

SAVRX NETWORK PHARMACIES

ALBERTSONS PHARMACY BROOKSHIRE
 AWG BI-LO PHARMACY
 BRUNO'S BI-MART PHARMACY
 CITY MARKET CONSUMERS PHARMACIES
 CONVENIENT CARE DAHL'S FOODS
 CVS DISCOUNT DRUG MART
 D&W FOODS DRUG EMPORIUM
 DIERBERGS ECKERD PHARMACIES
 DILLON'S FAGEN PHARMACIES
 DOMINICKS FAMILY MEDS PHARM.
 EAGLE FOOD CENTER FRED MEYER
 FRED'S PHARMACIES GIANY PHARMACY
 HY-VEE PHARMACIES HI-SCHOOL PHARMACY
 KERR PHARMACIES K-MART PHARMACIES
 KROGER PHARMACIES MAXOR PHARMACIES
 LONGS DRUG STORES MEDICINE SHOPPE PHA.
 MARC'S PHARMACIES NASH FINCH PHARM.
 MEIJER PHARMACIES PAMIDA PHARMACIES
 OSCO/SAV-ON PATHMARK PHARMACIES
 PAYLESS PHARMACIES PRICECUTTER PHARM.
 PHARMHOUSE RANDALL'S FOODS
 PUBLIX SUPER MARKET SAV-RX
 RALEY'S SCHNUCKS PHARM.
 RITE-AID PHARMACIES SMITH'S FOOD & DRUG
 SAFEWAY PHARMACIES SNYDER DRUGS
 SAVE-MART STOP & SHOP
 SHOPKO PHARMACIES TARGET
 SMITTY'S PHARMACIES TOPS MARKETS
 STEELE'S PHARMACIES THRIFTY PHARMACIES
 SUPER D PHARMACIES UNITED SUPER MARKET
 THRIFT DRUG STORES WINN-DIXIE PHARM.
 THRIFTY WHITE DRUGS WALGREENS
 BROOKSHIRE
 BI-LO PHARMACY

CALL 866-912-7425 TO ASK IF YOUR
LOCAL PHARMACY IS A MEMBER

BAC IHF US PLAN ELIGIBILITY RULES

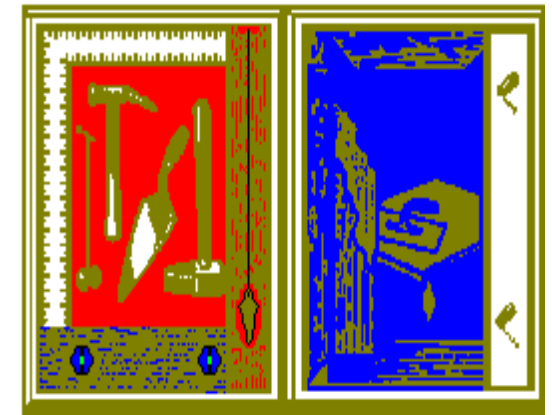
EXAMPLE: Joe works 95 hours in January, 125 hours in February and 130 hours in March. Since he has more than 300 hours in the 1st calendar quarter, benefits will be effective May, June, and July.

| <u>WORK MONTHS</u> 300+ HRS | <u>ELIGIBILITY</u> MONTHS |
|--------------------------------|------------------------------|
| JAN/FEB/MARCH | *MAY/JUNE/JULY |
| APRIL/MAY/JUNE | AUG/SEPT/OCT |
| JULY/AUG/SEPTEMBER | NOV/DEC/JANUARY |
| OCT/NOV/DECEMBER | *FEB/MAR/APRIL |

* WINTER MONTHS ELIGIBILITY RULES

| <u>WORK MONTHS</u> 600+ HOURS | <u>ELIGIBILITY</u> MONTHS |
|----------------------------------|------------------------------|
| JULY/AUG/SEPT/OCT/NOV/DEC | FEB/MARCH/APRIL |
| OCT/NOV/DEC/JAN/FEB/MARCH | MAY/JUNE/JULY |

BAC International Health Fund Information Guide



YOU HAVE THE
 FOLLOWING BENEFITS:
 MEDICAL: _____
 PRESCRIPTION: _____
 VISION: _____
 DENTAL: _____

**SAVRX
PRESCRIPTION
VENDOR**

YOUR GROUP # _____

| CO-PAYMENT FOR... | PARTICIPATING RETAIL PHARMACY 30-DAY SUPPLY | MAIL OR ONLINE PHARMACY 90-DAY SUPPLY |
|---|---|--|
| GENERIC DRUGS | \$5 | \$10 |
| BRAND-NAME DRUGS FORMULARY *ON THE LIST* | \$25 | \$60 |
| BRAND-NAME DRUGS NON-FORMULARY *NOT ON THE LIST* | \$50 | \$120 |

● MANDATORY MAIL ORDER FOLLOWING 2 FILLS AT THE PHARMACY

CUSTOMER HELP LINE:

1-866-912-7425

PHARMACIST HELP LINE:

1-800-228-3108

**UNITED HEALTH
CARE
MEDICAL VENDOR**

YOUR GROUP# 195858

**YOU HAVE A...
POS___ PPO___
PLAN
MEMBER SERVICES
PHONE#:
(FOR CLAIMS
QUESTIONS, ID
CARDS, BENEFIT
INFORMATION, OR
PHYSICIAN
DIRECTORY)**

1-888-265-8069

**United Behavioral
Health Phone #:**

1-800-888-2998

**Manage your account or
find a physician by
visiting:**

www.myuhc.com

**STANDARD
DENTAL VENDOR**

YOUR POLICY #: 516220

YOUR CLASS #: _____

**CUSTOMER
SERVICE:**

(FOR CLAIMS QUESTIONS OR
BENEFIT INFORMATION)

#1-800-547-9515

**CLAIMS ADDRESS:
PO BOX 209
PORTLAND, OR 97207**

**VSP
VISION VENDOR**

POLICY#: 02109592

YOUR GROUP #: _____

**CUSTOMER SERVICE:
#1-800-877-7195
WWW.VSP.COM**

**COVERAGE UNDER THE PLAN IS
LOST BECAUSE OF THE
QUALIFYING EVENT.**

(OVER)

**CONTINUATION OF
COVERAGE**

(COBRA CONTINUATION)

THE RIGHT TO COBRA
CONTINUATION COVERAGE WAS
CREATED BY A FEDERAL LAW,
THE CONSOLIDATED OMNIBUS
BUDGET RECONCILIATION ACT OF
1985 (COBRA). COBRA
CONTINUATION COVERAGE CAN
BECOME AVAILABLE TO YOU & TO
OTHER MEMBERS OF YOUR FAMILY
WHO ARE COVERED UNDER THE
PLAN WHEN YOU WOULD
OTHERWISE LOSE YOUR GROUP
HEALTH COVERAGE.

COBRA CONTINUATION COVERAGE
IS A CONTINUATION OF PLAN
COVERAGE WHEN COVERAGE WOULD
OTHERWISE END BECAUSE OF A
LIFE EVENT KNOWN AS A
"QUALIFYING EVENT". SPECIFIC
QUALIFYING EVENTS ARE LISTED
LATER IN THIS DOCUMENT.
AFTER A QUALIFYING EVENT,
COBRA CONTINUATION COVERAGE
MUST BE OFFERED TO EACH
PERSON WHO IS A "QUALIFIED
BENEFICIARY". YOU, YOUR
SPOUSE, & YOUR DEPENDENT
CHILDREN COULD BECOME
QUALIFIED BENEFICIARIES IF