

SUMMARY OF BENEFITS — Effective as of January 1, 2020

The following chart highlights the key features of the Plan in effect as of **January 1, 2020**. These benefits are described in detail in the Plan's Summary Plan Description/Plan Document. **Note:** "Calendar Year" refers to the period from January 1 through December 31 of each year.

You **must** get your medical care from providers who participate in the Anthem medical PPO network. Only a few exceptions apply for coverage of Out-of-Network providers. Coverage for Medicare retirees is coordinated at the In-Network level of benefits. Refer to the Summary Plan Description/Plan Document for more details.

Remember to present your ID card to any provider of service to ensure that the Fund is only paying claims based on the negotiated rates for In-Network providers. **Any covered Out-of-Network charges are limited to Usual, Customary and Reasonable (UCR) amounts. All inpatient and certain outpatient services require pre-authorization.**

Comprehensive Medical Benefits—Plan Provisions

(All medical benefits are subject to the applicable deductibles and co-insurance, unless otherwise noted)

Annual Deductible¹ (June 1 - May 31)

Medical (In-Network)

You pay:

\$250 per person; \$750 per family

Medical (Out-of-Network)

\$500 per person; \$1,500 per family

Annual Out-of-Pocket Maximum (January 1 – December 31)

In-Network

\$3,500 per person; \$7,000 per family

Out-of-Network (Does not include excess of UCR)

\$5,000 per person; \$10,000 per family

Co-insurance for In-Network Coverage

Emergency Room²

You pay:

\$50 per occurrence

Medicare & Non-Medicare Eligible Participants

Plan covers, unless otherwise specified:

In-Network Hospital / Facility

95%

In-Network Physician / Professional

90%

Co-insurance for Limited Out-of-Network Coverage

Hospital / Facility

Plan covers:

75% of UCR

Physician / Professional

70% of UCR

Benefits With In-Network & Out-of-Network Coverage³

(Subject to the applicable deductibles, coinsurance and UCR)

Treatment/Services in the Event of an Emergency (Including Ambulance Services—Ground / Air Transport)

Radiologist, Pathologist and Anesthesiologist Services, Emergency Room Physician, and Laboratory Technician Services

Chiropractic Therapy

\$1,200 per person per calendar year

Acupuncture

90%, up to \$1,200 per person per calendar year

Hearing Care

Hearing Examination

One exam per person per calendar year

Hearing Aids (Provider Services)

\$6,000 per person in any 72-month period

Hearing Aid Repair

\$300 per person per calendar year



Benefits With In-Network Coverage Only. No coverage for Out-of-Network Providers

Routine Physical Examination, Pap Smear and Mammogram⁴

Adult (Participant and Spouse)

Health Dynamic Provider

100%; no deductible

Non-Health Dynamic Provider

90%; in-network only

Dependent Child

90%; in-network only

Immunizations: Adults and Children

100%; in-network only

Mental Health and Substance Abuse Treatment

100%; no deductible; in-network only

Custom Foot Orthotics

\$350 per person per calendar year; in-network only

Diabetic Shoes

\$700 per person per calendar year; in-network only

Occupational Therapy and Physical Therapy

40 visits (combined) per person per calendar year; in-network only

Speech Therapy (pre-authorization required)⁵

In-network only

Temporomandibular Joint Disorder (Non-Surgical)

\$2,000 per person per lifetime; in-network only

Infertility Benefits

\$2,000 per person per lifetime; in-network only

Employee Assistance Program (EAP)

Call Anthem at 1-800-865-1044

100% on up to five visits per issue, such as mental health, substance abuse, stress and family matters

Transplant Benefits⁶

Co-insurance

100%; no deductible; in-network only

Transportation, Lodging and Meal Maximums

\$150 per day, up to \$10,000 per procedure

Private Nursing Care Maximum

\$10,000 per procedure; in-network only

Prescription Drug Benefits, Up to a 90-Day Supply (In-Network Benefits Through OptumRx)⁷

Generic Drugs

90%; no deductible

Brand Name Drugs

80%; no deductible

Specialty Drugs

Co-insurance

80%; you pay 20%, up to \$200 per prescription

Out-of-Pocket Maximum

100%, after you reach a \$3,000 specialty drug out-of-pocket maximum per calendar year

Infertility Benefits

\$2,000 per person per lifetime; in-network only

Vaccines

100%; no deductible

Dental Benefits (Optional Under Retiree Coverage)⁸

Preventive Dental Care

95%, in-network; 90% of UCR, out-of-network

Restorative Dental Care

85%, in-network; 80% of UCR, out-of-network

Calendar Year Maximum for Restorative Dental Care

\$2,500 per person

Orthodontics (Dependent Children Only)

