

UNION ROOFERS BENEFIT PLAN¹
EFFECTIVE JANUARY 1, 2023

BENEFIT DESCRIPTION	PLAN B	PLAN A	PLAN A+
<u>REQUIRED HOURS</u>	450	600	750
<u>MEDICAL PLAN</u>			
- Kaiser	Yes	Yes	Yes
- Health Net	Yes	Yes	Yes
- AHF (PPO coverage)	No	Yes	Yes
- Indemnity Medical (choice of providers)	No	No	Yes
- Calendar year deductible	-	\$200/per person \$600/family	\$100/per family \$300/family
- Percentage payable -			
- AHF Hospital	-	80%	100%
- Non-AHF hospital	-	0%	0%
- Other - AHF provider	-	80%	100%
- Non-AHF provider	-	0%	80%
- Where no contract exists for services	-	80% ²	80% ²
- Calendar year out-of-pocket maximum	-	\$5,000	\$5,000
- Calendar year maximum		None	None
<u>PRESCRIPTION DRUGS</u>	Yes	Yes	Yes
- Calendar year deductible	\$0	\$0	\$0
- Percentage payable	80%	80%	80%
- Calendar year maximum per person	None	None	None
<u>DENTAL BENEFITS</u>			
<i>Indemnity Dental Plan (Newly and New to dental)</i>	No	No	No
- Calendar year deductible	-	\$75/per person	\$50/per person
- Percentage payable of schedule	-	80%	80%
- Calendar year maximum	-	\$2,500	\$2,500
- Pediatric dental is unlimited to age 18	-	Yes	Yes
- Lifetime orthodontia maximum	-	\$3,000	\$3,000
DeltaCare DHMO Prepaid Dental Plan⁵ (Newly and New to dental Plan A and Plan A+ employees; 1 year enrollment required)⁵	No	Yes ⁵	Yes ⁵
- Annual deductible	-	None	None
- Calendar year maximum	-	None	None
- Preventive care	-	No charge	No charge
Delta Dental PPO Dental Plan⁶ (Current Active eligible Plan A and Plan A+ employees - must have been enrolled for 1 year on a dental plan)⁶	No	Yes ⁶	Yes ⁶
- Calendar year deductible	-	\$50/per person \$150/family	\$50/per person \$150/family
- Calendar year maximum ⁷	-	\$2,500 ⁷	\$2,500 ⁷
- Lifetime orthodontia maximum	-	\$2,500	\$2,500
<u>VISION BENEFITS</u>	No	No	Yes
- Deductible per exam or material	-	-	\$10
- Deductible per lenses or frames	-	-	\$10
- Exams	-	-	Every 12 months
- Lenses/Frames	-	-	Every 24 months
<u>HEARING AID BENEFITS</u>^{3,4}	No ^{3,4}	Yes	Yes
<u>LIFE BENEFITS</u>	Yes	Yes	Yes

¹ Contact the Trust Office for details on benefits.

² Payments for services will be calculated as if an AHF provider was used.

³ Not a covered benefit under Health Net.

⁴ Covered benefit under Kaiser.

⁵ First become eligible for benefits, must enroll for 1 year.

⁶ Must be enrolled on a Dental plan for 1 year before enrolling in the Delta PPO

⁷ Effective 2/1/23 Delta PPO has a \$2,500 Calendar year maximum