

EMPLOYER: CEMEXCA CEMENT #1940

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 4

Life Insurance

Employee	Not Covered
Dependent	Not Covered

Accidental Death and Dismemberment

(Principal Sum)	Not Covered
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan Pays 70% of UCR, No out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	Not Covered
Vision Service Plan (VSP)	Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: HALBERT BROTHERS-CONTRACTORS #790

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 5

Life Insurance

Employee \$10,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$10,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan Pays 70% of UCR, No out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 6
Refer to Dental Comparison

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) Not Covered
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: GALLO WINE CO. #680

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 8

Life Insurance	
Employee	\$10,000
Dependent	\$1,000
Accidental Death and Dismemberment (Principal Sum)	\$10,000
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	No
Wellness	No
Kaiser	Medium Option with \$10/\$30 Rx Copay
Blue Shield of California (BSC)	Medium Option with \$10/\$30 Rx Copay
Dental Plan Options	
Indemnity	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Dental Only
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered
Disability Extension	12 Months
Weekly Disability	Not Covered
Retiree Coverage	No

EMPLOYER: VULCAN MATERIALS COPANY (IBEW) #371

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 11

Life Insurance

Employee Not covered
Dependent Not covered

Accidental Death and Dismemberment

(Principal Sum) Not covered

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 0% Copay; \$500 out-of-pocket max
Non-PPO Plan pays 80% of UCR; no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 100% or 80%; Physical
therapy - 6 visits/CY

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 6
Refer to Dental Comparison

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: PACIFIC MOTOR TRUCKING CO. #24160

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 12

Life Insurance

Employee	\$10,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$10,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	None
Wellness	No

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid Dental/\$5,000 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

35% of Weekly Basic Wages

Retiree Coverage

Yes

EMPLOYER: VULCAN MATERIALS COMPANY #370

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 15

Life Insurance

Employee	\$15,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$15,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	None
Wellness	No

Kaiser

Low Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Low Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 6 Refer to Dental Comparison
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Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: UNIFIED WESTERN GROCERS, INC. #289

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 15

Life Insurance

Employee	\$15,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$15,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	None
Wellness	No

Kaiser

Low Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Low Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 6 Refer to Dental Comparison
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Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: MUTUAL PROPANE #420

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 16

Life Insurance

Employee \$10,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$10,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, No out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 6
Refer to Dental Comparison

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) Not Covered
Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: CUMMINS CAL PAC. - RIALTO #454

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 20

Life Insurance

Employee	Not Covered
Dependent	Not Covered

Accidental Death and Dismemberment

(Principal Sum)	Not Covered
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, No out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: CUMMINS CAL PAC. - MONTEBELLO #450

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 21

Life Insurance

Employee	Not Covered
Dependent	Not Covered

Accidental Death and Dismemberment

(Principal Sum) Not Covered

Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, No out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid/\$2,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: CUMMINS CAL PAC. - MONTEBELLO #451

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 21

Life Insurance

Employee	Not Covered
Dependent	Not Covered

Accidental Death and Dismemberment

(Principal Sum)	Not Covered
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, No out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid/\$2,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: CUMMINS CAL PAC. - MONTEBELLO #453

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 21

Life Insurance

Employee	Not Covered
Dependent	Not Covered

Accidental Death and Dismemberment

(Principal Sum)	Not Covered
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, No out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid/\$2,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: ARKANSAS BEST FREIGHT SYSTEMS #24021

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 24

Life Insurance

Employee	\$15,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$15,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	No
Wellness	No

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

35% of Weekly Basic Wages

Retiree Coverage

Yes

EMPLOYER: DARLING INTERNATIONAL #580

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 25

Life Insurance	
Employee	\$10,000
Dependent	\$1,000
Accidental Death and Dismemberment (Principal Sum)	\$10,000
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	No
Wellness	No
Kaiser	Low Option with \$10/\$30 Rx Copay
Blue Shield of California (BSC)	Low Option with \$10/\$30 Rx Copay
Dental Plan Options	
Indemnity	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Dental Only
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered
Disability Extension	Not Covered
Weekly Disability	Not Covered
Retiree Coverage	No

EMPLOYER: ANHEUSER BUSCH #145

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 26

Life Insurance

Employee \$25,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$25,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 0% Copay; \$500 out-of-pocket max
Non-PPO Plan pays 80% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 100% or 80%; Physical
therapy - 6 visits/CY

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Plan 8
Co-payments/Maximums Refer to Dental Comparison

Orthodontia

Prepaid/\$3,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

\$85 Weekly

Retiree Coverage

Yes

EMPLOYER: PHILADELPHIA GEAR #2280

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 27

Life Insurance

Employee \$25,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$25,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: RIGGING MAINTENANCE CO. #1765

