

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN 13
SUMMARY OF BENEFITS

<u>BENEFITS</u>	<u>PPO NETWORK</u>	<u>OUT OF NETWORK</u>
<u>MAJOR MEDICAL</u>	** Major Medical applies to special items and services only.	
Deductible & Out-of-pocket	Each Year	Each Year
Individual Deductible	\$150	\$150
Family Maximum Deductible	\$450	\$450
Out-of-Pocket	10%, plus any balances over UCR	10%, plus any balances over UCR
	*	
Individual Out-of-Pocket Max	\$2,000 plus Deductible	\$2,000 plus Deductible
Family Out-of-Pocket Max *	\$4,000 plus Deductible	\$4,000 plus Deductible
Fund Payment	90% plus balances over Out-of-Pocket Maximum	90% plus balances over Out-of-Pocket Maximum
Lifetime Maximum Benefit	\$1,000,000/person	\$1,000,000/person
<u>HOSPITALIZATION</u>		
Semi-Private Room & Board	100%	
Intensive Care Unit	100%	
Surgical	100%	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR. \$50 copay for emergency room visits (waived if admitted)
Hospital Miscellaneous	100%	
Emergency-Accident	\$50 copay (waived if admitted)	
Emergency-Sickness (includes ER/Dr.)	\$50 copay (waived if admitted)	

<u>BENEFITS</u>	<u>PPO NETWORK</u>	<u>OUT OF NETWORK</u>
<u>MENTAL ILLNESS/ SUBSTANCE ABUSE</u>		
Outpatient	\$15 Copay. Fund pays 100% of balance	\$25 Copay Fund pays lesser of UCR or billed charges
Limitation	30 days/year 90 days lifetime	30 days/year 90 days lifetime
Inpatient Hospital	100%	100% of UCR or 85% of billed charges if there is no UCR
Limitation	30 days/year 90 days lifetime	30 days/year 90 days lifetime
Inpatient Physician	100%	100% of UCR or 85% of billed charges if there is no UCR
<u>DIAGNOSTIC</u>	100%	Fund pays 90% of lesser of bill or UCR.
<u>MEDICAL EXPENSES INPATIENT</u>	100%	Subject to Major Medical Deductible and paid as Major Medical up to UCR.
<u>MEDICAL EXPENSES PHYSICIAN OFFICE VISITS</u>		
Basic office visits include: General Practitioner, OB-GYN, Internist, Pediatrician and Doctors of Osteopathy	\$15 Copay Fund pays 100% of balance	\$25 Copay Fund pays lesser of UCR or balance billed charges
Specialists	\$25 Copay Fund pays 100% of balance	\$50 Copay Fund pays lesser of UCR or billed charges

BENEFITS

Chiropractors

PPO NETWORK

\$25 maximum per visit up to 20 visits per Benefit Year (\$500 per person/per year)

OUT OF NETWORK

\$25 maximum per visit up to 20 visits per Benefit Year (\$500 per person/per year)

FLU/PNEUMONIA VACCINATIONS

100%

Fund pays lesser of UCR or billed charges

TRANSPLANT

100% up to a maximum of \$300,000 per person per lifetime for costs related to transplant, as measured from the date of the transplant surgery through six weeks from the date of surgery.

Subject to Major Medical Deductible and paid as Major Medical up to UCR. \$300,000 maximum per person per lifetime for costs related to transplant, as measured from the date of the transplant surgery through six weeks from the date of surgery.

IMMUNIZATIONS (recommended by the Centers for Disease Control)

Dependent Children through age 23 (provided that between 19 and 23, the child is a full-time student)

100%

The Fund pays lesser of UCR or billed charges

Participants and Spouses

\$25 reimbursement if no Physician Office Visit

\$25 reimbursement if no Physician Office Visit

THERAPY SERVICES

(Including Physical, Occupational, Speech and Work Hardening)

\$15 Copay per visit
Fund pays 100% of balance
Limit - 3 modalities/visit & 24 visits/person/year
Extensions reviewed

\$25 Copay per visit
Fund pays lesser of UCR or billed charges.
Limit - 3 modalities/visit & 24 visits/person/year
Extensions reviewed

BENEFITS

PPO NETWORK

OUT OF NETWORK

OUTPATIENT NURSING

Subject to Major Medical up to 240 hours in the benefit year. Over 240 hours payable at 50%.

