

CARPENTERS SCHEDULE OF BENEFITS

Effective July 1, 2017, unless otherwise noted

Life and AD&D Benefits for Active Employees	
Life Benefit	\$10,000
AD&D Benefit	\$10,000

The Life and AD&D Benefits for active Employees are fully insured through ULLICO.

The amount of Life Insurance and Accidental Death and Dismemberment Insurance will be reduced by 50% at age 70.

Medical Benefits	In-Network Provider*
Calendar Year Medical Deductible	\$1,200 per Participant
	\$3,600 per Family
Common Accident Deductible	If two or more eligible members of your family are injured in the same accident, only one deductible has to be met for that Calendar Year for Eligible Expenses Incurred as a result of the common accident.
Hospital Inpatient Admission Copayment	\$100 per admission
	Applies prior to and is in addition to the Calendar Year Deductible. This Copayment does not apply to admissions to a Hospice or Skilled Nursing Facility.
Hospital Outpatient Surgery or Ambulatory Surgical Facility Copayment	\$100 per visit
	Applies prior to and is in addition to the Calendar Year Deductible.
Emergency Room Copayment	\$200 per visit
	Applies prior to and is in addition to the Calendar Year Deductible. The Emergency Room Copayment is waived if you are admitted into the Hospital.
Calendar Year Medical Out-of-Pocket Maximum	\$6,350 per person/\$12,700 per family. After that, the Plan pays 100% of Eligible Expenses in a Calendar Year.
Annual Maximum Benefit	Unlimited
Lifetime Maximum Benefit	Unlimited

*Out of Network Providers are NOT covered, except in limited circumstances. (See Article V, Section 5.12 (30).)

Medical Benefits	In-Network Provider*
Utilization Management Requirements	<ul style="list-style-type: none"> ▪ Precertification Review must be obtained prior to all admissions to a Hospital, Skilled Nursing Facility (SNF), Subacute Care Facility, Hospice or other facility. ▪ Precertification Review also must be obtained prior to obtaining Home Health Care. ▪ Admission Certification Review must be obtained within 48 hours of all Emergency (non-elective) admissions. ▪ The penalty for failure to comply with the Utilization Management Requirements is a reduction in benefits otherwise payable of \$500 per Inpatient admission or per course of Home Health Care treatment. ▪ To obtain precertification, call Medical Services Advisory at 1-800-433-3232.
Hospital Services (Inpatient)	80% of Eligible Expense
	Requires precertification. Subject to continued stay review.
Skilled Nursing Facility or Sub-Acute Facility	80% of Eligible Expense
	Limited to 60 days per person per Calendar Year for all types of facilities. Requires precertification. Subject to continued stay review.
Health Care Provider Services	80% of Eligible Expense
Laboratory Services (Outpatient)	80% of Eligible Expense
Radiology, Nuclear Medicine & Radiation Therapy Services (Outpatient)	80% of Eligible Expense
Emergency Services in a Hospital Emergency Room (Must be due to an Emergency Medical Condition)	80% of Eligible Expense
Emergency Ambulance Services to the nearest Hospital where Emergency Health Care Services can be Rendered	80% of Eligible Expense
Preadmission Testing (Outpatient)	80% of Eligible Expense
Hospital Outpatient Surgery or Ambulatory Surgical Facility	80% of Eligible Expense
Corrective Appliances (Prosthetic & Orthotic Devices)	80% of Eligible Expense
Durable Medical Equipment (DME)	80% of Eligible Expense

Medical Benefits	In-Network Provider*
Hearing Aid Benefit	Limited to once every 36 months, subject to a maximum benefit of \$1,500 per ear.
<ul style="list-style-type: none"> • Professional Fees 	80% of Eligible Expense
<ul style="list-style-type: none"> • Hearing Aids 	80% of Eligible Expense
Home Health Care and Home Infusion Services	80% of Eligible Expense
	Limited to 60 visits per person per Calendar Year for all types of services. Requires precertification. Subject to continued stay review.
Hospice Care Services	80% of Eligible Expense
	Limited to 120 days in a 3-year period. Requires precertification.
Mental Health and Substance Abuse Treatment	80% of Eligible Expense
Inpatient	Benefits for Inpatient treatment for Mental Health and Substance Abuse are covered the same as any other medical condition, subject to the Calendar Year Deductible and the Inpatient Hospital Admission Deductible. Requires precertification. Subject to continued stay review.
Outpatient	Benefits for Outpatient treatment for Mental Health and Substance Abuse are covered the same as any other medical condition, subject to the Calendar Year Deductible.
Maternity Services	80% of Eligible Expense
	No benefits for Maternity services or any related complications for Dependent Children, except that preventive prenatal care required by law will be covered for Dependent Children without cost sharing under the Preventive Care Benefits.
Outpatient Physical, Occupational, Speech and Pulmonary Rehabilitation Therapy and Spinal Manipulation (Chiropractic) Therapy performed by a Health Care Provider	80% of Eligible Expense
	Outpatient physical, occupational, speech and pulmonary rehabilitation therapy subject to combined limit of 45 visits per person per Calendar Year, which includes a limit of 25 visits per Calendar Year for Chiropractic Services.
Chronic Pain Management Program	80% of Eligible Expense
Cardiac Rehabilitation Services	80% of Eligible Expense
	Limited to 36 visits per Calendar Year

