

WASHINGTON TEAMSTERS WELFARE TRUST

Medical Plan B Summary

Major Plan Features	
Calendar Year Deductible (excluding copays)	\$250 per person; \$750 per family Does not apply to charges for office visits.
Calendar Year Out-of-Pocket Maximum for Coinsurance (excluding plan deductibles and copays)	\$1,500 per person; \$3,000 per family ¹⁾
Coinsurance (applies to most benefits)	80% ²⁾
Lifetime Maximum	\$2,000,000 per person
PPO Network	First Choice Health Network
Hospital and Emergency Room Benefits	
Emergency Room Care	\$75 copay per visit (waived if directly admitted), then 80% after the deductible
Hospital Pre-certification/Utilization Review	Hospital pre-certification required; \$200 penalty when admission not pre-certified; no coverage for days not certified by Qualis Health as medically necessary. Call Qualis Health at 877-372-7861 to pre-certify.
Inpatient Hospital (room and board)	80% after the deductible
Second Surgical Opinion	100% (not subject to deductible) if required by Qualis Health
Surgery (inpatient and outpatient)	80% after the deductible
Physician Services	
Office Visits	100% after \$20 copay per visit (not subject to deductible)
Preventive Care (routine outpatient physical exams and screenings, well-baby care, and recommended immunizations)	100% after \$20 copay per visit (not subject to deductible)
Inpatient Care and Surgery	80% after the deductible
Diagnostic X-Ray/Lab	80% after the deductible
Other Plan Benefits	
Acupuncture Treatment	100% after \$20 copay per visit, up to 15 visits per calendar year; Acupuncturist (LAC) covered only if a PPO provider is used. ³⁾
Alternative Treatment Settings, Instead of Hospitalization:	80% after the deductible:
▪ Alternate Housing Facility	Up to \$60 per day and 70 days for each period of confinement
▪ Home Health Care	Up to 130 visits per calendar year.
▪ Hospice Care	Up to \$10,000 per lifetime
▪ Skilled Nursing Facility	Up to \$100 per day and 180 days per same or related condition

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Other Plan Benefits (continued)	
Durable Medical Equipment	80% after the deductible for covered items. Pre-authorization may be required.
Hearing Aids	80% after the deductible up to \$1,000 per ear per person every 36 months (maximum waived for children with a congenital defect)
Inpatient Rehabilitation	80% after the deductible
Jaw Treatment (including TMJ and MPD)	80% after the deductible up to \$6,000 per lifetime (maximum waived for congenital defects)
Massage Therapist Treatment	100% after \$20 copay per visit, up to 12 visits per calendar year per person. ³⁾
Maternity Program	\$200 copay if mother does not participate and successfully complete the Taking Care of Us Maternity Program, then 80% after the deductible.
Organ Transplants	Special rules and limits apply. \$200,000 maximum per confinement
Outpatient Physical or Occupational Therapy	100% after \$20 copay per visit, up to 24 visits for physical therapy and 24 visits for occupational therapy per calendar year. ³⁾
Speech Therapy	100% after \$20 copay per visit, up to 60 visits per lifetime. ³⁾
Spinal Treatment	100% after \$20 copay per visit, up to 15 visits per calendar year ³⁾ ; diagnostic X-rays 80% after the deductible up to \$100 per calendar year.
Vision Therapy	80% after the deductible, up to 60 visits per lifetime. Special rules apply. ³⁾

The Major Plan Features of the Medical Plan (deductible, coinsurance and out-of-pocket maximum) do NOT apply to the Prescription Drug Program, Weight Loss Programs and Mental Health and Chemical Dependency Benefits Program.

¹⁾ Once an individual reaches the Medical Plan out-of-pocket maximum for coinsurance during a calendar year, the Plan pays most eligible expenses at 100% for the rest of that calendar year. Costs in excess of the \$200,000 organ transplant maximum, costs for mental health treatment, chemical dependency treatment, outpatient professional copayments, deductible, prescription drug expenses, non-covered expenses, charges over UCR amounts, and penalties for not pre-certifying hospitalizations do not apply to the out-of-pocket maximum for coinsurance.

