutters Indemnity Medical Plan I. Your benefit classification is E-1.

Indemnity PPO Medical Plan

The Indemnity PPO Medical Plan provides benefits for Retirees Class E-2 to help cover the cost of doctors' services, hospital stays, specialist care and other health care services. It provides up to \$1,000,000 in benefits for each covered person's lifetime. For those who are not yet eligible for Medicare, the Plan pays benefits in accordance with plan limits and allowances. For those who are eligible for Medicare, the Plan supplements Medicare and will reimburse you for Medicare deductibles and copayments up to the Plan's allowances for each covered expense.

Indemnity PPO Medical Plan For Retirees, Spouses or Domestic Partners Not Yet Eligible For Medicare

To provide the maximum benefits available under the Indemnity PPO Medical Plan to Retirees or their spouse or domestic partner who are not yet eligible for Medicare, the Fund contracts with Preferred Provider networks in California to provide the services of doctors, hospitals and other medical service providers who have agreed to charge Fund Retirees lower, "preferred customer" rates. You are required to use Preferred Providers if available in your area, and you'll save money when you receive your care from one of these providers.

In California, the Preferred Provider network is the Prudent Buyer Network.

HMO Coverage

For E Retirees and their spouse or domestic partner who live in California, the Benefit Fund provides the opportunity to enroll in one of the HMOs offered by the Fund.

The HMOs generally cover many medical services at no charge or with a small copayment. However, you must live in the Service Area of the HMO you choose and you are restricted to using only that Plan's doctors and hospitals. If you use a doctor or hospital not affiliated with your HMO, your charges will not be reimbursed. Within an HMO, you may be required to choose a primary care physician who will refer you to specialists as needed for your care.

Your primary care physician must be located within 30 miles of your home or work site. Individual members of your family can choose a different primary care physician or medical group. Emergency treatment outside your medical group's Service Area must be authorized by your primary care medical group or HMO.

Pre-merger Meat Cutters Indemnity Medical Plan I

For E-1 Retirees, the Meat Cutters Indemnity Medical Plan I provides minimal benefits for hospital and medical services for persons not yet eligible for Medicare.

For those who are enrolled in Medicare Parts A and B, the Plan pays Medicare deductibles and coinsurance.

As an alternative, E-1 Retirees can enroll either in the Indemnity PPO Medical Plan or an HMO by paying a monthly premium. This automatically changes your benefits classification to E-2 Retiree.

Annual Open Enrollment For Retirees

The United Food & Commercial Workers Unions and Food Employers Benefit Fund Open Enrollment usually takes place in November and December. Any change you make will become effective on January 1 of the following year.

Annual Open Enrollment gives you the opportunity to:

- Change from your current medical plan to a different one (if you live in an area where Fund HMOs are offered),
- Enroll in the Dental Program if you are eligible to do so, or
- Disenroll from the Dental Program if you have been enrolled during the past year.

Even if you don't anticipate making a change in your coverage, Open Enrollment is the time to:

- Review your medical coverage,
- Review and update, if necessary, your spouse or domestic partner's medical coverage information, and
- Review and update your beneficiary designation.

If you live in an area where the Fund does not provide the Preferred Provider network or HMO options, you should take the time at Open Enrollment to:

- Review the status of your dental coverage, and
- Update dependent and beneficiary information.

Your Medical Plan Choices

Retirees Living In California

If you live in Southern California in an area served by the HMOs offered by the Fund, available medical plans are:

- The Indemnity PPO Medical Plan – Retirees E-2 with Prudent Buyer Option - www.anthem.com/ca
- Indemnity Plan I – Retirees E-1 only
- Aetna Medicare Plan - HMO*
- Kaiser Foundation Health Plan Inc. (Kaiser Permanente), an HMO, or Kaiser Permanente Senior Advantage*, Kaiser's Medicare HMO - www.kaiserpermanente.org
- PacifiCare, A United Healthcare Company, an HMO, or SecureHorizons*, PacifiCare's Medicare HMO - www.pacificare.com

If your area in California is not served by one of the listed HMOs, you are automatically covered under:

- Indemnity PPO Medical Plan (Retirees E-2) or
- Indemnity Plan I (Retirees E-1)

**To be enrolled in Aetna Medicare Plan - HMO, Kaiser Senior Advantage, or PacifiCare SecureHorizons, you must be enrolled in Medicare Part A and Part B.*

Comparing Medical Plans

For a comparison between the major features of the Plans available to E-2 Retirees living in California, please refer to the comparison charts beginning on page 20.