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 28

Life Insurance

Employee \$40,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$40,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid/\$2,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: MILLER BREWING CO. #1445

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 30

Life Insurance

Employee \$25,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$25,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 8
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: YELLOW FREIGHT SYSTEM #24320

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 31

Life Insurance

Employee \$15,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$15,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

35% Weekly Basic Wages

Retiree Coverage

Yes

EMPLOYER: GOODRICH CORPORATION #2252

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 32

Life Insurance

Employee \$10,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$10,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: HALBERT BROTHERS #24110

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 33

Life Insurance

Employee \$15,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$15,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

35% of Weekly Basic Wages

Retiree Coverage

Yes

EMPLOYER: DISTRICT 190 I.A.M. & A.W. #1181

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 34

Life Insurance

Employee \$10,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$10,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid/\$5,000 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: ANHEUSER BUSCH I.B.E.W. #146

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 35

Life Insurance

Employee	\$40,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$40,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	0% Copay; \$500 out-of-pocket max
Non-PPO	Plan pays 80% of UCR, no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 100% or 80%; Physical therapy - 6 visits/CY	Yes

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 7 Refer to Dental Comparison
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Orthodontia

Prepaid/\$2,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

Not Covered

Weekly Disability

35% of Weekly Basic Wages

Retiree Coverage

Yes

EMPLOYER: MILLER BREWING (IBEW) #1446

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 36

Life Insurance

Employee \$25,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$25,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 0% Copay; \$500 out-of-pocket max
Non-PPO Plan pays 80% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 100% or 80%; Physical
therapy - 6 visits/CY

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Plan 8
Co-payments/Maximums Refer to Dental Comparison

Orthodontia

Prepaid/\$2,500 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) Not Covered
Vision Service Plan (VSP) \$5 Copay; 12-12-24 frequency

Disability Extension

12 Months

Weekly Disability

35% of Weekly Basic Wages

Retiree Coverage

Yes

EMPLOYER: INDUSTRIAL MAINTENANCE CO. #880

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 37

Life Insurance

Employee	\$10,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$10,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 6 Refer to Dental Comparison
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Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: STEVEDORING SERVICES #400

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 39

Life Insurance

Employee	\$40,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$40,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	0% Copay; \$500 out-of-pocket max
Non-PPO	Plan pays 80% of UCR, no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 100% or 80%; Physical therapy - 13 visits/CY	Yes

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 8 Refer to Dental Comparison
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Orthodontia

Prepaid/\$5,000 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	Not Covered
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency

Disability Extension

18 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: MATSON TERMINALS #1380

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 39

Life Insurance

Employee \$40,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$40,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 0% Copay; \$500 out-of-pocket max
Non-PPO Plan pays 80% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 100% or 80%; Physical
therapy - 13 visits/CY

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Plan 8
Co-payments/Maximums Refer to Dental Comparison

Orthodontia

Prepaid/\$5,000 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) Not Covered
Vision Service Plan (VSP) \$5 Copay; 12-12-24 frequency

Disability Extension

18 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: GELSON'S MARKETS #175

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 41

Life Insurance

Employee	\$25,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$25,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 6 Refer to Dental Comparison
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Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: RALPHS GROCERY CO #1750

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 41

Life Insurance

Employee \$25,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$25,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 6
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: VONS GROCERY CO. #2100

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 41

Life Insurance

Employee \$25,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$25,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 6
Refer to Dental Comparison

Orthodontia

Prepaid Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: BIMBO BAKERIES USA #1580

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 46

Life Insurance	
Employee	\$10,000
Dependent	\$1,000
Accidental Death and Dismemberment (Principal Sum)	\$10,000
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	No
Wellness	No
Kaiser	Low Option with \$10/\$30 Rx Copay
Blue Shield of California (BSC)	Low Option with \$10/\$30 Rx Copay
Dental Plan Options	
Indemnity	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Only
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered
Disability Extension	12 Months
Weekly Disability	Not Covered
Retiree Coverage	Yes

EMPLOYER: DISTRICT OFFICE EMPLOYEES

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 47

Life Insurance

Employee	\$10,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$10,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	20% Copay; \$3,000 out-of-pocket max
Non-PPO	Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Not Covered

Co-payments/Maximums	Not Covered
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Orthodontia

Not Covered

Prepaid

Not Covered

Vision Plans

Medical Eye Services (MES)	Not Covered
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Vision Service Plan (VSP)	Not Covered
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Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: DISTRICT 947 I.A.M. & A.W. #1060

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 48

Life Insurance

Employee \$30,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$30,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR, no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) Not Covered
Vision Service Plan (VSP) \$5 Copay; 12-12-24 frequency W/lenses options