Subject to Major Medical up to 240 hours in the benefit year. Over 240 hours payable at 50%.

PRESCRIPTION DRUGS

Retail Pharmacy:
Copay for each 34-day supply:
\$5 Generic/\$15 Brand
\$30 Negative Formulary (see attached list)

Copay plus excess over PPO cost for each 34 day supply:
\$5 Generic/\$15 Brand
\$30 Negative Formulary (see attached list)

Mail-Order Program up to a 90-day supply:
\$15 Generic/\$30 Brand
\$60 Negative Formulary

PRE-CERTIFICATION

Outpatient and inpatient 14 days prior to non-emergency outpatient procedures or inpatient hospitalization.

Outpatient and inpatient 14 days prior to non-emergency outpatient procedures or inpatient hospitalization.

**PRE-EXISTING
CONDITION**

12-month waiting period for new participants/dependents for any conditions treated within 90-days prior to participant's hire date reduced by applicable periods of prior coverage under HIPAA.

12-month waiting period for new participants/dependents for any conditions treated within 90-days prior to participant's hire date reduced by applicable periods of prior coverage under HIPAA.

DENTAL

Routine

100% of contracted rate up to
\$1,000/person/year

100% up to UCR Maximum
of \$1,000/person/year

Accidental
BENEFITS

DENTAL CONTINUED..

\$1,000/person/lifetime
PPO NETWORK

\$1,000/person/lifetime
OUT OF NETWORK

Orthodontic

\$3,000/person/lifetime
No balance to Dental Benefit
No adults

\$2,000/person/lifetime
No balance to Dental Benefit
No adults

Effective 1/1/05-Delta Dental
PPO Network available

VISION

Davis Vision (see attached
program description)

\$45 exam
\$75 lenses/frames or contacts

HEARING

\$1,000 per family per year.

\$1,000 per family per year.
Hearing benefits based on
UCR.

DEATH

\$35,000 death
\$35,000 accident death
Dismemberment benefits paid
per fee schedule.
\$ 2,000 spouse death
\$ 2,000 child death

\$35,000 death
\$35,000 accident death
Dismemberment benefits paid
per fee schedule.
\$ 2,000 spouse death
\$ 2,000 child death

**SHORT-TERM
DISABILITY**

\$275 per week - 26 weeks
\$100 extended - 10 weeks
provided required
documentation submitted.

\$275 per week - 26 weeks
\$100 extended - 10 weeks
provided required
documentation submitted.

ADDITIONAL NOTES

PRE-CERTIFICATION: Outpatient and inpatient 14 days prior to non-emergency outpatient procedures or inpatient hospitalization.

PRE-EXISTING CONDITION: 12-month waiting period for new participants/dependents for any conditions treated within 90-days prior to participant's hire date reduced by applicable periods of prior coverage under HIPAA.

REQUIREMENTS FOR OBTAINING RETIRED COVERAGE:

Effective August 1, 2000, Retired coverage will only be offered to retirees, who, within the 15 year window prior to retirement, have a total of 10 years of participation with the Fund. Furthermore, in order to satisfy the 10 years of participation requirement, a participant must have two years of continuous coverage immediately prior to retirement, and additional coverage for at least eight of the prior thirteen years (actually 96 of the prior 156 months). A participant cannot retroactively satisfy any unpaid periods, except for the coverage period immediately prior to retirement.

***** Special items and services include:** home nursing care, oxygen, blood, orthopedic braces, artificial eyes, artificial larynx, prostheses for arms, hands and legs, durable medical equipment, orthotics, and breast prostheses.

*** The individual and Family Out-of-Pocket Maximums are balances that the participant is responsible for with respect to benefits that are paid under the Major Medical provisions of the Plan. In addition to these amounts, the participant will be responsible for the payment of all Deductibles, all Copayment amounts, all benefits that exceed dollar limits as set forth in the Plan (for example, transplants or visit limits for physical therapy), and any amount billed in excess of the Fund's UCR where applicable.**