



Western Grocers Employee Benefits Trust

Summary of Plan Options

PLAN NAME	STANDARD		PRIMARY		BASIC		FOUNDATION		ESSENTIAL	
- Annual Deductible	\$500/\$1000		\$1000/\$2000		\$1500/\$3000		\$3000/\$6000		\$5000/\$10000	
- Network Ofc visit Co-pay	\$20 Co-pay		\$30 Co-pay		\$30 Co-pay		\$30 Co-pay		\$35 Co-pay	
Out of Pocket Maximum NOTE: here is no annual maximum for out of network services	\$5000 Individual \$10,000 Family		\$5000 Individual \$10,000 Family		\$7100 Individual \$14,200 Family		\$7100 Individual \$14,200 Family		\$7100 Individual \$14,200 Family	
Inpatient Hosp Benefits	<u>In Network</u> you pay	<u>OUT</u>	<u>In Network</u> you pay	<u>OUT</u>	<u>In Network</u> you pay	<u>OUT</u>	<u>In Network</u> you pay	<u>OUT</u>	<u>In Network</u> you pay	<u>OUT</u>
✓ Room stay co-pay Then....	\$500 20%	\$500 40%	\$500 20%	\$500 40%	\$500 20%	\$500 40%	\$500 20%	\$500 40%	\$500 30%	\$500 50%
✓ Physician Services	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
✓ Lab and X-ray	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
✓ Maternity care	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
Outpatient Benefits	<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	40%	\$ 30	40%	\$ 30	40%	\$ 30	40%	\$ 35	50%
✓ Specialist Office Visit	\$ 30	40%	\$40	40%	\$ 40	40%	\$ 40	40%	\$ 45	50%
✓ Lab & X-ray	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
Maternity Care	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
Outpatient Surgery	20%	40%	20%	40%	20%	40%	20%	40%	30%	50%
⇄ ALL WGT PLANS ⇄										
Ambulance	You pay deductible then co-insurance subject to usual and customary charge. Air ambulance benefit limit one time per year.									
Emergency Room Visits	\$75 Co-pay, then deductible, then your co-pay. All ER visits considered "in network". Waived if hospitalized. (See your plan for your co-pay %)									
Acupuncture	You pay deductible then co-insurance (See your plan Summary of Benefits and Coverage for your co-pay %)									
Naturopathy	\$30 per visit paid for up to 12 visits per year – May provide Preventative Well Care benefits if provider is authorized									
Chiropractic Services	\$30 per visit paid for up to 12 visits per year for spinal manipulation									
Accident Benefits	First \$500 is paid in full – thereafter you are responsible for deductible and co-pay according to your plan									
Mental Health / Chem.	You pay your deductible and co-insurance for in-patient and outpatient provisions for both adults and children for mental health and chemical dependency services									
Preventative Care	There is no co-pay or deductible required for preventive care provided by an in-network provider									
Prescriptions ✓ Drug card program	Our Prescription Benefit Manager is Optum. www.optumrx.com Briova Rx processes Specialty Drugs Rx Benefits include a \$25 Calendar year deductible then; ♦ \$ 5 Co-pay for Generic Drugs ♦ \$ 35 co-pay for Preferred Brands ♦ \$ 75 co-pay for Non-Preferred ♦ 50% paid for Specialty Drugs MAIL ORDER DISCOUNT (90 day supply): Generic \$10 co-pay Preferred \$70 co-pay Non-Preferred \$150 co-pay Up to \$250 for Compounded Drugs – see plan booklet for details.									
Vision Plan	Examinations: \$25 Co-pay then 100% UCR every 24 months Vision Hardware: \$300 per person every 24 months Vision Correction Surgery: 50% up to \$1500 Lifetime Max									
Life Insurance and Short Term Disability	\$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. Coverage provided by Standard Insurance Company. STD limited to annual maximum of \$2,000 yr.									
Dental Plan (optional)	\$50 Deductible - Options for annual maximum of \$1000 / \$1500 / \$2500 100% Preventative, 20% 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 Summary Plan Description for detailed explanations, limitations, exclusions and maximum payment information