

District Council 37 Health & Benefit Fund

Summary of Benefits

Eligibility: Eligible dependents are your lawful spouse, domestic partner, and your dependent children up to age 26 (without employer sponsored coverage).

In-Network Benefits

Hospital Charges	Co-Pay	Benefit
Semi-Private Room & Board	\$ 100 per admission	Up to 120 days covered in full. Charges from 121st day covered under Major Medical.*
Ambulatory Surgery	\$ 70	Covered in full*
Emergency Room	\$ 150, waived upon admission	Covered in full*
Mental Health Inpatient	\$ 100 per admission	Up to 120 days covered in full. Charges from 121st day covered under Major Medical.*
Substance Abuse	None	Up to 120 days covered in full. Charges from 121st day covered under Major Medical.*
Pre-admission testing	None	Covered in full*
In-patient Physical Rehabilitation <i>(Limited to 7 days following acute in-patient hospital stay. Pre-certification required.)</i>	None	Covered in full*

OUTPATIENT CARE : The following benefits are available through the Empire BCBS Network*

	Empire Blue Cross Blue Access EPO Network	Out-of-Network - Major Medical
Deductible	NONE	\$ 500 Per Individual, per calendar year. The Annual Family Deductible Maximum is \$ 1,500.
Coinsurance	Not Applicable	Effective 01/01/2010 the Fund will adopt a schedule of reimbursement based on 120% of the Medicare reimbursement schedule. The Fund reimbursement of 70% will not change in addition to applicable deductibles.
Physician Services		
Office Visit	\$ 30 co-pay	Subject to deductible and 70% of eligible expenses
Specialist Care	\$ 35 co-pay	Subject to deductible and 70% of eligible expenses
Urgent Care	\$ 50 co-pay	Subject to deductible and 70% of eligible expenses
Surgery	Covered in full	Subject to deductible and 70% of eligible expenses
Diagnostic Tests & X-Ray	\$ 30 co-pay	Subject to deductible and 70% of eligible expenses
Outpatient Diagnostic Tests	\$ 30 co-pay	Subject to deductible and 70% of eligible expenses
Outpatient Hospital Diagnostic Tests (i.e. MRI's, CT Scans, Lab & X-ray Services)	\$ 100 co-pay	Subject to deductible and 70% of eligible expenses
Acupuncture Licensed M.D. or D.O. only	\$ 30 co-pay Limited to 18 visits per calendar year.	Subject to deductible and 70% of eligible expenses Limited to 18 visits per calendar year.
Chiropractic	\$ 30 co-pay Limited to 18 visits per calendar year.	Subject to deductible and 70% of eligible expenses Limited to 18 visits per calendar year.
Out-patient Physical Therapy	\$ 30 co-pay Limited to 15 visits per calendar year.	Subject to deductible and 70% of eligible expenses Limited to 15 visits per calendar year.
Mental Health		
Out-patient	\$ 30 co-pay per visit	Subject to deductible and 70% of eligible expenses

Life-Insurance (Non Negotiated Benefit) \$ 15,000 Basic Life / Accidental Death & Dismemberment

Prescription Drug Card

Covered under Epiphany Rx

Retail Pharmacy Generic	The greater of \$ 10 or 25% lesser of cost
Retail Pharmacy Preferred Formulary Drug (see enclosed list)	The greater of \$ 20 or 25% lesser of cost
Retail Pharmacy Non-Preferred Formulary Drug	The greater of \$ 30 or 25% lesser of cost
Mail Order Generic (3 month supply)	The greater of \$ 25 or 25% lesser of cost
Mail Order Preferred Formulary (3 month supply)	The greater of \$ 50 or 25% lesser of cost
Mail Order Non-Preferred Formulary (3 month supply)	The greater of \$ 75 or 25% lesser of cost

Dental (In-Network Only)

Benefits are available through the CIGNA-DHMO plan.

*Intended as a Benefit Summary only, specific details refer to the Plan Booklet (SPD) for complete benefits.