

# NON-MEDICARE RETIREE MEDICAL PLAN OPTIONS EFFECTIVE JANUARY 1, 2011

Provided through the NECA/IBEW Family Medical Care Plan

**This is just an OUTLINE. All benefits are subject to the provisions and limitations specified in the Summary Plan Description booklet.**

<b>MEDICAL PLANS ADMINISTERED BY COMPUSYS</b>			
	<b>IN BLUE CARD NETWORK</b>	<b>OUT OF NETWORK</b>	
<b>Choice of Providers</b>	In- and out-of-network benefits provided; <b>greater benefits for in-network</b>		
<b>Lifetime Maximum Benefit</b>	Unlimited		
<b>Deductible, Coinsurance and Out-of-Pocket Maximum</b> (per calendar year) Covered charges paid at 100% when out-of-pocket maximum met (except mental health)	Deductible <i>Single/Family</i>	Play Pays <i>Network/Out-of-Network</i>	Out-of-Pocket Maximum* <i>Single/Family</i>
	Plan 6 <b>\$300/\$600</b>	90%/60%	<b>\$1,300/\$2,600</b>
	Plan 7 <b>\$500/\$1,000</b>	90%/60%	<b>\$2,500/\$5,000</b>
	Plan 8 <b>\$1,000/\$2,000</b>	90%/60%	<b>\$4,000/\$8,000</b>
	*Includes deductible Deductibles and out-of-pocket maximums apply to in- and out-of-network expenses combined.		
<b>Coinsurance</b> - Percentage of covered expenses paid by Plan	<b>90%</b> after deductible is satisfied		<b>60%</b> after deductible is satisfied
<b>Inpatient Hospital - Facility Charges</b> - room & board (semi-private and special care units), and ancillary services	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Hospital Emergency Room Facility Charges</b>	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		
<b>Outpatient Hospital or Surgical Facility</b> (when surgery is performed)	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Urgent Care Facility</b> (non-surgical)	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Outpatient Hospital Facility - Other</b> (non-emergency, non-surgical)	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Inpatient Professional Charges</b> Physician's surgical or medical care Radiologist Pathologist Anesthesiologist	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Outpatient Hospital Professional Charges</b> Physician's surgical or medical care Radiologist Pathologist Anesthesiologist	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Physician Office Visits</b>	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Other Physician Office Services</b> X-ray and lab Allergy treatment Second opinion	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached
<b>Independent Lab or Diagnostic Facility</b> - X-ray, lab, MRI, CT, PET, etc.	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached You can use any Blue Cross network facility		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached You can use any licensed out-of network facility
<b>Ambulance</b>	<b>90%</b> after deductible is satisfied 100% if out-of-pocket max reached		<b>60%</b> after deductible is satisfied 100% if out-of-pocket max reached

<b>OTHER SPECIAL BENEFITS AND LIMITATIONS</b>		
<b>Preventive Care</b> Annual physical exam Mammograms, Pap test PSA (prostate) Colorectal cancer screening Stress test, EKG	<b>100% to \$300</b> per cal. yr. for all covered services combined, balance subject to deductible & coinsurance	<b>100% to \$300</b> per cal. yr. for all covered services combined, balance subject to deductible & coinsurance
<b>Chiropractic</b>	<b>20</b> visits per cal. yr. <b>90%</b> after deductible is satisfied	<b>20</b> visits per cal. yr. <b>60%</b> after deductible is satisfied
<b>Mental/Nervous and Substance Abuse</b> (combined)  Inpatient  Partial IP/Intensive OP  Outpatient/Office	  <b>30</b> days per cal. yr. <b>90%</b> after deductible is satisfied  <b>30</b> days per cal. yr. <b>90%</b> after deductible is satisfied  <b>20</b> visits per cal. yr. <b>90%</b> after deductible is satisfied	  <b>30</b> days per cal. yr. <b>60%</b> after deductible is satisfied  <b>30</b> days per cal. yr. <b>60%</b> after deductible is satisfied  <b>20</b> visits per cal. yr. <b>60%</b> after deductible is satisfied
<b>Physical/Occup. Therapy</b> (combined)	<b>20</b> visits per cal. yr. <b>90%</b> after deductible is satisfied	<b>20</b> visits per cal. yr. <b>60%</b> after deductible is satisfied
<b>Speech Therapy</b> (to restore speech after accident or illness)	<b>20</b> visits per cal. yr. <b>90%</b> after deductible is satisfied	<b>20</b> visits per cal. yr. <b>60%</b> after deductible is satisfied
<b>Durable Medical Equipment and Prosthetics</b>	<b>90%</b> after deductible is satisfied <b>100%</b> if out-of-pocket max reached	<b>60%</b> after deductible is satisfied <b>100%</b> if out-of-pocket max reached
<b>Organ/Tissue Transplant</b>	<b>90%</b> after deductible is satisfied <b>100%</b> if out-of-pocket max reached	<b>60%</b> after deductible is satisfied <b>100%</b> if out-of-pocket max reached
<b>TMJ</b>	<b>\$1,000</b> max. benefit per lifetime <b>90%</b> after deductible is satisfied	<b>\$1,000</b> max. benefit per lifetime <b>60%</b> after deductible is satisfied
<b>Skilled Nursing Facility</b> (inpatient)	<b>60</b> days per cal. yr. <b>90%</b> after deductible is satisfied	<b>60</b> days per cal. yr. <b>60%</b> after deductible is satisfied
<b>Home Health Care</b>	<b>120</b> visits per cal. yr. <b>90%</b> after deductible is satisfied	<b>120</b> visits per cal. yr. <b>60%</b> after deductible is satisfied
<b>Hospice</b>	<b>90%</b> after deductible is satisfied <b>100%</b> if out-of-pocket max reached	<b>60%</b> after deductible is satisfied <b>100%</b> if out-of-pocket max reached
<b>Pregnancy</b> including prenatal	Same as benefits for covered illness. No benefits provided for children.	

<b>PRESCRIPTION DRUG PLAN</b> ADMINISTERED BY <b>SAV-RX</b>	
<b>ALL PLANS (6,7 &amp; 8)</b>	
<b>Retail</b> 30-day supply	Participant pays: <b>\$5</b> generic <b>25%</b> brand/ <b>\$20</b> minimum <b>25%</b> to \$250 maximum specialty (limited to 30-day supply)
<b>Mail</b> 90-day supply	Participant pays: <b>\$15</b> generic <b>\$60</b> brand
<b>Covered Drugs</b> Injectables Erectile dysfunction (Viagra, etc.) For diabetes Fertility drugs	When medically necessary, some need pre-approval 6 per month Insulin and supplies Excluded