

**Michiana Area Electrical Workers' Health and Welfare Fund  
Benefits and Eligibility at a Glance January 1, 2014**

		<b>In-Network - PPO</b>	<b>Out-of-Network</b>
Deductible		\$400 / person; \$1,200 / family per calendar year	\$400 / person; \$1,200 / family per calendar year
Co-payments	Fixed dollar	\$30 co-pay for office visits \$150 co-pay for emergency room	\$150 co-pay for emergency room
	Percent copays	10% of approved amount	30% of approved amount
Co-payment Dollar Maximums		\$1,000 / member; \$2,000 for two or more members / calendar year	\$1,500 / member; \$4,000 for two or more members / calendar year
Lifetime Maximum		None	
<b>Preventive Services</b>			
<u>Health Maintenance Exam</u> – includes chest x-ray, EKG, cholesterol screening and other select lab procedures(member & spouse)		100% (no deductible, no co-pay; one per member, per calendar year)	Not covered
Gynecological exam		100% (no deductible, no co-pay) one per member per calendar year	Not covered
Pap smear screening – laboratory and pathology services		100% (no deductible, no co-pay) one per member per calendar year	Not covered
Well-baby and child care visits		100% (no deductible, no co-pay) <ul style="list-style-type: none"> <li>• 6 visits, birth through 12 months</li> <li>• 6 visits, 13 months through 23 months</li> <li>• 6 visits, 24 months through 35 months</li> <li>• 2 visits, 36 months through 47 months</li> <li>• Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit</li> </ul>	Not covered
Adult and childhood preventive services and immunizations		100% (no deductible, no co-pay)	Not covered
Fecal occult blood screening		100% (no deductible, no co-pay) one per member per calendar year	Not covered
Flexible sigmoidoscopy exam		100% (no deductible, no co-pay) one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening		100% (no deductible, no co-pay) one per member per calendar year	Not covered
Routine mammogram and related reading		100% (no deductible, no co-pay) one per member per calendar year	70% after deductible
Colonoscopy – routine or medically necessary		100% (no deductible, no co-pay) one per member per calendar year	70% after deductible
Routine venipuncture – subject to criteria		100% (no deductible, no co-pay)	Not covered

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<b>Physician Office Services</b>		
Office Visits	\$30 co-pay per office visit	70% after deductible; must be medically necessary
Outpatient and Home Visits	90% after deductible	70% after deductible; must be medically necessary
Office Consultations	\$30 co-pay per office visit	70% after deductible; must be medically necessary
Urgent Care Visits	\$30 co-pay per office visit	70% after deductible; must be medically necessary
<b>Emergency Medical Care</b>		
Hospital Emergency Room	\$150 co-pay per visit (co-pay waived if admitted for an accidental injury)	\$150 co-pay per visit (co-pay waived if admitted for an accidental injury)
<u>Ambulance Services</u> – must be medically necessary	90% after deductible	90% after deductible
<b>Diagnostic Services</b>		
Laboratory and Pathology Tests	90% after deductible	70% after deductible
Diagnostic Tests and X-rays	90% after deductible	70% after deductible
Therapeutic radiology	90% after deductible	70% after deductible
<b>Maternity services provided by a physician</b>		
<u>Prenatal and postnatal care visits</u> – excludes dependent children	100% no deductible or co-pay	70% after deductible
	Includes covered services provided by a certified nurse midwife	
<u>Delivery and nursery care</u> – excludes dependent children	90% after deductible	70% after deductible
	Includes covered services provided by a certified nurse midwife	
<b>Hospital care</b>		
Semiprivate room, inpatient physician care	90% after deductible	70% after deductible
Inpatient consultations	90% after deductible	70% after deductible
Chemotherapy	90% after deductible	70% after deductible
<b>Alternatives to hospital care</b>		
<u>Skilled nursing care</u> – must be in a participating skilled nursing facility	90% after deductible	90% after in –network deductible
	Limited to a maximum of 120 days per member per calendar year	
Hospice care	100% no deductible or co-pay	100% no deductible or co-pay
Home health care	90% after deductible	90% after in –network deductible
Home infusion therapy	90% after deductible	90% after in –network deductible
<b>Surgical services</b>		
<u>Surgery</u> – includes related surgical services and medically necessary facility services	90% after deductible	70% after deductible
Presurgical consultations	100% no deductible or co-pay	70% after deductible
Voluntary sterilization	90% after deductible	70% after deductible
Voluntary abortions	Not covered	Not covered