Dental Plan Coverage

General Information

The United Food & Commercial Workers Unions and Food Employers Benefit Fund offers both the Indemnity Dental Plan and the Prepaid Dental Plan.

Both plans cover dental services defined by the terms of the Plan as Covered Procedures. Covered Procedures are those considered necessary to prevent and eliminate oral disease and those services required to maintain and restore function. No benefits are provided for services which do not meet the definition of Covered Procedures.

Who Is Eligible

If you are a Retiree and have been enrolled for the year ending on December 31, 2010, your coverage will automatically continue for the period January 1, 2011, to December 31, 2011, at the cost of coverage listed on page 11, unless you notify the Fund Office in writing or on your Open Enrollment Form that you wish to disenroll as of December 31, 2010. You may not disenroll at any other time during the year.

As a Retiree, once you disenroll from the Dental Plan, you must wait until the third Open Enrollment after rejecting dental coverage to enroll again.

If you are enrolled in a Medicare HMO, your enrollment and disenrollment options may be different from the rules described above. Please contact the Fund Office for details.

Cost Of Coverage

If you are a Retiree who elects dental coverage, you must pay for this coverage and enroll for a full year's coverage.

For Retirees, dental coverage costs \$87 per month for the period January 1, 2011, to December 31, 2011.

Annual Benefit Maximum

There is an \$1,800 per calendar year maximum benefit per person.

Indemnity Dental Plan

If you choose coverage under the Indemnity Dental Plan, you may use any dentist you wish. The Plan will reimburse a portion of your dentist's charges according to the Dental Plan Allowances after you meet your annual deductible. You pay any difference between what the Plan pays and what your dentist charges.

Dental claims must be sent to the Fund within 12 months of the date of service in order to be considered for payment.

Dental services (except for emergency care) rendered outside of the United States are not covered under the Plan, except for those Retirees living permanently abroad. Services performed in Mexico may be covered, provided x-rays are supplied with each claim.

Prepaid Dental Plans

The Prepaid Dental Plans are provided by the dental centers listed on the following page. The Plans provide many diagnostic, preventive and restorative services at little or no charge to you. However, if you sign up for a Prepaid Dental Plan, **you must obtain all of your dental services from that plan** in order to have your dental charges paid for by the Plan. If you go to a dentist who is not affiliated with the Prepaid Dental Plan you have enrolled in, the charges you incur will not be paid—including charges for emergency services outside of your Prepaid Dental Plan's Service Area.

Prepaid Dental Plan Centers

Dr. Schnierow and Associates
13450 South Hawthorne Boulevard
Hawthorne, CA 90250
310-679-0106

Alan M. Grant, D.D.S.
3620 Long Beach Boulevard, Suite B-6
Long Beach, CA 90807
562-426-6458

Affinity Dental Center
(formerly Gary R. Winslow, DDS, Inc.)
1920 East 17th Street, Suite 100
Santa Ana, CA 92705
714-953-6881

San Diego Dental Group
5120 Baltimore Drive, Suite A
La Mesa, CA 91941
619-464-4242

Santa Monica Dental Center
1244 7th Street, Suite 101
Santa Monica, CA 90401
310-393-0743

For a detailed comparison of the Indemnity Dental Plan to that of the Prepaid Dental Plan, please refer to the Dental section of the charts near the end of this booklet.

Medicare

The Fund requires all Retirees and their dependents who reach age 65 and therefore become eligible for Medicare to enroll in both Part A and Part B of Medicare. This requirement applies no matter whether you are enrolled in an HMO or the Indemnity PPO Medical Plan. This also applies if you are eligible for Medicare as a result of receiving a Social Security Disability Award.

If you are eligible for Medicare and choose HMO coverage, the Fund requires that you enroll in that HMO's Medicare plan. There is no charge for the Medicare HMOs.

Medicare Part B

If you are eligible for but not enrolled in Medicare Part B, you will automatically be assigned Indemnity PPO Medical Plan coverage. Benefits paid under the Plan will be calculated as though Medicare Part B were in effect, leaving you with substantial out-of-pocket costs.