Medical Benefits	In-Network Provider*
Sleep Studies/Obstructive Sleep Apnea and Related Treatment, including any related Durable Medical Equipment	80% of Eligible Expense
	Benefits limited to one study per person per lifetime. If study involves an overnight stay at a facility, the Hospital Inpatient Admission Deductible will apply.
ORGAN/TISSUE TRANSPLANTS	
Organ/Tissue Procurement	80% of Eligible Expense
	Benefits limited to \$10,000 per person per transplant.
Donor Expenses	80% of Eligible Expense, not subject to Deductible
Transplant Related Travel Expenses	80% of Eligible Expense
	\$200 per diem maximum for lodging and meals. Benefits limited to \$10,000 per person per transplant.

Preventive Care Benefits	In-Network Provider
Well Child Examination and Immunizations	100% of Eligible Expense, no Deductible
	▪ Seven exams in first 12 months of life
	▪ Three exams in second 12 months of life
	▪ Three exams in third 12 months of life
	▪ One exam per year thereafter up to age 19
Adult Wellness Exam (Age 19 and Older)	100% of Eligible Expense, no Deductible
	One routine exam per Calendar Year.
Cervical Cancer Screening	100% of Eligible Expense, no Deductible
	One gynecology exam and pap test per Calendar Year for females age 15 and older.
Breast Cancer Screening	100% of Eligible Expense, no Deductible
	One screening mammogram per Calendar Year for females age 40 and older.
Prostate Screening	100% of Eligible Expense, no Deductible
	One office visit and examination per Calendar Year, including PSA test, for males age 50 and older.
Colorectal Cancer Screening	100% of Eligible Expense, no Deductible
	Age 50 and older subject to frequency guidelines

Preventive Care Benefits	In-Network Provider
Women's Preventive Health Services	<p>100% of Eligible Expense, no Deductible</p> <p>Includes: well-women visits, human papillomavirus DNA testing, counseling on sexually transmitted infections, counseling/screening for human immune-deficiency virus, sterilization, screening/counseling for interpersonal and domestic violence, annual gynecological visits for women ages 15 years and older, and preventive prenatal services, as required by law.</p> <p>Includes the following Contraceptives: diaphragms; generic oral contraceptives¹; generic emergency contraceptives; and Mirena (IUD). ¹Covered without regard to gender up to age 50.</p>
Other Preventive Care Benefits as required under the Patient Protection and Affordable Care Act	100% of Eligible Expense, no Deductible
<p>In-network benefits are provided through BlueCross BlueShield of IL (BCBS). To locate an In-Network medical provider you can call BCBS at 1-800-810-2583 or if you need to locate an In-Network Mental Health or Substance Abuse provider call 1-800-851-7498, or visit www.bcbsil.com.</p>	

Prescription Drug Benefits	Retail Network Pharmacy	Mail-Order Pharmacy
Calendar Year Prescription Drug Deductible	\$150 per person Applies to all drugs received through retail and mail order pharmacies	
Calendar Year Prescription Drug Out-of-Pocket Maximum	\$800 per person; \$1,600 per family; \$1,000 per person; \$2,000 per family effective January 1, 2018.	
Generic Drugs	\$25 Copayment per prescription	\$62.50 Copayment per prescription
Formulary Drugs	\$75 Copayment per prescription	\$187.50 Copayment per prescription
Non-Formulary Drugs	\$150 Copayment per prescription	\$375 Copayment per prescription
Specialty Drugs	\$300 Copayment per prescription	\$250 Copayment per 30 day supply
Supply Limit	Up to a 30-day supply	Up to a 90-day supply (except specialty drugs, which are limited to up to a 30-day supply)
	Oxycontin and Oxycodone limited to 3 per day; Fentanyl patches limited to 10 per month.	
Note: <ul style="list-style-type: none"> • You pay the lesser of the discounted price of a prescription drug plus the dispensing fee or the applicable Copayment amount. • Mandatory generic pricing and mandatory mail order requirements apply. 		
Clinical Programs for Prescription Drugs	Prior authorization, step therapy and drug quantity management will apply to certain prescription drugs.	
For additional information on the Prescription Drug Benefits, including how to access In-Network providers and mail order, call Express Scripts at 1-800-501-7252, or visit www.Express-Scripts.com.		

Dental Benefits	In-Network	Out-of-Network
Calendar Year Dental Deductible	\$100 per person; \$300 per family. The deductible is waived for In-Network Diagnostic & Preventive Benefits only.	
Calendar Year Dental Maximum	\$1,000 (includes benefits paid Out-of-Network)	\$500
	* Calendar Year Maximum does not apply to Pediatric Dental Services. Pediatric Dental Services are Diagnostic and Preventive Services and Basic Dental Services for Participants up to age 21.	
Diagnostic and Preventive Services*	80% of Eligible Expense	70% of UCR Charge
Basic Dental Services*	80% of Eligible Expense	60% of UCR Charge
Major Dental Services	50% of Eligible Expense	40% of UCR Charge
For additional information on the Dental Benefits, including how to access In-Network providers and where to file dental claims, call Delta Dental at 1-800-521-2651, or visit www.deltadentalins.com .		