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<b>Human organ transplants</b>		
Specified human organ transplants	100% no deductible or co-pay	100% no deductible or co-pay – in designated facilities only
Bone marrow transplants	90% after deductible	70% after deductible
Specified oncology clinical trials	90% after deductible	70% after deductible
Kidney, cornea and skin transplants	90% after deductible	70% after deductible
<b>Mental health care and substance abuse treatment</b>		
Inpatient mental health care	90% after deductible	70% after deductible
	Unlimited days	
Inpatient substance abuse treatment	90% after deductible	70% after deductible
	Unlimited days	
Outpatient mental health care:		
• Facility and clinic	90% after deductible	90% after in-network deductible; in participating facilities only
• Physician's office	90% after deductible	70% after deductible
<u>Outpatient substance abuse treatment</u> – in approved facilities only	90% after deductible	70% after deductible
<b>Other covered services</b>		
Outpatient Diabetes Management Program (ODMP)	100% after deductible for diabetes medical supplies; 100% (no deductible or co-pay) for diabetes management self-training	70% after deductible
Allergy testing and therapy	\$30 office visit co-pay per visit	70% after deductible
Chiropractic spinal manipulation and osteopathic manipulative therapy	\$30 office visit co-pay per visit	70% after deductible
	Limited to a combined maximum of 24 visits per member per calendar year	
<u>Outpatient physical, speech and occupational therapy</u> – provided for rehabilitation	90% after deductible	70% after deductible Services at non-participating outpatient physical therapy facilities are not covered
	Limited to a combined maximum of 60 visits per member per calendar year	
Durable medical equipment	90% after deductible	90% after deductible
Prosthetic and orthotic appliances	90% after deductible	90% after deductible
Private duty nursing	90% after deductible	90% after deductible
<u>Custom orthotics/shoe inserts or orthopedic shoes</u> – one pair per member per calendar year	90% after deductible	90% after deductible
<u>Foot care</u> – trimming of benign skin lesions and dystrophic nails and nail and skin debridement	90% after deductible	70% after deductible

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<b>Hearing Care Coverage</b>					
Deductible		None		Not applicable	
Co-pay		None		Not applicable	
<u>Audiometric exam</u> – one every 36 months		100% of approved amount		Not covered	
<u>Hearing aid evaluation</u> – one every 36 months		100% of approved amount		Not covered	
Ordering and fitting the hearing aid (a monaural or binaural hearing aid) – one every 36 months		100% of approved amount		Not covered	
<u>Hearing aid conformity test</u> – one every 36 months		100% of approved amount		Not covered	
<b>Prescription drug coverage</b>					
		<b>90-day retail network pharmacy</b>	<b>Network mail order provider</b>	<b>Network pharmacy</b>	<b>Non-network pharmacy</b>
<u>Tier 1</u> – Generic or prescribed over the counter	1 – 30 days	\$5 co-pay	\$5 co-pay	\$5 co-pay	\$5 co-pay <i>plus</i> 25% of approved amt for drug
	31 – 83 days	No coverage	\$10 co-pay	No coverage	No coverage
	84 – 90 days	\$10 co-pay	\$10 co-pay	No coverage	No coverage
<u>Tier 2</u> – Formulary brand – name drugs	1 – 30 days	\$30 co-pay	\$30 co-pay	\$30 co-pay	\$30 co-pay <i>plus</i> 25% of approved amt for drug
	31 – 83 days	No coverage	\$60 co-pay	No coverage	No coverage
	84 – 90 days	\$60 co-pay	\$60 co-pay	No coverage	No coverage
<u>Tier 3</u> – Nonformulary brand-name drugs	1 – 30 days	\$50 co-pay	\$50 co-pay	\$50 co-pay	\$50 co-pay <i>plus</i> 25% of approved amt for drug
	31 – 83 days	No coverage	\$100 co-pay	No coverage	No coverage
	84 – 90 days	\$100 co-pay	\$100 co-pay	No coverage	No coverage
<b>Prescription drug coverage</b>					
FDA – approved drugs		100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	75% of approved amount less plan co-pay
<u>Prescribed OTC drugs</u> – when covered by Humana		100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	75% of approved amount less plan co-pay

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State-controlled drugs	100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	75% of approved amount less
Prescription contraceptive medications	100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	100% of approved amount less plan co-pay	75% of approved amount less plan co-pay
Infertility drugs	50% of approved amount	50% of approved amount	50% of approved amount	Not covered
<b>Pre-Medicare Retirees</b>	Benefits are the same as the Active Participants			
<b>Post Medicare Retirees</b>	Benefits are the same as the Active Participants with Medicare as the primary payer.			
<b>Additional Information</b>				
<b>Death Benefits</b>	Active Participants (Member only) \$7,500 AD&D (Member only) \$7,500 Retiree (Member only) \$7,500 Retiree AD&D (Member only) \$7,500			
<b>Supplemental Benefit Account</b>	Provides coverage for co-payments and deductibles for eligible expenses.			
<b>Disability</b>	<b>Active Participants only:</b> pays \$400 per week for up to 26 weeks. Continued eligibility is provided for up to maximum of 26 weeks. An additional six (6) months of disability credit is allowed if the participant remains disabled and is approved to receive a disability benefit from the Michiana Area Electrical Workers' Pension Fund unless the participant becomes eligible for Medicare.			
<b>Eligibility</b>	Initial: 130 hours, one bookkeeping month New Apprentice: 1,000 hours, no bookkeeping month Continuing: 130 hours, one bookkeeping month  Hour bank maximum of 6 months. (can make short hour self-payments from bank)			