

**UFCW LOCAL 711 AND RETAIL STORES – GROUP # S1645
SCHEDULE OF MEDICAL BENEFITS FOR PLAN “C”**

All benefits are subject to the deductible except where noted otherwise.

Nevada PPO Network – Beech Street (800) 227-7464

Benefit Description	Explanation and Limitations	PPO Providers (In-Network)	Non-PPO Providers (Out of Network)
Individual Deductible		\$400	COMBINED
Family Deductible		\$1,2000	COMBINED
Individual OOP		\$12,000	UNLIMITED
Family OOP		\$36,000	UNLIMITED
Annual Maximum		\$1,500,000	COMBINED
Inpatient Hospital	<ul style="list-style-type: none"> Requires SHPS Preauthorization – See Inpatient Hospital notes section on page 3 	60%	50% of R&C
Inpatient Physician	<ul style="list-style-type: none"> See Inpatient Hospital notes section on page 3 		
In & Outpatient Surgery	<ul style="list-style-type: none"> Requires SHPS Preauthorization 	60%	50% of R&C
Office Visit	<ul style="list-style-type: none"> \$35 Co-pay for PPO providers 	100% no deductible	50% of R&C
Outpatient Radiology	<ul style="list-style-type: none"> Plan payments are paid at the higher coinsurance level by using the <u>Preferred Partner Network</u>. Preferred Partner Network facilities are as follows: <ul style="list-style-type: none"> <u>Steinberg Diagnostic Medical Imaging</u> <u>Nevada Imaging Centers</u> See list below of procedures that may require Preauthorization from SHPS 	<u>Preferred Partner Network</u> – 60%	PPO Providers (Beech Street/Viant)- 50% Non-PPO Providers- 55% of R&C
Outpatient Laboratory	<ul style="list-style-type: none"> See list below of procedures that may require Preauthorization from SHPS 	60%	50%
Maternity	<ul style="list-style-type: none"> SHPS Prenatal Program: M.O.M 	60%	50%
Anesthesia		60%	50%
Dental Services	<ul style="list-style-type: none"> Not covered unless it's related to an injury / accident to sound natural teeth. See Supplemental Accident benefit. 	100% up to the \$750 Accident Benefit	100% up to the \$750 Accident Benefit
Radiation / Chemotherapy		60%	50%
Newborns	<ul style="list-style-type: none"> Circumcision covered inpatient newborn or; Up to 6 months of age if performed in office 	60%	50%
Supplemental Accident	<ul style="list-style-type: none"> 1st \$750 @ 100% within 90 days of accident 	60%	50%
Routine Pap Smear / Pelvic Exam	<ul style="list-style-type: none"> 1 per calendar year – no age limit Non-PPO- \$35 co-pay and limited to \$50.00 	60%	\$35 Co-pay then 50%
Mammogram screening	<ul style="list-style-type: none"> Ages 35–39 – one base line screening Ages 40+ one each calendar year 	60%	50%
Physical Therapy	<ul style="list-style-type: none"> 	60%	50%
Chiropractic	<ul style="list-style-type: none"> Must use <u>GHS</u> provider and be preauthorized Limited to 30 visits per year 	100% of allowable	Not covered
Podiatry Care	<ul style="list-style-type: none"> Requires Podiatry Plan Organization Authorization - Includes Orthotics 	100% of allowable	Not covered

**UFCW LOCAL 711 AND RETAIL STORES – GROUP # S1645
SCHEDULE OF MEDICAL BENEFITS FOR PLAN “C”**

All benefits are subject to the deductible except where noted otherwise.

Nevada PPO Network – Beech Street (800) 227-7464

Benefit Description	Explanation and Limitations	PPO Providers (In-Network)	Non-PPO Providers (Out of Network)
Acupuncture	<ul style="list-style-type: none"> \$35 Co-pay for PPO providers Provider must be licensed by the state to practice Acupuncture 	100% no deductible	50%
Adult Routine Physical Exam	<ul style="list-style-type: none"> \$150 maximum per person (employee / spouse only) \$150 includes lab & x-ray combined Under age 40: 1 every 5 years Age 40 to 50: 1 every 2 years Age 50+: 1 per year 	60% up to maximum	50% up to maximum
Hearing Aids	<ul style="list-style-type: none"> \$400 per ear during any 3 year period 	100%	100%
Cochlear Hearing Implant		60%	50%
Home Health Care / Skilled Nursing & Hospice	<ul style="list-style-type: none"> SHPS Preauthorization required Must be in lieu of acute hospitalization 	60%	50%
Inpatient Mental Health	<ul style="list-style-type: none"> Requires Mines & Associates Authorization 	60%	50%
Inpatient Chemical Dependency	<ul style="list-style-type: none"> Requires Mines & Associates Authorization 	60%	50%
Outpatient Mental Health & Chemical Dependency	<ul style="list-style-type: none"> Requires Mines & Associates Authorization \$35 Co-pay for PPO 	100% of allowable. No deductible	50%
Well Child office visits	<ul style="list-style-type: none"> Up to age 2 \$35 Co-pay for PPO. \$200 maximum per year 	60%	50%
Immunizations	<ul style="list-style-type: none"> No age limit 	60%	50%
TMJ	<ul style="list-style-type: none"> Only services provided by an MD will be covered TMJ APPLIANCE NOT A COVERED BENEFIT 	60%	50%
Durable Medical Equipment	<ul style="list-style-type: none"> Requires SHPS pre-auth over \$1,500 If under \$1,500, submit LOMN, purchase price and HCPC codes at the time the claim is submitted 	60%	50%
Ambulance Service	<p>Only covered if:</p> <ul style="list-style-type: none"> Patient is admitted to Hospital as a registered bed patient. Patient is being released from the Hospital after a confinement as a bed Patient and ambulance transportation is recommended by the attending physician. Patient receives emergency care treatment immediately following an accident. 	60%	50%
Outpatient Dialysis	<ul style="list-style-type: none"> See payment schedule below 		
Organ / Donor Transplants	<ul style="list-style-type: none"> Call Fund Office for specific benefits 		

