

**EMPLOYER: ANHEUSER BUSCH I.B.E.W. (NEW HIRES) #143**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 4**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits.
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7 - Medium Option (\$1,500 max)
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: HALBERT BROTHERS-CONTRACTORS #790

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 5

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits.
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EMPLOYER: GALLO WINE CO. #680

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 8

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not Covered
<b>Retiree Coverage</b>	No

EMPLOYER: VULCAN MATERIALS COPANY (IBEW) #371

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 11

<b>Life Insurance</b>	
Employee	No benefit
Dependent	No benefit
<b>Accidental Death and Dismemberment</b> (Principal Sum)	No benefit
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most services; \$500 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: PACIFIC MOTOR TRUCKING CO. #24160

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 12

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental/\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	35% of Weekly Basic Wages
<b>Retiree Coverage</b>	Yes

**EMPLOYER: VULCAN MATERIALS COMPANY #370**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 15**

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Low Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: UNIFIED WESTERN GROCERS, INC. #289

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 15

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Low Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**EMPLOYER: MUTUAL PROPANE #420**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 16**

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits.
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No



EMPLOYER: CUMMINS CAL PAC. - RIALTO #454

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 20

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

**EMPLOYER: CUMMINS CAL PAC. - MONTEBELLO #450**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 21**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: CUMMINS CAL PAC. - MONTEBELLO #451

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 21

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: CUMMINS CAL PAC. - MONTEBELLO #453

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 21

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not Covered
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: ARKANSAS BEST FREIGHT SYSTEMS #24021

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 24

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	35% of Weekly Basic Wages
<b>Retiree Coverage</b>	Yes

EMPLOYER: DARLING INTERNATIONAL #580

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 25

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Low Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: (NO CURRENT EMPLOYER)

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 26

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most services; \$500 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$3,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	\$85 Weekly
<b>Retiree Coverage</b>	Yes

EMPLOYER: PHILADELPHIA GEAR #2280

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 27

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes



**EMPLOYER: RIGGING MAINTENANCE CO. #1765**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 28**

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: MILLER BREWING CO. #1445

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 30

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**EMPLOYER: ANHEUSER BUSCH INC ( WITH PREPAID ORTHODONTIA ONLY) #145**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 30**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**EMPLOYER: YELLOW FREIGHT SYSTEM #24320**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 31**

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$15,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	35% Weekly Basic Wages
<b>Retiree Coverage</b>	Yes

EMPLOYER: GOODRICH CORPORATION #2252

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 32

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**EMPLOYER: HALBERT BROTHERS #24110**

**EFFECTIVE: JANUARY 1, 2023**

**SCHEDULE OF BENEFITS**

**PLAN 33**

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,700 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	35% of Weekly Basic Wages
<b>Retiree Coverage</b>	Yes

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

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 34

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not Available
<b>Disability Extension</b>	Not Covered
<b>Weekly Disability</b>	Not Covered
<b>Retiree Coverage</b>	Yes

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

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 35

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most services; \$500 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	35% of Weekly Basic Wages
<b>Retiree Coverage</b>	Yes



**NO CURRENT EMPLOYER**

**EFFECTIVE: JANUARY 1, 2022**

**SCHEDULE OF BENEFITS**

**PLAN 36**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most; \$500 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
Medical Eye Services (MES)	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	35% of Weekly Basic Wages
<b>Retiree Coverage</b>	Yes

EMPLOYER: INDUSTRIAL MAINTENANCE CO. #880

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 37

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

**EMPLOYER: STEVEDORING SERVICES #400**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 39**

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro + 13 PT visits.
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
<b>Disability Extension</b>	18 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**EMPLOYER: MATSON TERMINALS #1380**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 39**

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro + 13 PT visits.
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid/\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
<b>Disability Extension</b>	18 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: GELSON'S MARKETS #175

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 41

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: RALPHS GROCERY CO #1750

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 41

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: VONS GROCERY CO. #2100

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 41

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: BIMBO BAKERIES USA #1580

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 46

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	No
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Low Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes



**EMPLOYER: DISTRICT OFFICE EMPLOYEES #1061**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 47**

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	Not available
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