When You Can Change Plans

Until you become eligible for Medicare, you can change Plans once a year during Open Enrollment, generally held in November and December for an effective date of January 1.

Outside of Open Enrollment, until you become eligible for Medicare, you can change Plans only once in a five-year period, unless your family status changes. After you become eligible for Medicare, your options are different. Please refer to the following "How To Enroll" section about enrolling or disenrolling from a Medicare HMO.

How To Enroll

To enroll in the medical plan of your choice and to register your spouse or domestic partner, complete an Enrollment Form. Include all required documentation, such as a photocopy of your marriage certificate. Send the form and documentation to the Fund Office.

Your spouse or domestic partner will be covered under the Plan you choose as long as he or she meets the Fund requirements for eligibility.

Medicare Enrollment And Disenrollment

If you enroll in a Medicare HMO, you must complete any Enrollment Form that Plan requires. If you wish to change from one Medicare HMO to another, simply fill out the Fund Enrollment Form and the HMO's form and send them to the Fund Office.

If you wish to disenroll from a Medicare HMO in order to enroll in the Indemnity PPO Medical Plan, you must complete the HMO's Disenrollment Form as well as the Fund Enrollment Form and send both forms to the Fund Office.

If You Have Questions About Your Medical Plan Choices

Choosing a medical plan can be confusing. If you have any questions, feel free to call your Union Local or the Fund Office at the numbers listed on page 19 of this booklet.

Filing An Indemnity PPO Medical Plan Claim And Assignment Of Benefits

How To File A Claim

All claims submitted more than 12 months after the charges are incurred will be denied.

When you use the Prudent Buyer Network, there is no need to file claim forms. Your network provider handles the paperwork.

To file a claim for out-of-network benefits under the Indemnity PPO Medical Plan, follow these steps:

- Get a claim form from your Union Local or the Fund Office.
- Complete your portion of the form.
- Have the person providing the services complete the rest of the form, or attach the itemized bill or statement from the doctor and/or hospital securely to the claim form.
- Be sure to include your name and Social Security number on each document you submit with your claim.

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- Mail the completed form to your Union Local or to:
United Food & Commercial Workers
Unions and Food Employers Benefit Fund
P.O. Box 6010
Cypress, California 90630-0010
 - Mail additional bills or statements for any services covered by the Plan to the Fund Office as soon as you receive them.

Assignment Of Benefits

Benefits for charges by Network Hospitals or other Prudent Buyer network providers are paid directly to the provider of the service.

For other claims, you may request that benefits be paid directly to the provider of the service. To do so, sign the assignment portion of the claim form. Benefits will then be paid directly to the provider of the service. Any benefits due in excess of those assigned will be paid to you. The Plan may not honor an assignment to an out-of-network provider that has submitted excessive charges, charged for unnecessary services, or refused to provide its taxpayer identification.

Notice Of Privacy Practices

You have the right to request a copy of the Notice of Privacy Practices from the United Food & Commercial Workers Unions and Food Employers Benefit Fund. Please contact: Privacy Officer, P.O. Box 6010, Cypress, CA 90630-0010.

Women's Health And Cancer Rights Act

In accordance with federal law, all of the Fund's medical plan options cover mastectomy-related services, including reconstruction and surgery to achieve symmetry, prostheses, and treatment for complications resulting from the mastectomy, including lymphedema. Regular plan provisions, like deductibles and coinsurance, apply.