²⁾ The coinsurance percentages listed in this summary refer to:

- Percentage of UCR (usual, customary, and reasonable) charges for a non-PPO (non-network) provider
- Percentage of PPO (network) providers' discounted charges for a PPO (network) provider

³⁾ Benefit limits on number of visits or days apply whether or not the visits or days are subject to the deductible. Requires a prescription from your prescribing provider.

Send Medical claims to:

Washington Teamsters Welfare Trust
PO Box 21003
Seattle, WA 98111

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Prescription Drug Program

Prescription Drug Program		
Retail Pharmacy (up to 34-day supply)	Generic Drugs	Brand-Name Drugs
<i>Recommended</i> Network Pharmacy	100% after the greater of \$5 copay per prescription or 10% of the drug cost	100% after the greater of \$15 copay per prescription or 30% of the drug cost
<i>Regular</i> Network Pharmacy	100% after the greater of \$10 copay per prescription or 10% of the drug cost	100% after the greater of \$20 copay per prescription or 30% of the drug cost
Retail Non-Network Pharmacy (covered for medical emergencies only)	100% after \$9 handling fee <i>plus</i> your normal copay or cost share	
Mail Order Pharmacy (up to a 100-day supply)	100% after \$10 copay per prescription	100% after \$35 copay per prescription
Contraceptives	Covered, retail or mail order	Covered, retail or mail order

Weight Loss Programs

Weight Loss Programs – Pre-authorization required	
Non-Surgical Program, Surgery, and Pre- and Post-Surgery Programs	80%. Participant pays 20% plus monthly cost of web-based programs where applicable. Contact Sound Health Solutions at 425-747-6000 for more information.

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Mental Health and Chemical Dependency Benefits Program

Benefit	Network Provider/Facility	Non-Network Provider/Facility	
Assistance Program			
Assessment Visits	Call 800-256-9888 24 hours a day, 7 days a week. Program pays 100% up to 3 outpatient assessment visits per person per incident per calendar year. Must be authorized by MHN.	None	
Mental Health Treatment Program			
Outpatient	Program pays 100% after applicable copay if you preauthorize with MHN. Program pays 50% after applicable copay if you do not preauthorize treatment with MHN.	Program pays 50% of UCR. MHN preauthorization is not required.	
	Individual Sessions copay: 1-20 sessions– \$10 copay 21-50 sessions– \$15 copay		Group Sessions copay: 1-20 sessions– \$5 copay 21-50 sessions– \$7.50 copay
	Up to 50 authorized individual/group sessions per person per calendar year, combined network and non-network.		
Inpatient/Alternate Care and Residential/Partial Treatment	Program pays 100% if you preauthorize with MHN. Program pays 50% if you do not preauthorize treatment with MHN.	Program pays 50% of UCR if you preauthorize with MHN. No benefits are available if you do not preauthorize treatment with MHN.	
	Up to 45 days of authorized residential/inpatient/alternate/partial care treatment per person per calendar year combined network and non-network. 90 days lifetime maximum per eligible participant. 2 days of residential and/or partial treatment equal 1 day of inpatient treatment.		
Chemical Dependency Treatment Program			
Inpatient/Outpatient	Program pays 100% if you preauthorize with MHN. Program pays 50% if you do not preauthorize treatment with MHN. Includes SAP services for active employees who fail a DOT alcohol or drug test.	Program pays 50% of UCR if you preauthorize with MHN. No benefits are available if you do not preauthorize treatment with MHN.	
	Up to \$10,000 per episode* (including detoxification), per person. Lifetime maximum of 2 episodes of chemical dependency treatment, including detoxification, per eligible participant. MHN preauthorization is required.		

**An episode is defined as any continuous course of treatment that focuses on a particular occurrence of a chemical dependency problem. An episode may involve various levels of care and/or treatment by one or more providers or facilities as a part of a continuum of medically necessary and clinically appropriate treatment of the presenting problem. Treatment of a relapse of the treated condition within 60 days of a participant's completion of all MHN recommended levels of care is considered to be the same episode.*

Send Mental Health and Chemical Dependency claims to:

MHN
PO Box 14621
Lexington, KY 40512

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