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

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 48

<b>Life Insurance</b>	
Employee	\$30,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$30,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency with lenses option
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: CALIFORNIA PORTLAND CEMENT CO. #372

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 49

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Low Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

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

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 98

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	No
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	No
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: METROPOLITAN STEVEDORE CO. #1420

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 59

<b>Life Insurance</b>	
Employee	\$30,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$30,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO - Anthem Blue Cross	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro + 13 PT visits
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, With Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental/\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: PACIFIC WAREHOUSE CO. #1250

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 59

<b>Life Insurance</b>	
Employee	\$30,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$30,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO - Anthem Blue Cross	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro + 13 PT visits.
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental/\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: ASHLAND #147

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 64

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits.
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	Not available
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

**EMPLOYER: INTERNATIONAL TRANSPORTATION #900**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 65**

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO - Anthem Blue Cross	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro +13 PT visits
Non-PPO	Plan pays 80% of UCR; no out-of-pocket max
Prescription Drug Card	Yes
Wellness	Yes
Physical therapy	13 visits/calendar year
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes



**COSCO AGENCIES (LOS ANGELES) #2**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 66**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO - Anthem Blue Cross	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro + 6 PT visits.
Non-PPO	Plan pays 80% of UCR; \$500 out-of-pocket max
Prescription Drug Card	Yes
Wellness	Yes
Physical therapy	6 visits/calendar year
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	Not available
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available
4836-7187-6522.v1	

EMPLOYER: MARINE TERMINAL CORP. #1780

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 67

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for most srv; \$500 out-of-pocket max, 17 Chiro + 13 PT visits.
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	\$5,000 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency with lenses option
<b>Disability Extension</b>	18 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**NO CURRENT EMPLOYER**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 68**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	\$85/Weekly
<b>Retiree Coverage</b>	No

EMPLOYER: SWISSPORT MECHANICS #1600

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 70

<b>Life Insurance</b>	
Employee	\$10,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$10,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: CON GLOBAL INDUSTRIES #1650

EFFECTIVE: JANUARY 1 2024

SCHEDULE OF BENEFITS

PLAN 71

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option \$25 office; \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare(UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: OCEANWIDE REPAIRS #2019

EFFECTIVE: JANUARY 1 2024

SCHEDULE OF BENEFITS

PLAN 71

<b>Life Insurance</b>	
Employee	\$40,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$40,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option \$25 office; \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare(UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: ADAMS CAMPBELL CO. LTD. #2017

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 72

<b>Life Insurance</b>	
Employee	\$15,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$15,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Low Option \$25 office; \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

EMPLOYER: DISTRICT 947 APPRENTICE ORGANIZERS #1062

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 73

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Kaiser only Silver Plan Deductible \$1,500, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	MES \$0 copay 12-12-24
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No



EMPLOYER: DISTRICT LODGE 725 #725

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 74

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness	
<b>Kaiser</b>	Kaiser High Option with Chiropractor coverage
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC High Option with Chiropractor coverage
<b>Dental Plan Options</b>	
<b>Indemnity</b>	High Option - Plan 8
Calendar Year Maximum	\$2,500
<b>Orthodontia</b>	\$2,500 lifetime
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	MES \$0 copay 12-12-24
Vision Service Plan (VSP)	VSP \$5 12-12-24
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	No

**EMPLOYER: ANHEUSER BUSCH INC (WITH ORTHODONTIA) #145**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 75**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	\$3,500 Indemnity/
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: CEMEXCA #1940

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 77

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	20% Copay; \$7,100/\$13,000 out-of-pocket max, 17 Chiro + 6 PT visits
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
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Medium Option with \$10/\$30 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 7
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

EMPLOYER: MILLER BREWING I.B.E.W. #1446

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 78

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Yes
Co-payments/Maximums	
PPO	No Copay for Most srv; \$500 out-of-pocket max, 17 Chiro +13 PT visits
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
<b>Kaiser</b>	High Option with \$0 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	High Option with \$2 Rx Copay, with Chiro
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 8
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	\$2,500 Indemnity
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	\$5 Copay; 12-12-24 frequency with lenses option
<b>Disability Extension</b>	12 Months
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