Participating Union Locals

UFCW Local 8 Bakersfield

661-391-5773 or 661-391-5770

900 Airport Drive, Bakersfield, CA 93308

UFCW Local 135

San Diego – Main Office

800-545-0135 or 619-298-7772

2001 Camino Del Rio South, San Diego, CA 92108

San Marcos – 800-545-0135 or 619-298-7772

323-A South Rancho Santa Fe Road, San Marcos, CA 92078

UFCW Local 324

Buena Park – Main Office

800-244-8329 or 714-995-4601

8530 Stanton Avenue, Buena Park, CA 90620

Lake Forest – 949-587-9881

23681 Birtcher Drive, Suite 1, Lake Forest, CA 92630

UFCW Local 770

Los Angeles – Main Office

213-487-7070 or 800-832-9770

630 Shatto Place, Los Angeles, CA 90005

Arroyo Grande – 805-481-5666

127 Bridge Street, Arroyo Grande, CA 93420

Camarillo – 805-383-3300

816 Camarillo Springs Road, Suite H, Camarillo, CA 93012

Harbor City – 310-784-5340

25949 Belle Porte Avenue, Harbor City, CA 90710

Newhall – 661-726-4656 or 661-726-4731

23030 Lyons Avenue, Newhall, CA 91321

UFCW Local 1167 Bloomington

909-877-5000

855 West San Bernardino Avenue, Bloomington, CA 92316

UFCW Local 1428 Claremont

909-626-6800

705 West Arrow Highway, Claremont, CA 91711

UFCW Local 1442 El Segundo

310-322-8329

550 Continental Boulevard, Suite 130, El Segundo, CA 90245

Administrative Office Of The Fund

Street Address – 6425 Katella Avenue, Cypress, CA 90630-5238

Mailing Address – P.O. Box 6010, Cypress, CA 90630-0010

Phone Numbers – 714-220-2297, 562-408-2715, or 877-284-2320

Summary Comparison Of Health Care Plans For Retirees E-2

	<i>HMOs</i>	<i>Indemnity PPO Medical Plan</i>	
		<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Who is covered	All Retirees in Class E-2 and their spouse or domestic partner who qualify for Health and Welfare Benefits are eligible. Benefits in this comparison generally apply only to those who are not eligible for Medicare.		
What is covered under the Plans	Medically necessary treatment, services and supplies and certain routine care in accordance with each HMO's provisions.	Medically necessary treatment, services and supplies in accordance with the Indemnity PPO Medical Plan provisions.	
How the Plan works	HMOs generally provide full coverage for most medical services and supplies in their own facilities and by their affiliated providers. You must live in an HMO's Service Area in order to enroll. No Indemnity PPO Medical Plan benefits are payable for any services provided by your HMO.	The Plan pays benefits for inpatient hospital care without a deductible. If you use a Prudent Buyer provider, the Plan pays 100% of certain doctors' visits up to the calendar-year maximum, without a deductible, after you pay a \$25 per visit copayment. After you pay a calendar-year deductible, the Plan pays 75% of many other covered expenses – up to Plan allowances. You pay the remaining 25% plus any amounts that exceed Plan allowances.	When you use out-of-network providers, the Plan pays a percentage (usually 50%) of most Usual, Customary and Reasonable (UCR) charges, up to Plan allowance amounts, after you satisfy the calendar-year deductible. You are responsible for paying 100% of all amounts that exceed the Plan's UCR limits and Plan allowance amounts.

	<i>HMOs</i>	<i>Indemnity PPO Medical Plan</i>	
		<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Calendar-year deductible	None.	\$500 per person/\$1,500 per family.	
Annual out-of-pocket maximum	Not applicable.	\$5,000 per person.	Not applicable.
Lifetime Maximum Benefit	No limit.	\$1,000,000 per person.	
Choice of provider	You are limited to using facilities and providers affiliated with your HMO, except for specified services covered by the Fund Indemnity PPO Medical Plan and not offered by the HMOs.	You may use any provider; but benefits are greatly reduced if you use out-of-network providers instead of Prudent Buyer Network providers and hospitals.	
Inpatient hospital care	In HMO facility only, 365 days per year covered in full.	Plan pays either 100% of Prudent Buyer charges for confinement in 3-bed ward or 80% of Prudent Buyer charges for confinement in a semiprivate room (whichever is lower) for up to 120 days per disability period.	Plan pays either 100% of UCR charges for confinement in 3-bed ward or 80% of UCR charges for confinement in a semiprivate room (whichever is lower) for up to 120 days per disability period.

	<i>Indemnity PPO Medical Plan</i>		
	<i>HMOs</i>	<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Hospital miscellaneous	In HMO facility only, 365 days per year covered in full.		Plan pays up to \$525 per disability period. Balance of charges paid at 80% after deductible.
Hospital Review	Automatically coordinated by HMO.	Automatically processed by network doctor or hospital.	Your responsibility. Penalty for not calling: Benefits are reduced.
Ambulance	No charge if authorized by HMO.	Plan pays 80% of covered expenses if medically necessary with no deductible.	Plan pays 80% of UCR charges if medically necessary.
Outpatient hospital emergency treatment	No charge if treatment in HMO facility. Treatment outside HMO area must be authorized by HMO. Some HMOs require a copayment.		Plan pays 100%.
Treatment at urgent care facility	No charge if treatment at HMO facility. Treatment outside HMO must be authorized by HMO. Some HMOs require a copayment.	After you pay \$25 copayment, Plan pays 100%.	After deductible, Plan pays 75% of UCR charges. You pay 25% of UCR plus 100% of any amount over UCR charges.

