

## Summary of Benefits—Plan D5—Tier C

The following chart highlights key features of the Plan's coverage for Plan Classification D5—Tier C.

### Notes:

- Tier C offers coverage for dependent children. Coverage and the higher level of certain benefits are provided only to Employees who qualify for their employer's regular full-time contribution.
- Tier C does not offer vision or dental benefits.
- Tier C does not offer Life Insurance Benefits, Accidental Death Benefits or Income Protection Benefits.
- An Eligible Employee covered under Plan Classification D5-Tier B will become eligible for Plan Classification D5-Tier C while working at least 30 hours per week for a Contributing Employer that has 50 or more employees.

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### Comprehensive Medical Expense Benefit for You (and Your Dependents, if covered)

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#### Calendar Year Deductibles, PPO

Per person	\$325 (Each family member must meet their own individual deductible)
Non-Compliance of pre-certification	\$100

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#### Calendar Year Deductibles, Non-PPO

Per person	\$375 (Each family member must meet their own individual deductible)
Non-PPO Hospital per person	\$450 (except for emergencies)
Non-Compliance of pre-certification	\$100

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#### Calendar Year Medical Out-of-Pocket

PPO per person	\$2,650
Non-PPO per person	\$2,900

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**COVERED EXPENSES PAYABLE BY THE PLAN PER CALENDAR YEAR**

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**Hospital, Emergency Room Care and Surgery**

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Hospital (Inpatient) PPO and Out-of-Area Hospital*, **	Plan pays 85%, after deductible
Non-PPO Hospital	Plan pays 65% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee
PPO Physician/Surgeon fees	Plan pays 80%, after deductible
Out-of-Area & Non-PPO Physician/Surgeon fees*	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee
Dental surgery	Plan pays 50%
Emergency Room Care PPO	Plan pays 85%, after deductible
Non-PPO	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

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Emergency Medical Transportation (coverage for air ambulance limited to \$15,000 per incident in North America and \$25,000 per incident elsewhere)

PPO Plan pays 80%, after deductible

Non-PPO Hospital Plan pays 80%, after deductible

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Surgery for which a Second Opinion is required but not obtained Plan pays 50%

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Outpatient Surgery  
PPO Plan pays 80%, after deductible

Non-PPO\*, \*\* Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

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### **Doctor and Urgent Care Services**

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Primary Care/Specialist Visit

PPO Plan pays Plan pays 80%, after deductible

Non-PPO Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

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Urgent Care

PPO Plan pays Plan pays 80%, after deductible

Non-PPO Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee

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## **Preventive Care**

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Routine Annual Physical Exam	Plan pays \$50, then 80% after deductible
Seasonal Flu Vaccination	Plan pays 100% of first \$30
Well-Child Care for Children Under Age 2	Plan pays 100%
Laboratory Testing	
Preferred Lab	Plan pays 100%
Outpatient Hospital Lab	Plan pays 50% after deductible, except for emergencies or tests performed in conjunction with other facility-provided services or procedures requiring testing to be performed on site

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## **Mental Health and Substance Use Disorder**

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Outpatient	
PPO	Plan pays 80%, after deductible
Non-PPO	Plan pays 80% of a discounted fee after deductible, plus balance, as determined by the Plan, of remaining undiscounted fee
Inpatient	
PPO	Plan pays 85% after deductible, plus 80% for Physician
Non-PPO*, **	Plan pays 65% of a discounted fee (80% for out-of-area), plus 80% of a discounted Physician fee, plus balance, as determined by the Plan, of remaining undiscounted fee

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## **Covered Services and Supplies with Benefit Limitations**

Bone Density Scan	Plan pays 80% after deductible once every four Calendar Years
Mammogram	Plan pays up to \$130 per procedure, then 80% after deductible
Cardiac and Pulmonary Rehabilitation	Plan covers up to 30 sessions per acute occurrence
Chiropractic Care	Plan pays up to \$1,500 per Calendar Year
Occupational Therapy  If not pre-certified	Plan covers up to 25 sessions per acute occurrence and 25 additional sessions for treatment of more than one system After first 25 sessions, Plan pays 50% without pre-certification
Physical Therapy, Prolo Therapy, Acupuncture  If not pre-certified	Plan covers up to 25 sessions per acute occurrence and 25 additional sessions for treatment of more than one system or loss of special senses function After first 25 sessions, Plan pays 50% without pre-certification
Speech Therapy	Plan covers up to 25 sessions per acute occurrence
Pain Management Treatment In-Network Practitioner Non-Network Practitioner	Plan pays 80% Plan pays 50%
Hearing Aid	Plan pays 80%, up to \$500 per a five consecutive-year period
Nutritional Counseling	Plan covers four counseling sessions per Calendar Year when certain medical conditions exist

Bariatric Treatment and Management	Plan covers six Physician visits and four dietician visits per Calendar Year when history of obesity exists and other conditions are met
Bariatric Surgery	When provided through a Fund-approved program
Intentionally Destructive Act (except suicide or attempted suicide)	Plan pays 50%
Treatment of Varicose Veins	Plan pays up to \$2,500 per leg, per lifetime
Voice Communication Machine	Plan pays up to \$7,500 per lifetime

### **Prescription Drug Benefit for You (and Your Dependents, if covered)**

Dispensing Limitation	30-day supply (retail); 90-day supply for maintenance drugs and for all other drugs (mail order)
PPO	Co-payment for 30-day supply (retail):
Tier Zero—Preferred Generic Drugs	\$5
Tier One— Generic Drugs	\$12
Tier Two— Preferred Brand Name Drugs	\$20
Tier Three—Non-Preferred Brand Name Drugs	\$33
Non-PPO	
Tier Zero—Preferred Generic Drugs	\$5 plus amount above PPO provider rate
Tier One— Generic Drugs	\$12 plus amount above PPO provider rate
Tier Two— Preferred Brand Name Drugs	\$20 plus amount above PPO provider rate
Tier Three—Non-Preferred Brand Name Drugs	\$33 plus amount above PPO provider rate

PPO	Co-payment for 90-day supply of a Maintenance Drug: \$5
Tier Zero—Preferred Generic Drugs	\$19
Tier One— Generic Drugs	
Tier Two— Preferred Brand Name Drugs	\$40
Tier Three—Non-Preferred Brand Name Drugs	\$67
Non-PPO	
Tier Zero—Preferred Generic Drugs	\$5 plus amount above PPO provider rate
Tier One— Generic Drugs	\$19 plus amount above PPO provider rate
Tier Two— Preferred Brand Name Drugs	\$40 plus amount above PPO provider rate
Tier Three—Non-Preferred Brand Name Drugs	\$67 plus amount above PPO provider rate
Specialty Drugs (only through mail order)	PPO: The applicable copay/script for Tier Zero, Tier One, Tier Two and Tier Three drugs. Deductible does not apply. There is no Non-PPO coverage.

\* Subject to the Non-Compliance Penalty

\*\* Subject to Non-PPO Hospital Deductible

