



Operating Engineers - Local 877

Medical Benefits for Group 001AB9 Effective 1/1/2010



NON-NETWORK

Annual Deductible

Single:	N/A	\$200
Family:	N/A	\$500

Annual Out-Of-Pocket Maximum

Single:	N/A	\$950
Family*:	N/A	\$1,250

Preventive Care

Routine Physicals (1 per person; per calendar year - age 20+) (\$500 per person per calendar year)	\$10 copay then 100%	85% after deductible
Well Child Care (up to age 20, includes immunizations)	\$10 copay then 100%	85% after deductible
Routine Mammography (1 annually)	100%	85% after deductible
Routine GYN Exam (1 per person; per calendar year)	100%	85% after deductible

Doctor's Services

Office Visit - including all charges billed with visit	\$10 copay then 100%	85% R&C* after deductible
Chiropractic Care (need MAP approval) [max 30 visits per person per cy]	100%	not covered (paid in network with MAP approval)
Speech, Physical & Occupational Therapy (due to illness)	100%	85% R&C* after deductible
Physical & Occupational Therapy (due to developmental delay)	not covered	not covered
Chemotherapy & Radiation Therapy	100%	85% R&C* after deductible
Maternity	100%	85% R&C* after deductible
Anesthesia	100%	85% R&C* after deductible

Hospital Services

Inpatient**	100%	85% R&C* after deductible
Outpatient	100%	85% R&C* after deductible
Medical Emergency	100%	85% R&C* after deductible
Non-Medical Emergency	\$25 copay then 100%	\$25 copay then 85%

Mental Health/Substance Abuse

Inpatient*	100%	85% R&C* after deductible
Outpatient	100%	85% R&C* after deductible (paid in network with MAP approval)

*PRECERTIFICATION MUST BE WITH MODERN ASSISTANCE PROGRAMS. FAILURE TO PRECERTIFY WILL RESULT IN PENALTY OF 50% FOR ALL SERVICES

Other Services

Skilled Nursing Facility Care/Extended Care Facility (90 days per illness)	100%	85% R&C* after deductible
Home Health Care (100 visits or 200 hours per calendar year)	100%	85% R&C* after deductible
Hospice Care	100%	85% R&C* after deductible
Prosthetics	100%	85% R&C* after deductible
Treatment for Temporomandibular Joint Dysfunction (\$750 per person per calendar year)	100%	85% R&C* after deductible
Ambulance	100%	100%
Durable Medical Equipment	100%	85% R&C* after deductible
Diagnostic Lab, X-Ray & Clinical Tests	100%	85% R&C* after deductible
Allergy Injections	100%	85% R&C* after deductible
Infertility Testing	100%	85% R&C* after deductible
Infertility Treatment	not covered	not covered
Vision Benefit (includes exam, frames, lenses & contacts up to \$300 per person per calendar year)	100%	100%
Hearing Benefit 1 exam every 2 years plus \$1,000 an ear for hearing aids every 5 years when services are rendered by a HearUSA, Inc. provider		
Health Club Membership (\$200 individual/\$400 family)	100%	100%
Alternative/Complementary Benefit (\$1,000 per person per cal yr) (includes, but not limited to, acupressure, acupuncture, homeopathy, naturopathy, weight loss, smoking cessation, massage therapy)	100%	100%

Express Scripts Discount Prescription Drug Benefit

Plan pays 100% after copay	
Retail: 34 day supply	\$5 Generic/\$10 Brand
Mail Order: 34-90 day supply	\$0 Generic/\$10 Brand
Charges for birth control medication and pre-natal vitamins are covered under the prescription card. Smoking Cessation Medications (prescription only) are covered under the drug card.	

*The plan participant is also responsible to pay any amount above the reasonable and customary allowance when services are rendered by an out-of-network provider.

**UTILIZATION REVIEW / HOSPITAL PRE-CERTIFICATION/LARGE CASE MANAGEMENT is provided by Care Management Services (CMS). The CMS toll-free number is located on your ID card. If you fail to follow the pre-admission certification requirements, your benefits will be reduced by 20% on otherwise covered charges of a hospital or other facility for each admission.

\$2,000,000 Lifetime Maximum

NOTES: a) This summary does not describe all terms, conditions and limitations. b) Copayments and expenses incurred from the Prescription Drug Benefit do not apply to the out of pocket maximum. Refer to your Plan Document or contact your Benefits Manager for details.