	<i>Indemnity PPO Medical Plan</i>		
	<i>HMOs</i>	<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Accident expense benefit	No charge if treatment in HMO facility. Out-of-area treatment must be authorized by the HMO. Some HMOs require a copayment.		Up to \$315 of your out-of-pocket costs incurred within 90 days of accident are paid at 100%.
Outpatient surgical facility	No charge if treatment by HMO provider.	Plan pays 75%.	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of any amount over UCR charges.
Doctor's charges for hospital visits	No charge if treatment by HMO provider.	Plan pays 100% after you pay \$25 copayment per visit.	After deductible, Plan pays 50% of UCR charges. You pay 50% of UCR plus 100% of any amount over UCR charges.
Maximum benefit per calendar year for non-hospital doctor visits, including podiatrists and physical therapists	No charge if treatment by HMO provider.		\$525 Plan allowance for Prudent Buyer charges and out-of-network UCR charges combined.

	<i>Indemnity PPO Medical Plan</i>		
	<i>HMOs</i>	<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Doctor's office and home visits	No charge if treatment by HMO provider.	For accidental injuries: After you pay a \$25 copayment per visit, Plan pays 100% up to Plan allowance. For illnesses: You pay full cost of first two visits; third and related later visits covered. After you pay a \$25 copayment per visit, Plan pays 100% up to Plan allowance. You pay any amounts that exceed Plan allowance.	For accidental injuries: After deductible, Plan pays 50% of UCR charges up to Plan allowance. You pay 50% of UCR charges plus 100% of any amounts that exceed UCR charges and Plan allowance. For illnesses: You pay full cost of first two visits; third and related later visits covered. After deductible, Plan pays 50% of UCR charges up to Plan allowance. You pay 50% of UCR charges plus 100% of any amounts that exceed UCR charges and Plan allowance.
Surgeon's charges	No charge if treatment is authorized by HMO.	After deductible, Plan pays 75% of Prudent Buyer charges up to \$2,100 maximum per disability. You pay 25% plus any amounts that exceed Plan allowance.	After deductible, Plan pays 50% of UCR charges up to \$2,100 maximum per disability. You pay 50% of UCR charges plus any amounts that exceed UCR charges and Plan allowance.

	<i>Indemnity PPO Medical Plan</i>		
	<i>HMOs</i>	<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Assistant surgeon's charges	No charge if treatment is authorized by HMO.	After deductible, Plan pays 75% of Prudent Buyer charges up to a maximum of \$420 per disability. You pay 25% plus any amounts that exceed Plan allowance.	After deductible, Plan pays 50% of UCR charges up to \$420 maximum per disability. You pay 50% of UCR charges plus any amounts that exceed UCR charges and Plan allowance.
Anesthesiologist's charges	No charge if treatment is authorized by HMO.	After deductible, Plan pays 75% of Prudent Buyer charges. You pay 25%.	After deductible, Plan pays 50% of UCR charges. You pay 50% plus any amounts that exceed UCR charges.
X-rays and lab tests	No charge if authorized by HMO.	Plan pays 100% of Prudent Buyer charges with no limit.	After deductible, Plan pays 50% of UCR charges. You pay 50% plus any amounts that exceed UCR charges.
Routine physical exams	No charge if done within HMO.	Plan pays up to \$80 for one exam per year and, after deductible, 75% of all necessary preventive X-ray and lab charges. You pay remaining Prudent Buyer charges.	Plan pays up to \$80 for one exam per year and up to \$184 for preventive X-ray and lab charges. You pay remaining actual charges.

