



UFCW and Participating Employers Interstate Health & Welfare Fund

**SUMMARY OF BENEFITS
2016 Edition**



**FOR FULL-TIME
STOP & SHOP MEMBERS**

(WITH TWO MONTHS OR MORE OF SERVICE)

MEDICAL/PRESCRIPTION DRUG BENEFITS

Eligible full-time members who elect coverage will contribute on a weekly pre-tax basis, the following amounts through payroll deduction:

Member	\$13
Member + Spouse	\$20
Member + Children	\$20
Family	\$26

Medical Benefits are provided through Blue Cross Blue Shield of RI (BCBSRI). For information about your plan, contact BCBSRI at (800) 639-2227 or log on to www.bcbsri.com.

Prescription Drug benefits are provided through OptumRX. For information about your coverage, contact OptumRX at (800) 881-1966.

DENTAL BENEFITS (NO COST TO MEMBER)

Individual Deductible per Calendar Year (Applies to Basic & Major Services Only) **\$75**

<u>Service</u>	<u>Plan Payment</u>
Preventive Services - once every 6 months, to the day (i.e. cleanings, exams, bitewing x-rays)	100% of usual & customary
Basic Services (i.e. non-routine visits, amalgam & composite restorations, root canals, simple extractions, etc.)	80% of usual & customary
Major Services (i.e. porcelain restorations, initial crowns, bridgework, partial or full dentures, etc.)	50% of usual & customary
Annual Benefit Maximum for Dental	\$1,500

ORTHODONTIC BENEFIT (NO COST TO MEMBER)

Covers 50% of cost, up to a lifetime maximum of **\$1,500**

For questions about your eligibility and coverage, please call London Health Administrators at (800) 343-2236.

VISION BENEFITS (NO COST TO MEMBER)

Benefits are payable up to the Maximum Benefit amounts shown below in any 12 consecutive month period, except for frames which is in any 24 consecutive month period.

<u>Service/Appliance</u>	<u>Maximum Benefit</u>
Eyeglass Lenses (One Type):	
Single Vision	\$27
Bifocal	\$48
Trifocal	\$63
Lenticular	\$240
Eyeglass Frames	\$21

WEEKLY DISABILITY INCOME BENEFIT (SHORT-TERM DISABILITY FOR MA AND CT RESIDENTS (NO COST TO MEMBER)

This benefit is payable if, while insured, you become totally and continuously disabled as the result of an injury or illness and cannot work.

Maximum Weekly Benefit **\$525**
(May not exceed 66 2/3 percent of your weekly basic earnings at the time you become totally disabled.)

Maximum Duration	26 Weeks
Waiting Period Sickness	7 Days
Waiting Period Accident	None

*** RI residents have RI Temporary Disability Insurance (RI TDI).**
For more information log on to www.dlt.ri.gov/tdi.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (ADD) BENEFIT (NO COST TO MEMBER)

If you die from any cause while you are eligible for benefits. The following benefit will be paid to your designated beneficiary:

Life Insurance Benefit Amount **\$20,000**

If you sustain losses as a result of an accident while you are eligible for benefits, certain benefit amounts will be paid to you or your designated beneficiary:

<u>Loss</u>	<u>AD&D Benefit</u>
Loss of Life	\$20,000
Loss of Both Hands, Both Feet, Sight of Both	\$20,000
Loss of One Hand, One Foot or Sight of One I	\$10,000
Loss of Thumb and Index Finger of Same Hand	\$5,000