CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN R7/65
SUMMARY OF BENEFITS – EFFECTIVE JANUARY 1, 2021

NOTE: PLAN R7/65 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, DENTAL, VISION AND HEARING, LIFE INSURANCE TRANSPLANTS, AND SHORT-TERM DISABILITY

BENEFITS	**IN NETWORK**	**OUT OF NETWORK**
Deductible & Out-of-pocket	Each Year	Each Year
Individual Deductible	$200.00	$3,000.00
Family Maximum Deductible	$600.00	$6,000.00
Co-Insurance	10% **(Durable Medical Equipment and Outpatient Nursing Only)**	30%, plus any balances over UCR
Individual Out-of-Pocket Maximum*	$2,500.00 plus Deductible	Unlimited
Family Out-of-Pocket Maximum*	$5,000.00 plus Deductible	Unlimited
Lifetime Maximum Benefit	Unlimited	Unlimited
HOSPITALIZATION		
Inpatient Hospitalization Admission	$100.00 copay Fund pays 100% of contracted rate	$100.00 copay 70% of UCR after deductible
Outpatient Surgical Procedure Facility	$100.00 copay Fund pays 100% of contracted rate	$100.00 copay 70% of UCR after deductible
Outpatient Surgical Procedure Office	100% of contracted rate	70% of UCR after deductible
Hospital Miscellaneous	100% of contracted rate	70% of UCR after deductible

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN R7/65
SUMMARY OF BENEFITS – EFFECTIVE JANUARY 1, 2021

NOTE: PLAN R7/65 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, DENTAL, VISION AND HEARING, LIFE INSURANCE TRANSPLANTS, AND SHORT-TERM DISABILITY

BENEFITS	**IN NETWORK**	**OUT OF NETWORK**
HOSPITALIZATION CONTINUED……		
Emergency – Accident	$100.00 copay Fund pays 100% of contracted rate	$100.00 copay Fund pays 100% of balance
Emergency – Sickness (includes ER/Dr.)	$100.00 copay Fund pays 100% of contracted rate	$100.00 copay Fund pays 100% of balance
DIAGNOSTIC	100% of contracted rate	Fund pays 70% of lesser bill or UCR
PHYSICIAN'S MEDICAL EXPENSES INPATIENT	100% of contracted rate	70% of UCR after deductible
MEDICAL EXPENSES PHYSICIAN OFFICE VISITS		
Basic office visits include: General Practitioner, OB-GYN, Internist, Pediatrician and Doctors of Osteopathy	$20.00 copay Fund pays 100% of contracted rate	$30.00 copay Fund pays lesser of UCR or billed charges
Specialists	$30.00 copay Fund pays 100% of contracted rate	$55.00 copay Fund pays lesser of UCR or billed charges
Chiropractors	$15.00 maximum per visit up to $255.00 per person/per year	$15.00 maximum per visit up to $255.00 per person/per year
FLU/PNEUMONIA VACCINATIONS	100% of contracted rate	Fund pays lesser of UCR or billed charges

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN R7/65
SUMMARY OF BENEFITS – EFFECTIVE JANUARY 1, 2021

NOTE: PLAN R7/65 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, DENTAL, VISION AND HEARING, LIFE INSURANCE TRANSPLANTS, AND SHORT-TERM DISABILITY

BENEFITS	IN NETWORK	OUT OF NETWORK
AMBULANCE TRANSPORT/LIFE FLIGHTS	$100.00 copay Fund pays 100% of contracted rate	$100.00 copay 70% of UCR after deductible
IMMUNIZATIONS (recommended by the Centers for Disease Control)		
Dependent Children through age 26	100% of contracted rate	Fund pays lesser of UCR or billed charges
Participants and Spouses	100% of contracted rate	Fund pays lesser of UCR or billed charges
Immunizations or injections not on the Centers for Disease Control list	$15.00 reimbursement	$15.00 reimbursement
THERAPY SERVICES (Including Physical, Occupational, Speech and Work Hardening)	$10.00 copay per visit Fund pays 100% of contracted rate. Limit-3 therapeutic services/visit and 24 visits/person/condition. Extensions reviewed.	$30.00 copay per visit. Fund pays lesser of UCR or billed charges. Limit – 3 therapeutic services/visit and 24 visits/person/condition. Extensions reviewed.
OUTPATIENT NURSING	90% of contracted rate after deductible up to 240 hours in the benefit year. Over 240 hours payable at 50%.	70% of UCR after deductible up to 240 hours in the benefit year. Over 240 hours payable at 50%.
DURABLE MEDICAL EQUIPMENT	90% of contracted rate after deductible until Out-of-Pocket is reached; then 100%	70% of UCR after deductible
DURABLE MEDICAL SUPPLIES	90% of contracted rate until Out-of-Pocket is reached; then 100%	90% of UCR

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN R7/65
SUMMARY OF BENEFITS – EFFECTIVE JANUARY 1, 2021

NOTE: PLAN R7/65 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, DENTAL, VISION AND HEARING, LIFE INSURANCE TRANSPLANTS, AND SHORT-TERM DISABILITY

BENEFITS	IN NETWORK	OUT OF NETWORK
PRESCRIPTION DRUGS	**Retail Pharmacy:** Copay for each 34-day supply: $5 Generic/$15 Brand Preferred $30 Brand Non-Preferred (see attached list) Specialty - $150 for each 30-day supply No CVS or Walgreens Please see Additional Notes at the end. **Mail-Order Program** up to a 90-day supply: $15 Generic/$30 Brand Preferred $60 Brand Non-Preferred Specialty - $300 for each 90-day supply Please see Additional Notes at the end	Copay plus excess over PPO cost for each 34 day supply: $5 Generic/$15 Brand Preferred $30 Brand Non-Preferred (see attached list) Specialty - $150 for each 30-day supply Please see Additional Notes at the end

ADDITIONAL NOTES

PRESCRIPTIONS: Retail Drug Copayments are applicable to 15-day scripts for drugs classified as "Class II" Pain Medications by the FDA. Also, effective January 1, 2016, the copayment for all Zohydro prescriptions will be $150 per script.

Please see the attached Summary of Material Modifications concerning the Prescription Benefits

DURABLE MEDICAL EQUIPMENT INCLUDES, BUT NOT LIMITED TO: Oxygen, blood, orthopedic braces, artificial eyes, artificial larynx, prostheses for arms, hands and legs, durable medical equipment, orthotics, and breast prostheses.

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

CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN R7/65
SUMMARY OF BENEFITS – EFFECTIVE JANUARY 1, 2021

NOTE: PLAN R7/65 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, DENTAL, VISION AND HEARING, LIFE INSURANCE TRANSPLANTS, AND SHORT-TERM DISABILITY

BENEFITS	**IN NETWORK**	**OUT OF NETWORK**

REQUIREMENTS FOR OBTAINING RETIRED COVERAGE:

Effective June 1, 2012, to satisfy the 15 year requirement, you must have two (2) years of continuous coverage immediately prior to your retirement and you must have had coverage for at least thirteen (13) of the prior eighteen (18) years. For purpose of meeting the thirteen (13) year requirement, participation for a twelve (12) month period will be considered participation for a year even if the months are not consecutive.

Special Notes:
-When eligible, all participants and dependents must enroll in Medicare Part A and Part B. Medicare is always primary and this Plan is considered secondary.
-Transplants are only covered if the transplant was performed while the participant/dependent was covered under an active Plan.

*** 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 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.**