



# Western Grocers Employee Benefits Trust

## Summary of 2012 Plan Options

PLAN NAME	PREMIER		STANDARD		TRADITIONAL		PRIMARY		BASIC		FOUNDATION	
- Annual Deductible	\$250/\$500		\$500/\$1000		\$750/\$1500		\$1000/\$2000		\$1500/\$3000		\$3000/\$6000	
- Network Ofc visit Co-pay	\$20 Co-pay		\$20 Co-pay		\$25 Co-pay		\$30 Co-pay		\$30 Co-pay		\$30 Co-pay	
<b>Out of Pocket Maximum</b> NOTE: There is no annual maximum for out of network services	\$2000 + Ded Individual \$4000 + Ded Family		\$2000 + Ded Individual \$4000 + Ded Family		\$4000 + Ded Individual \$8000 + Ded Family		\$4000 + Ded Individual \$8000 + Ded Family		\$4000 + Ded Individual \$8000 + Ded Family		\$4000 + Ded Individual \$8000 + Ded Family	
<b>Annual Maximum</b>	Benefit payments for 2012 are limited to \$1,250,000, there is no Lifetime Maximum Benefit limit											
<b>Inpatient Hosp Benefits</b>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>
✓ Room stay co-pay Then....	\$500 80%	\$500 60%	\$500 80%	\$500 60%	\$500 80%	\$500 60%	\$500 80%	\$500 60%	\$500 80%	\$500 60%	\$500 80%	\$500 60%
✓ Physician Services	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
✓ Lab and X-ray	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
✓ Maternity care	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Outpatient Benefits</b>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>	<u>In Network</u>	<u>OUT</u>
✓ Office Visit	\$ 20	\$ 20	\$ 20	\$ 20	\$ 25	\$ 25	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30	\$ 30
✓ Lab & X-ray	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Maternity Care</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
<b>Outpatient Surgery</b>	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%	80%	60%
⇐ ALL WGT PLANS ⇒												
<b>Ambulance</b>	80% or 60% for usual and customary services for ground ambulance. Air ambulance benefit limit 1 time per year.											
<b>Emergency Room Visits</b>	\$75 Co-pay, then deductible, then paid at 80%. Waived if hospitalized											
<b>Acupuncture</b>	80% or 60% after deductible up to 12 visits per year											
<b>Naturopathy</b>	80% or 60% after deductible up to 12 visits per year											
<b>Chiropractic Services</b>	\$30 per visit paid for up to 12 visits per year for spinal manipulation											
<b>Accident Benefits</b>	First \$500 Paid in full without deductible or co-pay – then 80%											
<b>Mental Health / Chem.</b>	80% or 60% after deductible including in-patient and outpatient provisions for both adults and children for mental health and chemical dependency services											
<b>Pre-existing Conditions</b>	6 Months waiting period if no prior coverage – waived if under 19 years old											
<b>Preventative Care</b>	There is no co-pay or deductible required for preventative care											
<b>Prescriptions</b> ✓ Drug card program	\$25 Calendar year deductible then; \$10 Co-pay for generic drugs ♦ \$30 co-pay for Preferred Brands ♦ \$75 co-pay for Non-Preferred or Specialty Brands MAIL ORDER DISCOUNT: 3 prescription fills for 2 co-pays											
<b>Vision Plan</b>	Examinations: \$25 Co-pay then 100% UCR every 24 mos / Vision Hardware: \$300 per person every 24 mos / Vision Correction Surgery: 50% up to \$1500 Lifetime Max											
<b>Life Insurance and Short Term Disability</b>	\$10,000 Employee Life with \$1,000 family member Life coverage along with employee Short Term Disability is included in the plan. See your quote for rate information and optional higher limits.											
<b>Dental Plan (optional)</b>	\$50 Deductible - Options for annual maximum of \$1000 / \$1500 / \$2500 / 100% Preventative, 80% Restorative, 50% Crown/Bridge with \$1000 orthodontic benefit– no PPO required											

NOTE: This document is a summary for illustrative purposes only.  
Please refer to the complete Plan Booklet for detailed explanations, limitations, exclusions and maximum payment information