80% of UCR

Lifetime Maximum for Orthodontics Only

\$5,000 per person; no maximum for dependent children under age 19

Vision Benefits (Optional Under Retiree Coverage)

Exam Maximum	100% of UCR; one exam per person per calendar year
Maximum for Covered Expenses Other Than Vision Exam	100%, up to \$300 per person every two calendar years; no maximum for lenses for children under age 19

Loss of Time Benefits (Active Participants Only)⁹

Weekly Benefit	\$325; subject to tax withholding; 7 day waiting period may apply
Maximum Duration	26 weeks

Death and Dismemberment Benefits (Participants Only)

	Active Employee ¹⁰	Retired Employee
Death Benefit¹¹	\$20,000	\$10,000
Accidental Death Benefit¹²	\$20,000	\$5,000

- 1 If only two members of your family are covered under the Plan, the family maximum is double the per person amount. Annual in-network deductibles are waived for active employees if they work 2,600 or more hours for which contributions are made on their behalf to the Fund in the preceding Calendar Year. In addition, if an active participant works 2,900 or more hours for which contributions are made on their behalf to the Fund in the preceding Calendar Year, the annual in-network deductibles are waived for the participant and spouse.
- 2 The co-insurance amount is in addition to any other amounts you are responsible to pay and does not apply toward meeting your annual out-of-pocket maximum. The co-insurance is waived if you are admitted to the hospital. In the event of an emergency, the Fund covers UCR ambulance services received from an out-of-network provider.
- 3 The Fund does not cover the costs of services you receive from out-of-network providers, except for those listed. Radiologist, pathologist, anesthesiologist and emergency room physician and laboratory technician services are covered out-of-network when performed at an in-network facility or doctor's office (regardless of whether or not the individual providing the service is an in-network provider).
- 4 Includes coverage for associated office visits and outpatient visits.
- 5 Benefits for speech therapy are paid based on medical necessity. You must obtain pre-authorization and follow the authorized treatment plan for expenses to be covered.
- 6 Transplant must be performed by an in-network provider. Transplant Benefit provisions do not apply for Medicare-primary participants and dependents. Transplant coverage for Medicare-primary participants and dependents is provided under the Plan's Comprehensive Medical Benefits.
- 7 The Plan covers up to \$2,000 per person per lifetime toward prescription medications associated with medically necessary infertility treatment. Under the Specialty Drug Step Therapy Program, OptumRx assesses specialty medications that are prescribed to treat infertility. Because there are several medications available to treat infertility, OptumRx will recommend that the pharmacist dispense the most cost-effective medication for you.
- 8 There is a voluntary dental network with Anthem, which may reduce the cost of dental services compared to dentists who do not participate in the Anthem network.
- 9 If the non-job related disability is due to a mental health issue, eating disorder, or substance abuse, benefits are only payable while you are confined in the hospital, except that a maximum of 8 weeks of Loss of Time benefits is allowed due to intensive outpatient treatment or a partial hospitalization program.
- 10 "Active Employee" for purposes of the Death Benefit includes a participant that retired prior to age 55 due to a disability.
- 11 You are eligible to receive an "accelerated benefit" of up to 50% of your basic life insurance amount if you become terminally ill due to an injury or illness. However, the benefit will not exceed \$10,000 for active participants and \$5,000 for retirees.
- 12 This benefit is in addition to the Death Benefit.

If You Have A Question Or Need Information About:	Contact:	Phone Number:	Website:
Eligibility and Updating Personal Information	Fund Office	(262) 549-9190 (800) 242-7018	www.iuoe139healthfund.org
Benefits & Claim Information	Fund Office	(262) 549-9190 (800) 242-7018	www.iuoe139healthfund.org
Medical Preferred Providers	Anthem BCBS	(800) 810-2583	www.anthem.com
Dental Preferred Providers	Anthem BCBS	(866) 641-7762	www.anthem.com
Prescription Drug Benefits	OptumRx OptumRx Specialty Pharmacy	(855) 295-9140 (855) 427-4682	www.optumrx.com
Routine Physical Examination Benefits	Health Dynamics	(414) 443-0200	www.healthdynamics.com
Transplant Benefits	Fund Office	(262) 549-9190 (800) 242-7018	www.iuoe139healthfund.org
Employee Assistance Program (EAP)	Anthem BCBS	(800) 865-1044	www.anthemEAP.com (login: OE Local 139)
Death and Accidental Death and Dismemberment Benefits	MetLife Fund Office	(800) 638-6420 (262) 549-9190 (800) 242-7018	N/A www.iuoe139healthfund.org

Other Contact Information	Contact:	Phone Number:	Website:
Central Pension Fund	Pension Office	(202) 362-1000	www.cpfuiue.org
Local 139 Union Office	Union Office	(262) 896-0139 (800) 280-0139	www.iuoe139.org

