

## 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)

<b>Annual Deductible<sup>1</sup> (June 1 - May 31)</b>	<b>You pay:</b>
Medical (In-Network)	\$250 per person; \$750 per family
Medical (Out-of-Network)	\$500 per person; \$1,500 per family
<b>Annual Out-of-Pocket Maximum (January 1 – December 31)</b>	<b>You pay:</b>
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
<b>Co-insurance for In-Network Coverage</b>	<b>You pay:</b>
Emergency Room <sup>2</sup>	\$50 per occurrence
Medicare & Non-Medicare Eligible Participants	<b>Plan covers, unless otherwise specified:</b>
In-Network Hospital / Facility	95%
In-Network Physician / Professional	90%
<b>Co-insurance for Limited Out-of-Network Coverage</b>	<b>Plan covers:</b>
Hospital / Facility	75% of UCR
Physician / Professional	70% of UCR

### Benefits With In-Network & Out-of-Network Coverage<sup>3</sup> (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

<b>Chiropractic Therapy</b>	\$1,200 per person per calendar year
<b>Acupuncture</b>	90%, up to \$1,200 per person per calendar year
<b>Hearing Care</b>	
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 Mammogram<sup>4</sup>

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)<sup>5</sup> 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)** 100% on up to five visits per issue, such as mental health, substance abuse, stress and family matters  
Call Anthem at 1-800-865-1044

### Transplant Benefits<sup>6</sup>

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)<sup>7</sup>

**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)<sup>8</sup>

**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)

<b>Exam Maximum</b>	100% of UCR; one exam per person per calendar year
<b>Maximum for Covered Expenses Other Than Vision Exam</b>	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)<sup>9</sup>

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

## Death and Dismemberment Benefits (Participants Only)

	Active Employee <sup>10</sup>	Retired Employee
<b>Death Benefit<sup>11</sup></b>	\$20,000	\$10,000
<b>Accidental Death Benefit<sup>12</sup></b>	\$20,000	\$5,000

- 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.*
- 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.*
- 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).*
- Includes coverage for associated office visits and outpatient visits.*
- 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.*
- 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.*
- 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.*
- 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.*
- 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.*
- "Active Employee" for purposes of the Death Benefit includes a participant that retired prior to age 55 due to a disability.*
- 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.*
- This benefit is in addition to the Death Benefit.*

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

<b>Other Contact Information</b>	<b>Contact:</b>	<b>Phone Number:</b>	<b>Website:</b>
<b>Central Pension Fund</b>	Pension Office	(202) 362-1000	<a href="http://www.cpfiuoe.org">www.cpfiuoe.org</a>
<b>Local 139 Union Office</b>	Union Office	(262) 896-0139 (800) 280-0139	<a href="http://www.iuoe139.org">www.iuoe139.org</a>

