

ARTICLE II

Carpenters' Health and Welfare Trust Fund Schedule of Medical Benefits – Effective January 1, 2010



BENEFIT	IN NETWORK PROVIDER	OUT OF AREA PROVIDER	OUT OF NETWORK PROVIDER
IN-OFFICE SERVICES			
Primary Care Physician Office Visit ⁵	\$20 co-pay	\$20 co-pay	50%
Obstetrical Care ¹	\$20 co-pay (first visit only)	\$20 co-pay (first visit only)	50%
Specialty Physician Office Visit	\$40 co-pay	\$40 co-pay	50%
Mammograms	100%	100%	50%
Surgical/Diagnostic Procedure in Physician's Office ^{3,1}	\$50 co-pay	\$50 co-pay	50%
X-Ray, Laboratory, Anesthesia and Other Ancillary Services	100%	90%	50%
Physical, Speech and Occupational Therapy Services ¹	\$5 co-pay	\$5 co-pay	50%
Chiropractic Care (\$1,500 annual benefit maximum cross accumulates among all benefit levels)	Maximum of \$42 per visit	Maximum of \$42 per visit. Member can be billed for balance.	Maximum of \$42 per visit. Member can be billed for balance.
INPATIENT SERVICES			
Inpatient Hospital Services ^{1,4}	\$150 co-pay per admission	\$250 co-pay per admission, then 90%	50%
Convalescent Skilled Nursing Facility ¹ (Aggregate 100-day maximum cross accumulates among all benefit levels)	\$150 co-pay per admission	\$250 co-pay per admission, then 90%	50%
Physician Hospital Visits and Specialist Care/Consultations ⁴	100%	90%	50%
Inpatient Ancillary Services ⁴ (Emergency Room, Radiology, Anesthesiology, Pathology)	100%	90%	50%
OUTPATIENT FACILITY SERVICES¹			
Includes: Observation Room Stay (excluding pregnancy), Outpatient Surgical Facility, Partial Hospitalization, Intensive Outpatient Treatment, Residential Facility Treatment, Electroshock Treatment	\$100 co-pay	\$200 co-pay	50%
Obstetrical Observation Room Stay	100%	90%	50%
CT, PET, MRI Scans, Bone Mineral Density Testing, Nuclear Scans and Other Diagnostic Services	\$50 co-pay	\$50 co-pay	50%
X-Ray, Laboratory, Anesthesia and Other Ancillary Services	100%	90%	50%
ANCILLARY SERVICES¹			
Hospice	100%	90%	50%
Home Health Services (maximum 100 visits per calendar year)	100%	90%	50%
Durable Medical Equipment	10% co-pay – Maximum \$200	10% co-pay – Maximum \$200	50%
EMERGENCY AND URGENT CARE²			
Hospital Emergency Room	\$100 co-pay	\$100 co-pay	\$100 co-pay
Urgent Care Facility ⁴	\$25 co-pay	\$25 co-pay	50%
Ambulance Service	\$50 co-pay	\$50 co-pay	\$50 co-pay

¹ May require pre-certification through the Medical Care Management Company.

² Medically necessary emergency room care, as defined by the Plan, will always be paid at 100% (after copayment) regardless of the provider chosen. Urgent care expenses will be paid at the benefit level corresponding to the provider of care.

³ In cases where the Plan applies a copayment and more than one service with a copayment exists on the claim, the higher co-pay will apply.

⁴ Qualified Emergency Care obtained out of the network will be paid at 70%, up to \$3,000 out of pocket, then at 100%.

⁵ Charges in a primary care physician office also include Preventive Health Services such as Routine Physicals (includes annual school physicals, immunizations, pap smears, and prostate screenings up to \$500 per person per calendar year). Immunizations recommended by the Center for Disease Control for patients through age 24 are not subject to the routine maximum.