

Central States Enhanced C-6 Plan



Health & Welfare Package - UPS Plan



General Plan Info	None	None	None
Employee Contribution	None	PCP - In-Net	PPTN - In-Net
Annual Maximum	None	None	None
Annual Deductible	In-Network After Annual Deductible is Met: 2014 \$50/\$100, 2015 \$100/\$200, 2016 \$150/\$300, 2017 \$200/\$400 \$1,000 per person /\$2,000 max per family (applies only to Major Medical)	None \$1,000/person	None \$1,000/person
Medical Office Visits	\$10 copay	\$10 copay	90%
Routine Physical	\$10 copay	\$10 copay	90%
Well child care	100%	100%	90%
Routine mammogram	100%	\$10 copay	90%
Routine OB/GYN	100%	\$25 copay; waived if admitted or within 72 hrs of accident; non-emergent	None
Emergency Room	100%, on first day of accident only, otherwise 80% after deductible.	None	None
Hospital admission fee	None	100%	100%
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	90%
Outpatient Diagnostic X-Ray/Lab	80%; then 100% after Out of Pocket is met, or 100% through Quest	100%	90%
Out of Network Benefits	Diagnosics or US Imaging 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 10% to maximum of \$50 per prescription	100%	100%
Retail Brand-Name	10% to maximum of \$50 per prescription	\$5 copay	100%
Mail Order Generics	100%	100%	100%
Mail Order Brand-Name	100%	100%	100%
Mandatory Generics	If a generic is available, the member must take the generic or be responsible for the cost difference	No	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	No
Mandatory Formulary	No, but there are a few Formulary Exclusions.	No	No
Dental		In-Network (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	None
Annual Max Dental Benefits	\$1,500 per person	None	\$2,500 year/ortho not include

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General Plan Info

VISION

In-Network (EYEMED)

Out-of-Network

Not subject to the Deductible

Routine Eye Exam

\$10 co-payment

\$25

Lenses

100% up to allowance

\$30-\$50

Frames

100% up to allowance

\$30

Contact Lenses

100% up to \$80

\$60

Maximum Benefits

Once every 12 months

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.

Special Provisions

None

Maximum STD Period

26 Weeks

Life Insurance & AD&D

Employee Basic Life

\$40,000

The Life Insurance benefit will remain the same as the current UPS benefit.

Employee Basic AD&D

\$40,000

UPS will pay for the difference of the C6 Benefit and the UPS benefit.

Spouse Basic Life

\$4,000

Children Basic Life

\$2,000