FIRST STUDENT (MEDIUM KP) #2020

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 79

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	No
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Medium Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (HIGH UHC)(WITH DENTAL AND VISION) #20201

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 81

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EAGLE AVIATION SERVICES & TECHNOLOGY Inc (HIGH UHC)(WITH DENTAL AND VISION). #20213

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 81

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**CRITERION (DHMO ONLY). #20202**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 82**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available



EAGLE AVIATION SERVICES & TECHNOLOGY Inc.. (DHMO ONLY). #20214

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 82

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (HIGH) (NO DENTAL, VISION ONLY). #20203

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 83

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	\$0 copay - Exams/Materials (12-12-24)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EAGLE AVIATION SERVICES & TECHNOLOGY Inc.(HIGH). (NO DENTAL, VISION ONLY) #20215

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 83

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	\$0 copay - Exams/Materials (12-12-24)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITEERION CORP (HIGH) (NO DENTAL OR VISION) . #20204

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 84

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EAGLE AVIATION SERVICES & TECHNOLOGY Inc. (HIGH, NO DENTAL OR VISION) . #20216

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 84

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only High Option, \$2 RX, OV \$3/\$20
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (MEDIUM)(WITH DENTAL AND VISION) #20205

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 85

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 85

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (MEDIUM)( DENTAL ONLY, NO VISION) #20206

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 86

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available



EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 86

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (MEDIUM)( VISION ONLY, NO DENTAL) #20207

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 87

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 87

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (MEDIUM)( NO VISION OR DENTAL) #20208

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 88

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EAGLE AVIATION SERVICES & TECHNOLOGY Inc. (MEDIUM)(NO DENTAL OR VISION ) #20220**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 88**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP (LOW)( WITH VISION AND DENTAL) #20209

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 89

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EAGLE AVIATION SERVICES & TECHNOLOGY Inc. (LOW WITH DENTAL AND VISION ) #20221**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 89**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP( LOW WITH DENTAL ONLY, NO VISION) #20210

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 90

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available



EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 90

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP( LOW WITH VISION ONLY, NO DENTAL) #20211

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 91

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 91

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	\$0 Copay materials; 12-12-24 frequency
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

CRITERION CORP( LOW - NO DENTAL OR VISION ONLY) #20212

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 92

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Not available
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

EFFECTIVE: JANUARY 1, 2024

SCHEDULE OF BENEFITS

PLAN 92

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not Available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Only Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: LSO TRANSPORTATION LOGISTICS SUPPORT OPERATIONS, TRANSPORTATION GROUP #2025  
MEDIUM MEDICAL (DENTAL AND VISION OPTIONAL - SEE PLAN 93C)  
EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 93A**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC Full (no Harmony) Medium Option, \$10/\$30 RX, OV \$15
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 93C)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 93C)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 93C)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: LSO TRANSPORTATION LOGISTICS SUPPORT OPERATIONS, TRANSPORTATION GROUP #2025  
 LOW MEDICAL (DENTAL AND VISION OPTIONAL - SEE PLAN 93C)  
 EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 93B**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC Full (no Harmony) Low Option, \$10/\$30 RX, OV \$25
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 93C)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 93C)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 93C)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: LSO TRANSPORTATION LOGISTICS SUPPORT OPERATIONS, TRANSPORTATION GROUP #2025  
 OPTIONAL DENTAL AND VISION BENEFITS FOR PLANS 93A AND 93B  
 EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 93C**