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: CALIFORNIA PORTLAND CEMENT CO. #372

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 49

Life Insurance	
Employee	\$15,000
Dependent	\$1,000
Accidental Death and Dismemberment (Principal Sum)	\$15,000
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	None
PPO	None
Non-PPO	None
Prescription Drug Card	No
Wellness	No
Kaiser	Low Option with \$10/\$30 Rx Copay
Blue Shield of California (BSC)	Low Option with \$10/\$30 Rx Copay
Dental Plan Options	
Indemnity	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Dental Only
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Covered
Disability Extension	12 Months
Weekly Disability	Not Covered
Retiree Coverage	Yes

EMPLOYER: GREYHOUND LINES (L.A.) #760

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 53

Life Insurance

Employee \$10,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$10,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR; no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 7
Refer to Dental Comparison

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: PACIFIC WAREHOUSE CO. #1250

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 59

Life Insurance	
Employee	\$30,000
Dependent	\$1,000
Accidental Death and Dismemberment (Principal Sum)	\$30,000
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	Yes
PPO - Anthem Blue Cross	0% Copay; \$500 out-of-pocket max
Non-PPO	Plan pays 80% of UCR; no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 13 visits - physical therapy;	Yes
Routine wellness - 100% of 1st \$500	
adults, \$200 children; balance @ 100% /80%	
Kaiser	High Option with \$0 Rx Copay
Blue Shield of California (BSC)	High Option with \$2 Rx Copay
Dental Plan Options	
Indemnity	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Dental/\$5,000 Indemnity
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	Not Covered
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
Disability Extension	12 Months
Weekly Disability	Not Covered
Retiree Coverage	Yes

EMPLOYER: METROPOLITAN STEVEDORE CO. #1420

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 59

Life Insurance	
Employee	\$30,000
Dependent	\$1,000
Accidental Death and Dismemberment (Principal Sum)	\$30,000
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	Yes
PPO - Anthem Blue Cross	0% Copay; \$500 out-of-pocket max
Non-PPO	Plan pays 80% of UCR; no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 13 visits - physical therapy; Routine wellness - 100% of 1st \$500 adults, \$200 children; balance @ 100% /80%	Yes
Kaiser	High Option with \$0 Rx Copay
Blue Shield of California (BSC)	High Option with \$2 Rx Copay
Dental Plan Options	
Indemnity	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Dental/\$5,000 Indemnity
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	Not Covered
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
Disability Extension	12 Months
Weekly Disability	Not Covered
Retiree Coverage	Yes

EMPLOYER: ASHLAND #147

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 64

Life Insurance

Employee Not Covered
Dependent Not Covered

Accidental Death and Dismemberment

(Principal Sum) Not Covered

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR; no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY Yes

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Not Covered

Orthodontia

Not Covered

Prepaid

Not Covered

Vision Plans

Medical Eye Services (MES) Not Covered

Vision Service Plan (VSP) Not Covered

Disability Extension

Not Covered

Weekly Disability

Not Covered

Retiree Coverage

No

EMPLOYER: INTERNATIONAL TRANSPORTATION #900

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 65

Life Insurance

Employee	\$40,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$40,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO - Anthem Blue Cross	0% Copay; \$500 out-of-pocket max
Non-PPO	Plan pays 80% of UCR; no out-of-pocket max
Prescription Drug Card	Yes
Wellness	Yes
Physical therapy	13 visits/calendar year

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 8 Refer to Dental Comparison
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Orthodontia

Prepaid Dental/\$5,000 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	Not Covered
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

COSCO AGENCIES (LOS ANGELES) #2

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 66

Life Insurance

Employee No
Dependent No

Accidental Death and Dismemberment

(Principal Sum) No

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO - Anthem Blue Cross 0% Copay; \$100 out-of-pocket max
Non-PPO Plan pays 80% of UCR; \$500 out-of-pocket max
Prescription Drug Card Yes
Wellness Yes
Physical therapy 6 visits/calendar year

Kaiser No

Blue Shield of California (BSC) No

Dental Plan Options

Indemnity No
Co-payments/Maximums No

Orthodontia No

Prepaid No

Vision Plans

Medical Eye Services (MES) No
Vision Service Plan (VSP) No

Disability Extension No

Weekly Disability No

Retiree Coverage No

EMPLOYER: MARINE TERMINAL CORP. #1780

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 67

Life Insurance

Employee	\$40,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$40,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	0% Copay; \$500 out-of-pocket max
Non-PPO	Plan pays 80% of UCR, no out-of-pocket max
Prescription Drug Card	Yes
Wellness - 100% of 1st \$500/adult and \$200/child; balance 100% or 80%; Physical therapy - 13 visits/CY	Yes