Pre-Certification Requirements

Pre-certification: SHPS (877) 323-6127 for all inpatient and out-patient surgeries and the following diagnostic procedures:

- Allergy Testing
 - Allergen Specific IgE (RAST, PRIST, RIST, etc.)
 - Quantitative
 - Qualitative
 - Cardiac monitors (including vent monitors)
 - Ambulatory - complete
 - Echocardiography
 - Complete
 - Imaging Procedures - CAT Scan
 - Abdomen
 - Bone Density Study
 - Bone Scan
 - Cyst Aspiration
 - Lower Extremity
 - Maxillofacial Area
 - Needle Biopsy
 - Pelvis
 - Placement Rad Fields
 - Skull/Orbit/Ear
 - Imaging Procedures - CAT Scan (cont.)
 - Soft Tissue/Neck
 - Spine
 - Sterotactic
 - Localization thorax; upper extremity
 - Magnetic Resonance Imaging (MRI)
 - Abdomen
 - Bone Marrow
 - Brain
 - Magnetic Resonance Imaging (MRI) Continued
 - Breast
 - Chest
 - Extremity, Upper
 - Extremity, Lower
 - Face/Neck/Orbit
 - Myocardium
 - Pelvis
 - Spinal Cord
 - Myocardial Perfusion Imaging (e.g. Thallium)
 - Positron Emission Tomography: (PET) Scan
 - SPECT Scan
 - Abcess Localization
 - Bone & Joint
 - Brain
 - Cardiac
 - CSF
 - Kidney
 - Liver
 - Tumor Localization
 - Polysomnography
 - Sleep Studies - 3 or more parameters
 - Photochemotherapy
 - Treatment Series
 - TMJ
- ** Non-Preauthorization penalty: 20%

DIALYSIS BENEFITS

Dialysis Treatment – Outpatient/All Dialysis Facilities

~REQUIRES SHPS PREAUTHORIZATION~

- In-center Hemodialysis Treatment - \$385.00 per treatment
- Home Hemodialysis Treatment - \$385.00 per treatment
- Home Hemodialysis Training - \$405.00 per day
- Continuous Ambulatory Peritoneal Dialysis (CAPD) - \$165.00 per day
- CAPD Training - \$397.00 per day
- Continuous Cycling Peritoneal Dialysis (CCPD) - \$180.00 per day
- CCPD Training - \$405.00 per day

The above list gives all-inclusive rates except for laboratory services, which will be paid separately.

INPATIENT HOSPITAL

~ NON EMERGENCY ADMISSIONS REQUIRES SHPS PREAUTHORIZATION PRIOR TO ADMISSION~

~ EMERGENCY ADMISSIONS – HOSPITAL MUST CONTACT SHPS ON THE FIRST BUSINESS DAY OR NO LATER THAN 72 HOURS AFTER ADMISSION. ~

Patients who live within the Coalition service area (within 25 miles of a Coalition hospital) need to use a Coalition facility for elective inpatient admissions to obtain the highest level of benefits. For a severe or life threatening emergency, the closest hospital should be used until the patient can be stabilized. There may be other situations when a non-Coalition Hospital may be necessary, which would need to be approved by SHPS. Contact the Fund Office for additional information. The Plan requires the use of a Coalition hospitalist when admitted to a Coalition facility with the following exceptions: Maternity, pediatric care, and when UFCW is secondary. The Plan will only reimburse consultation visits from non-participating hospitalists and non-specialists.

NOT COVERED

Not limited to: work related, cosmetic, custodial care, pregnancy of a dependant child, vision exams, vision correction surgery,, education training, infertility, smoking cessation, speech therapy, occupational therapy, hearing exams, any dental treatment other than injury to sound natural teeth (Up to the \$750 accident benefit), any treatment not medically necessary.

NOTES

*****ELIGIBILITY IS BASED ON A MONTH TO MONTH BASIS*****

ALL CLAIMS MUST HAVE THE POLICYHOLDERS GROUP # (S1645) ON THE CLAIM FORM OR IT MAY GET REJECTED.
HCFA FORMS- BOX 11 UB FORMS- BOX 62

FILING LIMIT- 90 days from incurred date and in no event later than 1 year from incurred date.

APPEAL TIME FRAME- 180 days from the day the claim was processed.

CONTACT INFORMATION

Mail claims to: JAS, Inc., 4885 South 900 East, Suite # 202, Salt Lake City, Utah 84117
Fund Office Customer Service: (800) 345-3248
Pre-certification Company / SHPS: (877) 323-6127
PPO Network / Beech Street: (800) 227-7464
Mines & Associates: (800) 873-7138
Golden Health Services: (702) 897-1483
Podiatry Plan Organization of California – (800)-535-3338
Vision Plan / V.S.P: (800) 877-7195
Prescription Plan / AVIA: (800) 273-9166

IMPORTANT INFORMATION

This is not a guarantee of Benefits. This is a general summary of the benefits available under this plan and not intended to be used as an authorization for services to be provided. We are providing this summary without knowledge of the diagnosis or type of treatment you plan to provide. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice. All covered charges will be limited to reasonable and customary charges. Benefits will be coordinated with another carrier if other coverage is involved.