

# Central States Enhanced C-6 Plan

## TEAMCARE

A NATIONAL TEAMCARE HEALTH PLAN

# Health & Welfare Package - UPS Plan

## UPS PLAN

TEAMCARE		UPS PLAN	
All member contributions are paid by the member.			
General Plan Info	None	None	
Annual Maximum	None	None	
Employee Contribution	None	None	
Medical	In-Network After Annual Deductible is Met	PPN - In-Net	
Annual Deductible	2014 \$50/\$100, 2015 \$100/\$200, 2016 \$150/\$300, 2017 \$200/\$400	None	
COP Max	\$1,000 per person / \$2,000 max per family (applies only to Major Medical)	\$1,000/person	
Medical Office Visits	\$10 copay	\$10 copay	
Routine Physical	\$10 copay	\$10 copay	
Well child care	100%	100%	
Routine mammogram	100%	\$10 copay	
Routine OB/GYN	100%	\$25 copay; waived if admitted or within 72 hrs of accident; non-emergel	
Emergency Room	100%, on first day of accident only, otherwise 80% after deductible.	None	
Hospital admission fee	None	100%	
In-patient services	100%	100%	
Outpatient Services	100%	\$10 copay, \$40 max	
Chiropractic Services	80%	\$1,000 maximum per year per person	
Chiropractic maximum	\$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%	
Out of Network Benefits	Diagnosis or US Imaging	Out of network services in the UPS Plan include an annual deductible and an	
Prescription	For non-emergency medical care, member cost is 10% greater than an in-network provider plus all charges above reasonable and customary.	increased co-insurance costs - please see the SPD.	
Retail Generics	In-Network (CVS, Caremark) not subject to the deductible	In-Network (Medco)	
Retail Brand-Name	10% to maximum of \$50 per prescription	100%	
Mail Order Generics	10% to maximum of \$50 per prescription	\$5 copay	
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)	
Deductible	None	None	
Preventive Services	100%	100%	
Basic Services	100%	100%	
Major Services	80%	80%	
Child/Adult Child Orthodontia	100%	50%	
Orthodontia Lifetime Max	\$1,500 per person	None	
Annual Max Dental Benefits	\$1,500 per person	\$2,500 year/ortho not include	

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General Plan Info		<div>TEAMCARE</div> <div>OR NATIONAL TEAMCARE HEALTH PLAN</div>	
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. UPS will pay for the difference of the C6 Benefit and the UPS benefit.	
Employee Basic AD&D	\$40,000		
Spouse Basic Life	\$4,000		
Children Basic Life	\$2,000		