

Central States Enhanced C-6 Plan

Health & Welfare Package - UPS Plan



UPS PLAN

General Plan Info		None	
Annual Maximum Employee Contribution		None	
Medical	In-Network After Annual Deductible is Met	PCP - In-Net	PPN - In-Net
Annual Deductible	2014 \$50/\$100, 2015 \$100/\$200, 2016 \$150/\$300, 2017 \$200/\$400	None	None
OOP Max	\$1,000 per person /\$2000 max per family (applies only to Major Medical)	\$1,000/person	\$1,000/person
Medical Office Visits	\$10 copay	\$10 copay	90%
Routine Physical	\$10 copay	\$10 copay	90%
Well child care	\$10 copay	\$10 copay	90%
Routine mammogram	100%	100%	90%
Routine OB/GYN	100%	\$10 copay	90%
Emergency Room	100%, on first day of accident only, otherwise 80% after deductible.	\$25 copay; waived if admitted or within 72 hrs of accident; non-emergency	
Hospital admission fee	None	None	None
In-patient services	100%	100%	100%
Outpatient Services	100%	100%	100%
Chiropractic Services	80%	\$10 copay; \$40 max	90%; \$40 max
Chiropractic maximum	\$1,000 maximum per year per person	\$1,000 maximum per year per person	
Outpatient Diagnostic/X-Ray/Lab	80%; then 100% after Out of Pocket is met, or 100% through Quest Diagnostics or US Imaging	100%	90%
Out of Network Benefits	For non-emergency medical care, member cost is 10% greater than an in-network provider plus all charges above reasonable and customary.	Out of network services in the UPS Plan include an annual deductible and increased co-insurance costs - please see the SPD.	
Prescription	In-Network (CVS-Caremark) Not Subject to the Deductible	In-Network (Medco)	
Retail Generics	10% to maximum of \$50 per prescription	100%	
Retail Brand-Name	10% to maximum of \$50 per prescription	\$5 copay	
Mail Order Generics	100%	100%	
Mail Order Brand-Name	100%	100%	
Mandatory Generics	If a generic is available, the member must take the generic or be responsible for the cost difference	No	
Mandatory Mail Order	Member has a choice of either using a CVS Pharmacy or Caremark Mail-Order. If filled retail through a non-CVS pharmacy after 2nd fill, coverage reduced to 50%	No	
Mandatory Formulary	No, but there are a few Formulary Exclusions.	No	
Dental	Dental Plan	In-Network/Traditional (Aetna)	Out-of-Network (Aetna)
Deductible	None	None	None
Preventive Services	100%	100%	80%
Basic Services	100%	100%	80%
Major Services	80%	80%	80%
Child/Adult Child Orthodontia	100%	50%	50%
Orthodontia Lifetime Max	\$1,500 per person	None	
Annual Max Dental Benefits	\$1,500 per person	None	\$2,500 year/ortho not included

Dental Benefits will remain the same as the current UPS benefit. UPS will pay for the difference of the C6 Dental Benefit and the UPS benefit.

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Vision	In-Network (EYEMED)	Out-of-Network	In-Network (VSP)	Out-of-Network (VSP)
	Not subject to the Deductible		Not subject to the Deductible	
Routine Eye Exam	\$10 co-payment	\$25	100%	up to \$40
Lenses	100% up to allowance	\$30-\$50	100%	\$30-\$50
Frames	100% up to allowance	\$30	100% up to allowance	\$30
Contact Lenses	100% up to \$80	\$60	100%	\$60
Maximum Benefits	Once every 12 months		Once per calendar year	
Short-term Disability (STD)				
STD Income	\$300 per week for first 10 weeks, then \$350 for 16 weeks	The STD will remain the same as the current UPS benefit. UPS will pay for the difference of the C6 Benefit and the UPS benefit.	60% of average weekly base pay up to \$500 per week	
Special Provisions	None		None	
Maximum STD Period	26 Weeks		26 Weeks	
Life Insurance & AD&D				
Employee Basic Life	\$40,000	The Life Insurance benefit will remain the same as the current UPS benefit. UPS will pay for the difference of the C6 Benefit and the UPS benefit.	FT: 2080 times hourly rate; max of \$100,000 /PT: 1040 times hourly rate; max of \$100,000	
Employee Basic AD&D	\$40,000		FT: 2080 times hourly rate; max of \$100,000 /PT: 1040 times hourly rate; max of \$100,000	
Spouse Basic Life	\$4,000		5,000	
Children Basic Life	\$2,000		2,500	