

WASHINGTON TEAMSTERS WELFARE TRUST

WT-100 Plan Benefits Summary (employee only coverage)

LIFE INSURANCE		
▪ Employee		\$2,000*
ACCIDENTAL DEATH & DISMEMBERMENT		
▪ Employee		\$2,000*
WEEKLY INCOME DISABILITY BENEFITS		
▪ Employee		\$80*
MEDICAL CARE BENEFITS	If You Use a PPO¹⁾ Provider	If You Use a Non-PPO Provider
Deductibles		
▪ Emergency Room Care	No deductible	\$50 per visit
▪ Hospitalization	No deductible	\$100 per admission
▪ Physician Services and Other Charges	\$100 per person per calendar year 3-month carryover applies	
Out-of-Pocket Maximum²⁾	\$1,000 per person per calendar year	
Lifetime Maximum	\$200,000 per person	
PPO Network	First Choice Health Network	
Hospital	80% of PPO charges	80% of UCR ³⁾ charges
▪ Pre-certification and Utilization Review	\$200 penalty when admission is not pre-certified. Benefit payment is reduced by 10% for days not certified by Qualis Health as medically necessary. Call Qualis Health at 877-372-7861 to pre-certify.	
Physician Services		
▪ Inpatient, Outpatient, Surgery	80% of PPO charges in excess of deductible.	80% of UCR charges in excess of deductible.
Maternity Program	80% of PPO charges in excess of deductible.	80% of UCR charges in excess of deductible.
	\$200 copay if mother does not participate and successfully complete the Taking Care of Us Maternity Program.	
Preventive Care		
▪ Immunizations	80% of PPO charges in excess of deductible.	80% of UCR charges in excess of deductible.
Diagnostic Lab and X-Ray	80% of PPO charges in excess of deductible.	80% of UCR charges in excess of deductible.
Spinal Treatment	80% of PPO charges in excess of deductible.	80% of UCR charges in excess of deductible.
	Maximum of \$100 per calendar year for diagnostic tests and X-rays; maximum of 15 treatments per calendar year combined PPO and non-PPO	

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MEDICAL CARE BENEFITS	If You Use a PPO ¹⁾ Provider	If You Use a Non-PPO Provider
Massage Therapist Treatment	80% of PPO charges	80% of UCR charges
	Up to 12 visits per calendar year per person ²⁾	
All Jaw Surgery including TMJ and MPD	80% of PPO charges	80% of UCR charges
	\$6,000 Lifetime maximum; Regular benefits apply in cases of an accident..	
Organ Transplants	Special eligibility rules and limitations ; \$200,000 per transplant maximum	
Alternative Treatment Settings	In lieu of hospitalization, the Plan pays 80% of PPO charges	In lieu of hospitalization, the Plan pays 80% of UCR charges
▪ Skilled Nursing Facility	Up to \$100 per day for 180 days	
▪ Hospice	Limited to \$10,000	
▪ Home Health Care	Maximum of 130 visits	

* The actual amount of your Death and Weekly Income Benefits will be determined by the collective bargaining agreement (labor agreement) applicable to your employer, and your employer's required contributions made to the Plan on your behalf. The benefits shown above are the standard benefits for this Plan. Your employer's collective bargaining agreement may not provide any of these benefits, or it may provide for a greater or lesser benefit than the standard benefits shown.

¹⁾ Preferred Provider Organization

²⁾ Once you have reached your out-of-pocket maximum for the calendar year, eligible charges will be paid at 100% for the remainder of that calendar year. Costs in excess of the \$200,000 organ transplant maximum, costs for mental health treatment, chemical dependency treatment, 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.

³⁾ Usual, customary, and reasonable

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	90% (of discounted price)	75% (of discounted price)
<i>Regular</i> Network Pharmacy	85% (of discounted price)	70% (of discounted price)
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% (no copay required)	100% after a \$20 copay per prescription*
Contraceptives	Covered, retail or mail order	Covered, retail or mail order

*You pay \$20 copay per prescription if you receive a brand name drug when a generic substitution is available. The generic name of a drug is simply its chemical name. Generic drugs meet strict requirements under the FDA and are as safe, efficient and effective as brand-name drugs, but are considerably less expensive. Unless otherwise specified by your doctor, your prescriptions will be filled with generic drugs. Certain new and/or high-cost prescriptions may be limited to a trial dose (instead of the 100-day supply) on the first and possibly second order of a new prescription to determine patient tolerance and drug effectiveness.

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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