

SECTION 1 SCHEDULE OF ANCILLARY BENEFITS – JANUARY 1, 2026

1.1. VISION CARE BENEFITS

Services and Supplies	Maximum Plan Payment
Examination One per Eligible Person per Calendar year	100%
Lenses One set per Eligible Person per Calendar Year Single, each lens Bifocal, each lens Trifocal, each lens Lenticular, each lens Contacts, per set (or disposable contacts), in lieu of all other lens and frame benefits for the Calendar Year One set per Eligible Person under age 19 per Calendar Year	 \$37 \$64 \$78 \$140 \$87 100%
Frames One set per Eligible Person per Calendar Year Maximum payment per set	 \$70

The amounts in the Maximum Plan Payment column show what the Plan will pay toward the listed services and supplies. The Eligible Person is responsible for all additional amounts and other charges.

1.2. DENTAL CARE BENEFITS

Deductible amount per Eligible Person per Calendar Year for restorative and prosthetic services, including oral surgery	\$25
Plan's Coinsurance Diagnostic and Preventive Services Restorative Services Prosthetic Services	Plan pays 100% Plan pays 80% Plan pays 80%
Calendar Year maximum aggregate amount payable per Eligible Person for diagnostic and preventive, restorative, and prosthetic services	\$2,000

The maximum annual dollar limit of \$2,000 described above in this Section does not apply to the following Dental Care Benefits for Eligible Employees under age nineteen (19): routine dental examinations; sealants; dental prophylaxis; topical fluoride treatments; and x-rays.

1.3. ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

"Accidental Death and Dismemberment Benefits" are available for Part-time Eligible Employees only and are insured through Symetra Life Insurance Company.

Principal sum	\$1,000
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1.4. LIFE INSURANCE BENEFITS

“Life Insurance Benefits” are insured through Symetra Life Insurance Company.

Part-time Eligible Employee	\$10,000
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1.5. EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (“EAP”) and Work/Life Program provided by TEAM provide confidential assessment, short term counseling, and referral services for all Eligible Persons to help resolve personal problems that may affect life at work and at home. Skilled counselors are available to talk with an Eligible Person about personal issues in confidence.

The EAP can help with a variety of situations, such as:

- A. Stress;
- B. Relationship or family problems;
- C. Grief;
- D. Workplace concerns; or
- E. Alcohol or substance abuse.

Sessions are focused on problem resolution and/or appropriate referral to community resources, support groups, or professional counselling services. In addition, TEAM also provides specialty work-life services, such as child care and elder care referrals and legal and financial resources.

TEAM can be contacted via phone at 651-642-0182 or 800-634-7710 or online at www.startwithteam.com

1.6. TELADOC – TELEHEALTH BENEFIT

Teladoc telehealth visit www.teladochealth.com	Plan pays 100%
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The Plan covers telehealth services provided through Teladoc.

Teladoc is intended to complement existing care, not replace it. For emergency and chronic conditions, you should still visit your primary care provider or hospital. For more information about Teladoc, visit www.teladochealth.com

QUESTIONS

For questions regarding any of these benefits, please call the Minneapolis Retail Meat Cutters and Food Handlers Health and Welfare Fund Office at: 952-851-5797. Or you can find additional benefit information on the Fund website: www.663benefits.com

Minneapolis Retail Meat Cutters & Food Handlers Health and Welfare Fund



Preparing today for a *secure* future.

3001 Metro Drive - Suite 500
Bloomington, MN 55425

Online: www.663benefits.com
Phone: (952) 851-5797
Toll Free: (844) 468-5917

Eligible Ancillary Benefit Participants have coverage for care services through Teladoc. You must first register for an account at www.teladoc.com

The form is titled "Let's get started" and includes a language dropdown menu with "English" and "Spanish" options. It contains several required fields marked with an asterisk: "Legal first name*", "Legal last name*", "Country*" (with a dropdown showing "United States Of America"), "ZIP code*" (with a placeholder "*****-****"), "Date Of Birth*" (with a placeholder "MM/DD/YYYY"), and "Email*". There is also an optional checkbox for "I received a Teladoc Health code." and a "Next" button at the bottom.

Care starts at \$89 per visit and is 100% reimbursable. You will need to select 'No Insurance Coverage - You can also pay per visit' and pay for your visit.

Add your coverage

* Required

Insurance company*

Member ID*

No insurance coverage? [You can also pay per visit](#).

Next

You have options

We couldn't confirm your coverage. **You'll only pay for care when you use it.**

If you're looking for 24/7 Care, Mental Health or other telehealth care options, you can pay per visit.

Mental Health

\$119+ per visit

Dermatology

\$89 per review

24/7 Care

\$89 per visit

Nutrition

\$89 per visit

Continue with telehealth

You will then need to submit your receipt showing the date and amount paid to Teladoc to the Fund Office to receive 100% reimbursement. Include your name and address and send:

- By mail to: MPMC Health Fund Claims, 3001 Metro Drive, Suite 500, Bloomington MN 55425
- Or email to mrhc@wilson-mcshane.com

You should receive your reimbursement check by mail in about 7-10 days.

For questions, please contact the Fund Office at (952) 851-5797.