<p><b>Life Insurance</b>                  Employee                  Dependent</p>	<p align="center"><b>Optional Dental and Vision Benefits for Plan 93A and 93B</b></p> <p>N/A</p>
<p><b>Accidental Death and Dismemberment</b>                  (Principal Sum)</p>	<p>N/A</p>
<p><b>Medical Plan Options -</b></p> <p><b>Indemnity -</b>                  Co-payments/Maximums                  PPO                  Non-PPO                  Prescription Drug Card                  Wellness - 100% of 1st \$500/adult and \$200/child;                  balance 80% or 70%; Physical therapy - 6 visits/CY</p> <p><b>Kaiser</b></p> <p><b>UnitedHealthCare (UHC) - Full or Harmony</b></p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>
<p><b>Dental Plan Options</b></p>	
<p><b>Indemnity</b>                  Co-payments/Maximums</p>	<p align="center"><b>CIGNA DPPO Optional self-pay Dental Plan 6</b></p>
<p><b>Orthodontia</b></p>	
<p><b>Prepaid</b></p>	<p align="center"><b>CIGNA DHMO - Optional self-pay</b></p>
<p><b>Vision Plans</b></p> <p>EyeMed                  Vision Service Plan (VSP)</p>	<p align="center"><b>EYEMED - Optional self-pay</b></p> <p>Not available</p>
<p><b>Disability Extension</b></p>	<p>N/A</p>
<p><b>Weekly Disability</b></p>	<p>N/A</p>
<p><b>Retiree Coverage</b></p>	<p>N/A</p>



**EMPLOYER: TALON TECHNICAL SERVICES, OPERATIONS GROUP HEAVY (HOPS) #2026  
MEDIUM FULL (DENTAL AND VISION OPTIONAL - SEE PLAN 94E)  
EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 94A**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC Full medium Option, (no Harmony)
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 94E)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 94E)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 94E)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: TALON TECHNICAL SERVICES, OPERATIONS GROUP HEAVY (HOPS) #2026  
 LOW FULL (DENTAL AND VISION OPTIONAL - SEE PLAN 94E)  
 EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 94B**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC Full Low Option (no Harmony)
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 94E)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 94E)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 94E)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: TALON TECHNICAL SERVICES, OPERATIONS GROUP HEAVY (HOPS) #2026  
SILVER FULL (DENTAL AND VISION OPTIONAL - SEE PLAN 94E)  
EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 94C**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC Full Silver Option (no Harmony)
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 94E)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 94E)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 94E)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: TALON TECHNICAL SERVICES, OPERATIONS GROUP HEAVY (HOPS) #2026  
 BRONZE FULL (DENTAL AND VISION OPTIONAL - SEE PLAN 94E)  
 EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 94D**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	UHC Full Bronze Option (no Harmony)
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 94E)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 94E)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 94E)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available

**EMPLOYER: TALON TECHNICAL SERVICES, OPERATIONS GROUP HEAVY (HOPS) #2026  
 OPTIONAL VISION AND DENTAL BENEFITS FOR PLANS 94A, 94B, 94C AND 94D  
 EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 94E**

<p><b>Life Insurance</b>          Employee          Dependent</p>	<p align="center"><b>Optional Dental and Vision Benefits for Plan 94A THRU 94D</b></p>
<p><b>Accidental Death and Dismemberment</b>          (Principal Sum)</p>	<p align="center">N/A</p>
<p><b>Medical Plan Options -</b></p> <p><b>Indemnity -</b>          Co-payments/Maximums          PPO          Non-PPO          Prescription Drug Card          Wellness - 100% of 1st \$500/adult and \$200/child;          balance 80% or 70%; Physical therapy - 6 visits/CY</p> <p><b>Kaiser</b></p> <p><b>UnitedHealthCare (UHC) - Full or Harmony</b></p>	<p align="center">N/A</p> <p align="center">N/A</p> <p align="center">N/A</p>
<p><b>Dental Plan Options</b></p> <p><b>Indemnity</b>          Co-payments/Maximums</p> <p><b>Orthodontia</b></p> <p><b>Prepaid</b></p>	<p align="center"><b>CIGNA DPPO Optional self-pay Dental Plan 6</b></p> <p align="center"><b>CIGNA DHMO - Optional self-pay</b></p>
<p><b>Vision Plans</b></p> <p>EyeMed          Vision Service Plan (VSP)</p>	<p align="center"><b>EYEMED - Optional self-pay</b></p> <p align="center">Not available</p>
<p><b>Disability Extension</b></p>	<p align="center">N/A</p>
<p><b>Weekly Disability</b></p>	<p align="center">N/A</p>
<p><b>Retiree Coverage</b></p>	<p align="center">N/A</p>

