

District Council 1707 Health & Benefit Fund

Summary of Benefits

Eligibility: Eligible dependents are your lawful spouse, same sex domestic partner, and your unmarried dependent children up to age 19 or age 23 if a full-time student in an accredited college or university.

In-Network Benefits

<u>Hospital Charges</u>	<u>Co-Pay</u>	<u>Benefit</u>
Semi-Private Room & Board	\$ 150 per admission	Up to 120 days covered in full. Charges from 121st day covered under Major Medical.*
Ambulatory Surgery	\$ 75	Covered in full*
Mental Health Inpatient	\$ 150 per admission	30 days per 12 month period.*
Substance Abuse	\$ 150 per admission	30 days per 12 month period.*
Emergency Room	\$ 75, waived upon admission	Covered in full*
Pre-admission testing	None	Covered in full*
In-patient Physical Rehabilitation	None	Covered in full*

(Limited to 7 days following acute in-patient hospital stay. Pre-certification required.)

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

	MagnaCare 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	\$ 20 co-pay	Subject to deductible and 70% of eligible expenses
Specialist Care	\$ 20 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	\$ 20 co-pay	Subject to deductible and 70% of eligible expenses
Outpatient Diagnostic Tests	\$ 20 co-pay	Subject to deductible and 70% of eligible expenses
Outpatient Hospital Diagnostic Test <i>s</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	\$ 20 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	\$ 20 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	\$ 20 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	\$ 20 co-pay per visit Limited to 52 visits per calendar year.	Subject to deductible and 50% of a maximum of \$60(\$30) per visit. Limited to 52 visits per calendar year.

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

Prescription Drug Card Covered under ProCare Rx

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

Dental (In-Network Only) Benefits are available through the CIGNA-DHMO plan.

Lifetime Maximum Benefit: \$ 1,000,000.

Yearly Maximum Benefit: \$ 350,000 per person per year.

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