

SCHEDULE OF BENEFITS AS OF JANUARY 1, 2011

LOCAL 380

LIFE INSURANCE

(Active Plan of Benefits for Employees and Dependents Only)

Employee	\$10,000
Eligible spouse	\$2,500
Dependent child	\$2,500

*Active Plan of Benefits for
Employees and Dependents*

*Retiree Plan of Benefits for Eligible
Retirees, Disabled Employees,
Their Dependents, Widows, and
Dependents of Deceased Employees*

AD&D INSURANCE

(Active Plan of Benefits for Employees Only)

Accidental death and dismemberment principal sum (employee only)	\$10,000
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*Plan of Benefits for Eligible
Dependents of Medicare Eligible
Retirees (Who Are Not Eligible
For Medicare)*

WEEKLY ACCIDENT AND SICKNESS BENEFIT

(non-occupational, Active Plan of Benefits for Employees Only)

Weekly benefit	\$250
Maximum number of weeks	26

COMPREHENSIVE MEDICAL BENEFITS *(For All)*

ANNUAL DEDUCTIBLE

Individual	\$300
Family	\$600

OTHER DEDUCTIBLES

Emergency room copayment, waived if admitted	\$50
Hospitalization without obtaining pre-approval	\$200

ANNUAL OUT-OF-POCKET LIMIT

Individual	\$5,000
Family	\$10,000

- ◆ The annual out-of-pocket limits only apply to in-network charges. Out-of-network charges are not applied toward the out-of-pocket limits.

PLAN PAYS...

In-network charges	80%
Out-of-network reasonable and customary charges	60%

SUPPLEMENTAL ACCIDENT BENEFIT

Maximum benefit per accident	100% of reasonable and customary charges up to 90 days
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CALENDAR YEAR MAXIMUMS

Home health care visits	100
Days of treatment in a skilled nursing care facility	120
All covered expenses	\$1,000,000

LIFETIME MAXIMUMS (PER PERSON)

Diabetes education	\$500
Bereavement Services	\$500

SPECIAL WORK BENEFIT

(Active Plan of Benefits for Employees Only)

Employee reimbursed	First \$100 of deductible for preceding calendar year
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PRESCRIPTION DRUG BENEFITS *(For All)*

THERAPEUTIC CLASS OF DRUGS COPAYMENTS

(to treat diabetes, high blood pressure, heart disease, high blood cholesterol, and asthma)

Type of Prescription	Retail Pharmacy	Mail Order
Generic copayment	\$0	\$0
Preferred brand copayment	\$10	\$20
Non-Preferred brand copayment	\$20	\$40

PARTICIPATING RETAIL PHARMACY COPAYMENTS

Generic drug copayment	\$7.50
Preferred brand drug copayment	20% of TUF* up to \$50
Non-preferred brand drug copayment	30% of TUF* up to \$75

MAIL ORDER PROGRAM

Generic drug copayment	\$15.00
Preferred brand drug copayment	20% of TUF* up to \$100
Non-preferred brand drug copayment	30% of TUF* up to \$150

Note if you have a prescription filled for a brand name drug that has a generic equivalent, you will need to pay the difference between the brand name and generic drugs as well as the brand name copayment.

DENTAL EXPENSE BENEFIT – NOT INCLUDED IN PLAN

VISION CARE BENEFIT – NOT INCLUDED IN PLAN

* *Total Undiscounted Fee (TUF)*