

## Operating Engineers Local #49 Health and Welfare Plan

	Pre-Medicare Retirees
<b>Calendar Year Deductible*</b>	\$750 per covered person \$1,500 per family
<b>Out of Pocket Maximum**</b> (After Deductible Has Been Satisfied)	\$2,500 per covered person \$6,000 per family
<b>Inpatient Services provided in (or billed by) Hospitals</b>	80% Plan copayment at Participating Providers <i>No coverage at Non-Participating Providers***</i>
<b>Emergency Services</b>	80% Plan copayment
<b>Ambulance</b>	80% Plan copayment
<b>Home Health Care</b>	80% Plan copayment 90 Visits per Calendar Year
<b>Skilled Nursing Care</b>	80% Plan copayment 2 days for each day of hospital confinement, up to 60 days
<b>Hospice Care</b>	100% Plan payment 180-day maximum <i>No coverage at Non-Participating Providers***</i>
<b>Outpatient Services provided in (or billed by) Hospitals, Clinics, or Urgent Care Centers</b>	80% Plan copayment at Participating Providers 70% Plan copayment at Non-Participating Providers
<b>Office Visits and Lab Charges</b> (Includes Telehealth Online or Phone Consultations)	\$25 copayment at Participating Providers 70% Plan copayment at Non-Participating Providers
<b>Minute Clinic</b> (or any other freestanding clinic found in a retail setting)	100% Plan payment \$25 Maximum Payment per Visit
<b>Doctor On Demand</b>	100% Plan payment
<b>Chiropractic and Acupuncture Treatment</b>	100% Plan payment up to 19 visits combined per year
<b>Physical Exam &amp; Routine Immunizations</b>	100% Plan payment at Participating Providers and Participating Pharmacies 80% Plan copayment at Non-Participating Providers
<b>Colonoscopy</b>	Routine - 100% Plan payment at Participating Providers 80% Plan copayment at Non-Participating Providers
<b>Imaging Benefit</b>	Most medical imaging exams such as MRI, CT and X-Ray performed at a RAYUS facility allows 100% coverage
<b>Proximity Lodging Benefit</b>	Lodging benefit reimbursement of up to \$30 per night and up to 90 days per covered Participant per episode of care.
<b>Prescription Drug Benefits</b>	20% copayment \$2,500 annual out-of-pocket limit per covered person \$5,900 annual out-of-pocket limit per family Additional \$1,800 annual out-of-pocket limit per family for Specialty Drugs
<b>Birth Control Pills</b>	100% Plan payment for in-network generic 80% Plan copayment for brand
<b>Erectile Dysfunction</b>	50% Plan copayment (up to 6 pills per month)
<b>Smoking Cessation Products</b>	100% Plan payment for over the counter products when enrolled in the Plan's smoking cessation program 80% Plan copayment for prescription products when enrolled in the Plan's smoking cessation program
<b>Vision Benefit</b> (Exams, Frames, Lenses, Contact Lenses)	\$500 Allowance per 2 Calendar Years (allowance replenished on the 1st day of every even year)
<b>Hearing Aids</b>	\$2,000 once every 5 calendar years for new devices or repairs, no batteries
<b>Hearing Aids (Dependent Children 15 and under)</b>	\$2,000 once every calendar year for new devices or repairs, no batteries
<b>Cochlear Implants</b>	80% Plan copayment
<b>Death Benefit</b>	\$2,000
<b>Accidental Death &amp; Dismemberment Benefit</b>	\$2,000 Principal Sum
<b>Foot Orthotics</b>	100% Plan payment up to \$400 every 12 months

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<b>Dental Benefits</b>	Optional at additional cost
<b>Orthodontia</b> (Medically Necessary for oral surgery, cleft palate repair or accidental injury to teeth)	\$2,000 Lifetime Maximum
<b>TMJ</b>	\$800 Maximum Payment per Lifetime 80% Plan copayment

\* **Calendar Year Deductible** - You must pay all costs up to the Deductible amount before the Plan will pay for covered services you incur. The Deductible resets at the beginning of each year.

\*\* **Out of Pocket Maximum** - The Out of Pocket Maximum is the most you could pay during the annual coverage period for your share of the cost of covered services. The Calendar Year Deductible does not count toward your Out of Pocket Maximum.

\*\*\* **The plan continues to cover all Emergency Medical Conditions as detailed under Emergency Services.**

This benefit schedule is accurate as of the date it was printed. However, the Trustees continuously monitor and modify the benefit schedule as necessary when new programs are contracted, when plan design changes take place, as a result of technological changes, and when legislative changes are required. Refer to the Summary Plan Description (SPD), along with any Summary of Material Modifications (SMM), to assure the most up to date benefit schedule. For more information visit [www.health49.org](http://www.health49.org) or contact Wilson-McShane Corporation at 952-854-0795, toll free 1-800-535-6373.

The Summary Plan Description (SPD) and the Trust Document establish the terms of the Plan. If there is any discrepancy between the content of this summary and the SPD, the SPD governs. In addition, this benefit schedule is intended as a reference document only, for a full description of available benefits, please consult the current SPD and SMM.