	<i>Indemnity PPO Medical Plan</i>		
	<i>HMOs</i>	<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Preventive Medicine Benefit	Benefits available to HMO members under the Indemnity PPO Medical Plan. Plan pays up to \$80 for one exam per calendar year and up to \$184 per calendar year for preventive X-ray and lab charges.	Plan pays 100% to an annual maximum of \$184 for lab expense; \$80 for exams. One exam per calendar year.	
Immunizations and injections	No charge if treatment by HMO provider.	After deductible, Plan pays 75% of Prudent Buyer charges. You pay 25%.	After deductible, Plan pays 50% of UCR charges. You pay 50% plus any amounts that exceed UCR charges.
Cardiac rehabilitation	No charge if treatment is authorized by HMO.	After you pay a \$25 copayment per session, Plan pays 100% of Prudent Buyer charges for 26 weeks following onset of illness requiring treatment. Maximum 65 sessions per disability.	After deductible, Plan pays 50% of UCR charges for 26 weeks following onset of illness requiring treatment. Maximum 65 sessions per disability. You pay 50% plus any amounts that exceed UCR charges.
Chemotherapy administration	No charge if treatment is authorized by HMO.	After you pay a \$25 copayment, per treatment, Plan pays 100% of Prudent Buyer professional charges for administration of chemotherapy.	After deductible, Plan pays 50% of UCR charges. You pay 50% plus any amounts that exceed UCR charges.
	<i>Indemnity PPO Medical Plan</i>		
	<i>HMOs</i>	<i>Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Radiation therapy administration	No charge if treatment is authorized by HMO.	After you pay a \$25 copayment, per treatment, Plan pays 100% of Prudent Buyer charges.	After deductible, Plan pays 50% of UCR charges. You pay 50% plus any amounts that exceed UCR charges.
Physical therapy (included in office visit maximum benefit)	No charge if treatment is authorized by HMO.	After you pay a \$25 copayment, per treatment, Plan pays 100% up to \$525 per calendar year Plan allowance for office visits.	After deductible, Plan pays 50% of UCR charges for medically necessary care. You pay 50% plus amounts over UCR and Plan allowance.
Home health care/ Case Management	Covered by HMO if medically necessary.	After deductible, Plan pays 75% for medically necessary care.	Not covered.
Speech therapy	Benefits available to HMO members under the Indemnity PPO Medical Plan. Limited benefits available under HMOs.	Charges reimbursed up to \$525 per calendar year at \$21 per visit.	
Vision care	Examinations and refractions provided at no charge by HMOs. Indemnity PPO Medical Plan benefits also available to HMO members. \$125 per calendar year for examinations, corrective lenses and frames.	Plan pays up to \$125 per calendar year for examinations, corrective lenses and frames.	

	<i>HMOs</i>	<i>Indemnity PPO Medical Plan Prudent Buyer Network Benefits</i>	<i>Out-Of-Network Benefits</i>
Exclusions and limitations	<p>The following are not covered under HMOs: Any services not authorized by the HMO; any service or supply not considered medically necessary; work-related conditions; dental care; convalescent or custodial care; supplies or services furnished by the U.S. government or any agency thereof or furnished at the expense of same; supplies or services not prescribed by a doctor; cosmetic surgery except to repair damage caused by accident while covered; any condition where there exists no injury or illness; long-term rehabilitational services; experimental or investigational surgery; chiropractic care; transsexual surgery; reversal of voluntary sterilization and certain infertility services; medical care for which a third party may be liable unless costs are reimbursed by the third party; and medical treatment or care by a relative. Charges for services covered under an HMO are not eligible for reimbursement under Indemnity PPO Medical Plan.</p>	<p>The following are not covered under the Indemnity PPO Medical Plan: Any service or supply not considered medically necessary; work-related conditions; convalescent or custodial care; dental care; supplies or services furnished by the U.S. government or any agency thereof or furnished at the expense of same; conditions resulting from warfare or invasion; supplies or services not prescribed by a doctor; cosmetic surgery except to repair damage caused by accident while covered; any condition where there exists no injury or illness; experimental or investigational surgery; medical treatment or care by a relative; transsexual surgery; reversal of voluntary sterilization and certain infertility services. Third-party liability benefits must be assigned to the Fund, not to exceed the amount payable by the Fund. Charges for services covered under an HMO are not eligible for reimbursement under the Indemnity PPO Medical Plan.</p>	

This booklet is only a summary of Plan benefits, exclusions and limitations. In case of any differences between this booklet and the official Plan documents, the official Plan documents will prevail. Please refer to the Summary Plan Description and Summary of Material Modifications for details.

OCTOBER 2010

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