**CITY BREWERY MACHINISTS - (EMPLOYER 2445)**  
**MEDIUM KAISER ( OPTIONAL DENTAL & VISION - SEE PLAN 95D1 AND 95D2)**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 95A**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Medium
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 95D1)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 95D1)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 95D2)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**CITY BREWERY MACHINISTS - (EMPLOYER 2445)**  
**MEDIUM UHC HARMONY ( OPTIONAL DENTAL & VISION - SEE PLAN 95D1 AND 95D2)**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 95B**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not Available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Medium
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 95D1)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 95D1)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 95D2)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**CITY BREWERY MACHINISTS - (EMPLOYER 2445)**  
**LOW UHC HARMONY and DENTAL ( OPTIONAL VISION - SEE PLAN 95D2)**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 95C**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not Available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Low
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 95D2)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes



**CITY BREWERY MACHINISTS - (EMPLOYER 2445)**  
**OPTIONAL DENTAL BENEFITS FOR MEDICAL PLANS 95A, 95B, AND 95C**  
**EFFECTIVE: JANUARY 1, 2023**

**SCHEDULE OF BENEFITS**

**PLAN 95D1**

<p><b>Life Insurance</b> Employee Dependent</p> <p><b>Accidental Death and Dismemberment</b> (Principal Sum)</p> <p><b>Medical Plan Options -</b></p> <p><b>Indemnity -</b> Co-payments/Maximums PPO Non-PPO Prescription Drug Card Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY</p> <p><b>Kaiser</b></p> <p><b>UnitedHealthCare (UHC) - Full or Harmony</b></p> <p><b>Dental Plan Options</b></p> <p><b>Indemnity</b> Co-payments/Maximums</p> <p><b>Orthodontia</b></p> <p><b>Prepaid</b></p> <p><b>Vision Plans</b></p> <p>EyeMed Vision Service Plan (VSP)</p> <p><b>Disability Extension</b></p> <p><b>Weekly Disability</b></p> <p><b>Retiree Coverage</b></p>	<p><b>Optional Dental Benefits for Plans 95A and 95B</b></p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p><b>CIGNA DPPO Optional self-pay Dental Plan 6</b></p> <p><b>CIGNA DHMO - Optional self-pay</b></p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
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**CITY BREWERY MACHINISTS - (EMPLOYER 2445)**  
**OPTIONAL VISION BENEFIT FOR MEDICAL PLANS 95A, 95B, AND 95C**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 95D2**

<b>Life Insurance</b>	
Employee	
Dependent	N/A
<b>Accidental Death and Dismemberment</b> (Principal Sum)	N/A
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	N/A
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	N/A
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	N/A
<b>Dental Plan Options</b>	
<b>Indemnity</b>	N/A
Co-payments/Maximums	
<b>Orthodontia</b>	N/A
<b>Prepaid</b>	N/A
<b>Vision Plans</b>	
EyeMed	<b>EYEMED-- Optional self-pay</b>
Vision Service Plan (VSP)	
<b>Disability Extension</b>	N/A
<b>Weekly Disability</b>	N/A
<b>Retiree Coverage</b>	N/A

**CITY BREWERY IBEW - (EMPLOYER 2446)**  
**MEDIUM KAISER ( OPTIONAL DENTAL & VISION - SEE PLAN 96D1 AND 96D2)**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 96A**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b>	\$25,000
(Principal Sum)	
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Medium
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 96D1)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 96D1)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 96D2)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**CITY BREWERY IBEW - (EMPLOYER 2446)**  
**MEDIUM UHC HARMONY ( OPTIONAL DENTAL & VISION - SEE PLAN 96D1 AND 96D2)**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 96B**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not Available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Medium
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Optional self-pay (see plan 96D1)
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Optional self-pay (see plan 96D1)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 96D2)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**CITY BREWERY IBEW - (EMPLOYER 2446)**  
**LOW UHC HARMONY and DENTAL ( OPTIONAL VISION - SEE PLAN 96D2)**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 96C**

