

SUMMARY OF THE PAINTERS DISTRICT COUNCIL #35 HEALTH BENEFITS PLAN

Schedule of Benefits: The following schedule shows in-network and out-of-network benefits for plan members and their eligible dependents. All out-of-network services are paid after you've met your deductible.

DEDUCTIBLE	In-Network	Out-of-Network
Per calendar year	None	\$250 individual; \$500 family
OUT-OF-POCKET	In-Network	Out-of-Network
Maximum per calendar year (in addition to deductibles)	\$1,500 individual \$3,000 family	\$3,000 individual \$7,000 family
The Maximum Lifetime Benefit is \$1,000,000 for each individual		

SERVICE	In-Network	Out-of Network
Office Visits	100% less \$20 copay	60% less \$20 copay
Hospital, Inpatient & Outpatient	90%	60%
Emergency Room	90% less \$100 copay	60% less \$100 copay
Anesthetist	90%	60%
Pathologist	90%	60%
Radiologist	90%	60%
Surgeon	90%	60%
Private Hospital Room Limit	90% of average semi-private rate	60% of average semi-private rate
Well-child care & Immunizations	100% less \$20 copay	60% less \$20 copay
Inpatient Psychiatric	90%; 60 day lifetime maximum	60%; 60 day lifetime maximum
Outpatient Psychiatric & Substance Abuse	100% less \$20 copay 25 visit calendar yr. maximum	60% less \$20 copay 25 visit calendar yr. maximum
Rehabilitation Hospital	90%; 25 day maximum per admission	60%; 25 day maximum per admission
Inpatient Substance Abuse: MAP	90%; \$10,000 calendar yr. maximum \$15,000 lifetime maximum	60%; \$10,000 calendar yr. maximum \$15,000 lifetime maximum
Outpatient Cardiac Rehabilitation	90%; 36 visit calendar yr. maximum	60%; 36 visit calendar yr. maximum
Surgery Performed in-office	90%	60%
Chiropractic & Acupuncture	100%; \$800 calendar yr. maximum Dependents 18 < prior approval req'd.	60%; \$800 calendar yr. maximum Dependents 18 < prior approval req'd.
Dental: Delta Dental – Reasonable & Customary charges only	Type 1: 80% Type 3: 80% Type 2: 80% Type 4: 90%	Type 1: 80% Type 3: 80% Type 2: 80% Type 4: 90%
Hearing: NECP	100% for hearing exam every 2 yrs. \$1,000 hearing aid max. every 5 yrs.	No coverage Must use NECP Network
Vision: Davis Vision Care	100% for exam and lenses	Per schedule – limited
Prescription Drugs:	Copay: Maximum \$25; Minimum \$10	30 day supply
Teamsters Rx	Mail order Pharmacy copay: \$20/generic \$35/brand	90 day supply

Schedule of Benefits For Members Only

Life Insurance	\$25,000
Accidental Death and Dismemberment Insurance Principal Sum	\$25,000
Supplemental In-Hospital Accident and Sickness Income	\$350/week, 26 week maximum Seven day waiting period