



# Medical Benefits

The Plan offers comprehensive health care coverage to help you and your family stay healthy. This coverage can provide financial protection against catastrophic health care bills. In addition, this benefit includes certain management provisions to help control costs and to make sure the services you receive are appropriate. You and your family are also eligible for certain home health care benefits and an annual check-up to ensure your good health.

## Fast Facts

- You save money when you use a participating provider from the PPO Network.
- You must use the Hospital Pre-admission Certification Program (PAC) if your physician recommends a hospital stay.
- The Second Surgical Opinion option is covered at 100%.
- The Employee Assistance Program can help you or your family with personal problems, drug and alcohol counseling, stress, and financial problems.

Sometimes medical care providers move into and out of the PPO. Check with your provider before making an appointment to verify that he or she participates in the PPO. Provider Directories are available from the Fund Office (617) 265-3757.

## Benefit Management Provisions

Your medical plan contains certain Benefit Management Provisions to help control the cost of health care benefits, but also to ensure that the health services you receive are appropriate. The key features of the Benefit Management Provisions are:

- Preferred Provider Organization
- Hospital Pre-Admission Certification
- Second Surgical Opinion
- EAP

## Preferred Provider Organization (PPO) Option

The Health and Welfare Fund offers benefits and care from a network of doctors and hospitals through Health Care Value Management Preferred Provider Organization (HCVM PPO) and Affiliated Healthcare (AHI PPO) for those members residing outside of the District Council geographic area and for individuals traveling to another area.

Since PPO providers have agreed to charge for services at lower, pre-negotiated rates, you help control health care costs for the Plan—as well as for yourself and your family—when you use a participating provider or Hospital. You always have the final say about the doctors and Hospitals you and your family use. When you use a Preferred Provider, your Out-of-Pocket expenses are generally lower, based on the Preferred Provider's discounted service fees.

### What Is Reasonable and Customary?

Reasonable and Customary charges are the usual fees charged by health care providers for a particular service in a particular geographic area. The patient pays any amount that providers charge above Reasonable and Customary.

## Hospital Pre-Admission Certification

Hospital Pre-admission Certification (PAC) is a program that helps reduce Plan costs by determining whether a hospital stay is Medically Necessary. If your physician recommends a Hospital stay, you must use this program.

The PAC program requires that the Pre-admission Certification Unit review the reasons for a proposed Hospitalization before you are admitted to a Hospital for a non-emergency. To obtain this review, you must call the ULLICARE PAC unit at its toll-free number: 1-800-848-9200.

The ULLICARE medical professional will consult with your Physician, to determine whether Hospitalization is Medically Necessary, or if equally effective treatment can be provided in an alternative setting. After the review, the ULLICARE representative will notify you, your Physician, and the Hospital to let you know if your hospitalization has been approved. If so, the ULLICARE PAC representative will assign an initial number of approved Hospital days.

### Need to Contact ULLICARE?

ULLICARE  
1100 First Avenue  
Suite 100  
King of Prussia, PA 19406  
1-800-848-9200

If more days of confinement are required, the ULLICARE representative will discuss the Continued Stay Review process with your Physician. If it is agreed that

continued Hospitalization is Medically Necessary, additional days will be approved.

## Emergency Hospital Admissions

If you or your Dependent are admitted to the Hospital for an emergency, you, a responsible family member, or the attending Physician must call the ULLICARE unit at 1-800-848-9200 within 48 hours of the emergency admission. When the ULLICARE PAC representative is notified, he or she will be able to assign an initial number of approved Hospital days.

## Benefits Reduced if You Don't Certify Admissions

If you or your Dependent do not use the Hospital Pre-admission Certification Program for a Hospital stay, any benefits payable for charges made by the Hospital in connection with the confinement will be reduced by 10% up to \$500.

If you or your Dependent do not use the Hospital Pre-admission Certification Program a SECOND time, any benefits payable for hospital charges will be reduced by 20% up to \$1,000.

If your benefits are reduced because of not following plan rules, such as PAC, that reduction cannot be used to satisfy any deductible under this Plan.

Any subsequent confinement that is not pre-certified will also be subject to a 20% reduction not to exceed \$1,000 per confinement.

## Second Surgical Opinion

A second surgical opinion is an optional program that may help you and your eligible Dependents determine whether to have an elective surgery that your doctor recommends. The Plan will cover 100% of Reasonable and Customary charges for a second surgical opinion. The only requirement is that you must receive the results of the second surgical opinion Physician's findings before deciding on the course of treatment.

	PPO Provider	Non-PPO Provider
<b>Second Surgical Opinion</b>		
Maximum Amount (per consultation)	100% of PPO rate.	100% of Reasonable and Customary charges.

A participating Physician contracted through ULLICARE will determine if surgery is necessary.

The Plan will pay 100% of the Reasonable and Customary charges made for a second opinion consultation, including any additional tests and x-rays that the examining Physician may feel are required to satisfactorily complete the second opinion review. If the second surgical opinion does not confirm the need for surgery, you or your Dependents may request a third surgical opinion if you wish. The Plan will pay 100% of the Reasonable and Customary charges incurred for the third consultation.

To get a second surgical opinion, call the Union Labor Life Insurance Company's Second Surgical Opinion Unit at 1-800-848-9200. The Second Surgical Opinion Unit representative will contact a Participating Physician in your area and make an appointment for a Second Surgical Opinion review. After you receive the examining Physician's findings, you or your Dependent must decide whether or not to proceed with the surgery.

No benefits will be paid for any day of hospitalization that is NOT considered Medically Necessary.

### What is a Participating Physician?

A Participating (or consulting) Physician is a Board Certified Physician who is on the Second Opinion Panel, contracted through ULLICARE. The Physician must be Board Certified in the field of the proposed surgery or in the field of medicine that is concerned with the medical condition involved.

### Expenses That Are Not Covered Under the Second Surgical Opinion Program

- Consultation with a non-participating Physician;
- More than two consultations in connection with the proposed surgery, after you or your Dependent have received an initial recommendation for surgery;
- X-rays and tests not related to the proposed surgery;
- Failure to be examined in person by the Physician who is rendering the opinion;
- Failure on the part of the Physician to send a written report to Union Labor Life Insurance Company;
- Surgery performed by the consulting Physician;
- A Physician's financial interest in the outcome of his opinion; or
- Any consultation made in connection with an Injury or Illness that is not covered by this Plan.

### Employee Assistance Program (EAP)

You must contact the Employee Assistance Program if you or one of your Dependents needs treatment for a mental or nervous disorder or for alcohol or drug abuse. The EAP will then arrange for counseling or refer you to an approved inpatient facility. Benefits will not be paid unless the treatment program is pre-approved by the EAP. You can contact the EAP by calling (617)-774-0331 or by writing to:

Modern Assistance Programs, Inc.  
1458 Hancock Street  
Third Floor  
Quincy, MA 02169

EAP services are provided by Modern Assistance Programs (MAP). MAP will help identify and evaluate personal problems, provide treatment, or, where appropriate, make referrals. After a referral, the EAP counselor will monitor treatment.

The EAP provides prompt, professional help for dealing with a variety of personal problems—stress, alcohol, or drug abuse; marital or family problems; and financial pressures. The services of the EAP are completely confidential and free of charge for you or your eligible Dependents while you are insured.