<b>Life Insurance</b>	
Employee	\$25,000
Dependent	\$1,000
<b>Accidental Death and Dismemberment</b> (Principal Sum)	\$25,000
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	Not available
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Not Available
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Harmony Low
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Plan 6
Co-payments/Maximums	Refer to Dental Comparison
<b>Orthodontia</b>	Prepaid Dental Only
<b>Prepaid</b>	Cigna DHMO (refer to schedule for copayments)
<b>Vision Plans</b>	
EyeMed	Optional self-pay (see plan 96D2)
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Yes

**CITY BREWERY IBEW - (EMPLOYER 2446)**  
**OPTIONAL DENTAL BENEFITS FOR MEDICAL PLANS 96A, 96B, AND 96C**  
**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 96D1**

<p><b>Life Insurance</b> Employee Dependent</p> <p><b>Accidental Death and Dismemberment</b> (Principal Sum)</p> <p><b>Medical Plan Options -</b></p> <p><b>Indemnity -</b> Co-payments/Maximums PPO Non-PPO Prescription Drug Card Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY</p> <p><b>Kaiser</b></p> <p><b>UnitedHealthCare (UHC) - Full or Harmony</b></p> <p><b>Dental Plan Options</b></p> <p><b>Indemnity</b> Co-payments/Maximums</p> <p><b>Orthodontia</b></p> <p><b>Prepaid</b></p> <p><b>Vision Plans</b></p> <p>EyeMed Vision Service Plan (VSP)</p> <p><b>Disability Extension</b></p> <p><b>Weekly Disability</b></p> <p><b>Retiree Coverage</b></p>	<p><b>Optional Dental Benefits for Plans 96A and 96B</b></p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p><b>CIGNA DPPO Optional self-pay Dental Plan 6</b></p> <p><b>CIGNA DHMO - Optional self-pay</b></p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
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**CITY BREWERY IBEW - (EMPLOYER 2446)  
 OPTIONAL VISION BENEFIT FOR MEDICAL PLANS 96A, 96B, AND 96C  
 EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 96D2**

<b>Life Insurance</b> Employee Dependent	<p align="center"><b>Optional Vision Benefits for Plans 96A, 96B and 96C</b></p> N/A
<b>Accidental Death and Dismemberment</b> (Principal Sum)	N/A
<b>Medical Plan Options -</b>  <b>Indemnity -</b> Co-payments/Maximums PPO Non-PPO Prescription Drug Card Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY  <b>Kaiser</b>  <b>UnitedHealthCare (UHC) - Full or Harmony</b>	N/A          N/A  N/A
<b>Dental Plan Options</b>  <b>Indemnity</b> Co-payments/Maximums  <b>Orthodontia</b>  <b>Prepaid</b>	N/A      N/A  N/A
<b>Vision Plans</b>  EyeMed Vision Service Plan (VSP)	<p align="center"><b>EYEMED - Optional self-pay</b></p>
<b>Disability Extension</b>	N/A
<b>Weekly Disability</b>	N/A
<b>Retiree Coverage</b>	N/A

**SAFRAN (LOW KP) #2023**

**EFFECTIVE: JANUARY 1, 2024**

**SCHEDULE OF BENEFITS**

**PLAN 97**

<b>Life Insurance</b>	
Employee	Not available
Dependent	Not available
<b>Accidental Death and Dismemberment</b> (Principal Sum)	Not available
<b>Medical Plan Options -</b>	
<b>Indemnity -</b>	No
Co-payments/Maximums	
PPO	
Non-PPO	
Prescription Drug Card	
Wellness - 100% of 1st \$500/adult and \$200/child; balance 80% or 70%; Physical therapy - 6 visits/CY	
<b>Kaiser</b>	Low Option with \$10/\$30 Rx Copay, no Chiro
<b>UnitedHealthCare (UHC) - Full or Harmony</b>	Not available
<b>Dental Plan Options</b>	
<b>Indemnity</b>	Not available
Co-payments/Maximums	
<b>Orthodontia</b>	Prepaid only
<b>Prepaid</b>	Not available
<b>Vision Plans</b>	
EyeMed	Not available
Vision Service Plan (VSP)	Not available
<b>Disability Extension</b>	Not available
<b>Weekly Disability</b>	Not available
<b>Retiree Coverage</b>	Not available