Kaiser

High Option with \$0 Rx Copay

Blue Shield of California (BSC)

High Option with \$2 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums	Plan 8 Refer to Dental Comparison
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Orthodontia

Prepaid/\$5,000 Indemnity

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	Not Covered
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency W/lenses options

Disability Extension

18 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes

EMPLOYER: INLAND KENWORTH, INC. #960

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 68

Life Insurance	
Employee	Not Covered
Dependent	Not Covered
Accidental Death and Dismemberment (Principal Sum)	Not Covered
Medical Plan Options -	
Indemnity -	
Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	None
Wellness	No
Kaiser	Low Option with \$10/\$30 Rx Copay
Blue Shield of California (BSA)	None
Dental Plan Options	
Indemnity	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
Orthodontia	Prepaid Dental Only
Prepaid	CIGNA
Vision Plans	
Medical Eye Services (MES)	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	No
Disability Extension	Not Covered
Weekly Disability	\$85/Weekly
Retiree Coverage	No

EMPLOYER: SWISSPORT MECHANICS #1600

EFFECTIVE: JANUARY 1, 2017

SCHEDULE OF BENEFITS

PLAN 70

Life Insurance

Employee	\$10,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$10,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	None
Wellness	No

Kaiser

Low Option with \$10/\$30 Rx Copay

Blue Shield of California (BSA)

None

Dental Plan Options

Indemnity

Co-payments/Maximums	No
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Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	No

Disability Extension

Not Covered

Weekly Disability

Not covered

Retiree Coverage

No

EMPLOYER: CON GLOBAL INDUSTRIES #1650

EFFECTIVE: MAY 1, 2017

SCHEDULE OF BENEFITS

PLAN 71

Life Insurance

Employee	\$40,000
Dependent	\$1,000

Accidental Death and Dismemberment

(Principal Sum)	\$40,000
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Medical Plan Options -

Indemnity -

Co-payments/Maximums

PPO

Non-PPO

Prescription Drug Card

Wellness

Not available

Kaiser

Low Option \$25 office; \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Not available

Dental Plan Options

Indemnity

Co-payments/Maximums

Not available

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES)

\$0 Copay materials; 12-12-24 frequency

Vision Service Plan (VSP)

Not available

Disability Extension

12 months

Weekly Disability

Not available

Retiree Coverage

No

EMPLOYER: INLAND KENWORTH, INC. #960

EFFECTIVE: JANUARY 1, 2016

SCHEDULE OF BENEFITS

PLAN 3

(moved to Plan 68 effective March 1, 2015)

Life Insurance

Employee	Not Covered
Dependent	Not Covered

Accidental Death and Dismemberment

(Principal Sum)	Not Covered
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Medical Plan Options -

Indemnity -

Co-payments/Maximums	Yes
PPO	None
Non-PPO	None
Prescription Drug Card	None
Wellness	No

Kaiser	Low Option with \$10/\$30 Rx Copay
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Blue Shield of California (BSA)	Low Option with \$10/\$30 Rx Copay
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Dental Plan Options

Indemnity	Plan 6
Co-payments/Maximums	Refer to Dental Comparison

Orthodontia	Prepaid Dental Only
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Prepaid	CIGNA
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Vision Plans

Medical Eye Services (MES)	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	No

Disability Extension	Not Covered
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Weekly Disability	\$85/Weekly
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Retiree Coverage	No
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EMPLOYER: UNIFIED WESTERN GROCERS, INC. #289

EFFECTIVE: JANUARY 1, 2016

SCHEDULE OF BENEFITS

PLAN 50

(moved to Plan 15 effective January 1, 2015)

Life Insurance

Employee \$15,000
Dependent \$1,000

Accidental Death and Dismemberment

(Principal Sum) \$15,000

Medical Plan Options -

Indemnity -

Co-payments/Maximums Yes
PPO 20% Copay; \$3,000 out-of-pocket max
Non-PPO Plan pays 70% of UCR; no out-of-pocket max
Prescription Drug Card Yes
Wellness - 100% of 1st \$500/adult and Yes
\$200/child; balance 80% or 70%; Physical
therapy - 6 visits/CY

Kaiser

Medium Option with \$10/\$30 Rx Copay

Blue Shield of California (BSC)

Medium Option with \$10/\$30 Rx Copay

Dental Plan Options

Indemnity

Co-payments/Maximums Plan 6
Refer to Dental Comparison

Orthodontia

Prepaid Dental Only

Prepaid

CIGNA

Vision Plans

Medical Eye Services (MES) \$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP) Not Covered

Disability Extension

12 Months

Weekly Disability

Not Covered

Retiree Coverage

Yes