

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND

PLAN R-5

SUMMARY OF BENEFITS

NOTE: PLAN R-5 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, DENTAL, VISION AND HEARING, LIFE INSURANCE, TRANSPLANTS, AND SHORT-TERM DISABILITY.

<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	\$200	\$200
Family Maximum Deductible	\$600	\$600
Out-of-Pocket	10%, plus any balances over UCR	10%, plus any balances over UCR
Individual Out-of-Pocket Max *	\$2,500 plus Deductible	\$2,500 plus Deductible
Family Out-of-Pocket Max *	\$5,000 plus Deductible	\$5,000 plus Deductible
Fund Payment	90% plus balances over Out-of-Pocket Maximum	90% plus balances over Out-of-Pocket Maximum
Lifetime Maximum Benefit	\$175,000/person	\$175,000/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>DIAGNOSTIC</u>	100%	Fund pays 90% of lesser of bill or UCR.
<u>MEDICAL EXPENSES</u> <u>PHYSICIAN OFFICE</u> <u>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
Chiropractors	\$15 maximum per visit up to 17 visits per Benefit Year (\$255 per person/per year)	\$15 maximum per visit up to 17 visits per Benefit Year (\$255 per person/per year)
<u>FLU/PNEUMONIA</u> <u>VACCINATIONS</u>	100%	Fund pays lesser of UCR or billed charges
<u>IMMUNIZATIONS</u> <u>(recommended by the</u> <u>Centers for Disease</u> <u>Control)</u>		
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	\$15 reimbursement if no Physician Office Visit	\$15 reimbursement if no Physician Office Visit

BENEFITS

PPO NETWORK

OUT OF NETWORK

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

OUTPATIENT NURSING

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

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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.

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PRE-EXISTING CONDITION

(This would only apply to new dependents added after the participant has retired and is covered under this Plan R5.)

12-month waiting period for new dependents for any conditions treated within 90-days prior to dependents effective date with the Fund reduced by applicable periods of prior coverage under HIPAA.

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*** 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, visit limits for physical therapy), and any amount billed in excess of the Fund's UCR where applicable.

**** 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.**

SPECIAL NOTES:

When eligible, all participants and dependents must enroll in Medicare Part A and B. Medicare is always primary and this Plan is considered secondary.

Co-pays apply whether the Fund is considered primary or secondary.

Transplants are only covered if the transplant was performed while the participant/dependent was covered under an active Plan. The maximum Transplant Benefit is \$300,000.

REQUIREMENT FOR OBTAINING R-5 COVERAGE:

Effective August 1, 2000, R-5 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.