

**CENTRAL PENNSYLVANIA TEAMSTERS HEALTH AND WELFARE FUND
PLAN R-7**

SUMMARY OF BENEFITS – EFFECTIVE JANUARY 1, 2012

NOTE: PLAN R-7 DOES NOT INCLUDE BENEFITS FOR MENTAL ILLNESS/SUBSTANCE ABUSE, CHIROPRACTIC CARE, 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	\$500.00	\$500.00
Family Maximum Deductible	\$1,500.00	\$1,500.00
Out-of-Pocket	20%, plus any balances over UCR	20%, plus any balances over UCR
Individual Out-of-Pocket Maximum*	\$3,000 plus Deductible	\$3,000 plus Deductible
Family Out-of-Pocket Maximum*	\$6,000 plus Deductible	\$6,000 plus Deductible
Fund Payment	80% plus balances over Out-of-Pocket maximum	80% plus balances over Out-of-Pocket Maximum
Lifetime Maximum Benefit	Unlimited	Unlimited
<u>HOSPITALIZATION</u>		
Inpatient Hospitalization Admission	\$100.00 copay Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.	\$100.00 copay Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.
Outpatient Surgical Procedure	\$100.00 copay Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.	\$100.00 copay Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.
Semi-Private Room & Board	Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.	Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.
Intensive Care Unit	Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.	Subject to Major Medical deductible/out-of-pocket maximum, up to UCR.

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<u>HOSPITALIZATION</u>		
<u>CONTINUED.....</u>		
Surgical	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR, Out of Network claims also subject to UCR.	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR. \$100.00 copay for emergency room visits
Hospital Miscellaneous	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR, Out of Network claims also subject to UCR.	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR. \$100.00 copay for emergency room visits
Emergency – Accident	\$100.00 copay	\$100.00 copay
Emergency – Sickness (includes ER/Dr.)	\$100.00 copay	\$100.00 copay
<u>DIAGNOSTIC</u>	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR. Out of Network claims also subject to UCR.	Subject to Major Medical Deductible/out-of-pocket maximum, up to UCR. Out of Network claims also subject to UCR.
<u>MEDICAL EXPENSES</u>		
<u>PHYSICIAN OFFICE VISITS</u>		
Basic office visits include: General Practitioner, OB-GYN, Internist, Pediatrician and Doctors of Osteopathy	\$30.00 copay Fund pays 100% of balance	\$40.00 copay Fund pays lesser of UCR or balance of billed charges
Specialists	\$40.00 copay Fund pays 100% of balance	\$65.00 copay Fund pays lesser of UCR or billed charges
<u>FLU/PNEUMONIA VACCINATIONS</u>	100%	Fund pays lesser of UCR or billed charges
<u>AMBULANCE</u>	\$100.00 copay	\$100.00 copay

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<u>BENEFITS</u>	<u>PPO NETWORK</u>	<u>OUT OF NETWORK</u>
<u>IMMUNIZATIONS</u>		
<u>(recommended by the Centers for Disease Control)</u>		
Dependent Children through age 26	100%	The Fund pays lesser of UCR or billed charges
Participants and Spouses	100%	100%
Immunizations or injections not on the Centers for Disease Control list	\$15.00 reimbursement if no Physician Office Visit	\$15.00 reimbursement if no Physician Office Visit
<u>THERAPY SERVICES</u>		
(Including Physical, Occupational, Speech and Work Hardening)	\$30.00 copay per visit Fund pays 100% of balance. Limit-3 modalities/visit and 24 visits/person/year. Extensions reviewed.	\$40.00 copay per visit. Fund pays lesser of UCR or billed charges. Limit – 3 modalities/visit and 24 visits/person/year. Extensions reviewed.
<u>OUTPATIENT NURSING</u>		
	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%.
<u>PRESCRIPTION DRUGS</u>		
	Retail Pharmacy: Copay 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	Copay plus excess over PPO cost for each 34 day supply: \$5 Generic/\$15 Brand \$30 Negative Formulary (see attached list)
<u>PRE-CERTIFICATION</u>		
	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.

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BENEFITS

PPO NETWORK

OUT OF NETWORK

ADDITIONAL NOTES:

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

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 B. Medicare is always primary and this Plan is considered secondary.

Copays 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.

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