

**Mo-Kan Sheet Metal Workers Welfare Fund
January 2008 Benefit Summary**

Plan A

Benefit	In-Network	Out-of Network
Deductible	\$500/\$1000	\$500/\$1000
Calendar Year Out-of-Pocket maximum (includes deductible)	\$1300/\$2600	\$2100/\$4200
Co-insurance	20%	40%
Individual Lifetime Max	\$1,500,000	\$1,500,000
Office Visits	20% after deductible	40% after deductible
Co-Payments		
Inpatient (waived if admitted twice in six months)	\$300 co-pay and 20% after deductible	\$600 co-pay and 40% after deductible
Emergency Room	\$100 co-pay and 20% after deductible	\$100 co-pay and 40% after deductible
Routine Physical Exam (newborn to adult)	100% up to \$500 then 20% after deductible	100% up to \$500 then 40% after deductible
Routine Immunizations	Covered for children to age 25 at 100%	40% after deductible
Mammogram	One annual routine exam after age 35 covered at 100%	40% after deductible
Cervical Cancer Screening	One test per year, covered at 100%	40% after deductible
Prostate Exam & PSA Test	One test per year covered at 100%	40% after deductible
Prescription Drugs	Generic co-pay applies to OTC smoking cessation, Allergy, Ant-acids, Anti-fungal, Asthma, and Decongestants. Retail co-pay applies to smoking cessation prescription medications.	Member pays out of pocket and then sends receipts to WellDyne/Rx West for reimbursement. Only reimbursed contracted amount.
Retail Generic (30 days)	\$10 co-pay	Member pays out of pocket and then sends receipts to WellDyne/Rx West for reimbursement. Only reimbursed contracted amount.
Retail Brand (30 days)	50% up to \$50	
Mail Order Generic(90 days)	\$20 co-pay	
Mail Order Brand (90 days)	50% up to \$100	
Smoking Cessation Program \$500 annual max \$2000 lifetime. Does not apply to RX out of pocket maximum.	\$10.00 OTC 50% up to \$50.00 for RX Both require a prescription	
OTC program Examples: Prilosec, Claritin	\$10.00 generic \$20.00 mail order	
Out of Pocket Max for RX	\$1,000 Ind. \$2000 family	
Laboratory and X-Ray	First \$150 of Lab and X-Ray covered at 100% then 20% after deductible	First \$150 of Lab and X-Ray covered at 100% then 40% after deductible
Lab One/Quest	100% benefit if collected and tested at a Lab One/Quest collection facility.	50% after deductible
Supplemental Accident This benefit pays the first \$300 of an accident claim.	\$300 per calendar year	\$300 per calendar year
Mental Illness		
Inpatient	20% after deductible	40% after Deductible

Benefit	In-Network	Out-of Network
Outpatient	20% after deductible	40% after deductible
Chemical Dependency (\$30,000 maximum inpatient per lifetime) (\$50 maximum per visit)	50% after deductible	60% after deductible
Valley Hope Association	10% after deductible	
Chiropractic Treatment \$1000 maximum per calendar year (includes x-rays)	20% after deductible	40% after deductible
Physical Therapy \$5,000 limit	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Home Health Care (100 visit limit)	20% after deductible	40% after deductible
Bereavement Counseling (maximum 6 visits in 12 months)	\$50 co-pay per visit	Not covered
All other covered services	20% after deductible	40% after deductible
Dental (maximum for Preventive, Basic and Restorative is \$1550)	Freedom Network Dental available for Kansas City area.	
Deductible	\$25	
Coinsurance	20%	
Preventative 2 cleanings per calendar (Class I)	100%	100%
Basic (Class II)	20% after deductible	20% after deductible
Major (Class III)	20% after deductible	20% after deductible
Orthodontia (Class IV) (\$1,800 lifetime maximum)	50% after deductible	
Vision		
Maximum Calendar year (can be used for Lasik)	\$300 per person	
Frames and lenses for safety glasses with permanent side shields only once per calendar year.	50% up to \$70	This benefit payable only to actively working Participants upon presentation of a signed authorization form available from the Fund Office.
Hearing Aide Benefit	\$1550 Maximum per person per 3 consecutive year period.	
Life Insurance Benefit	Active: \$10,000 Basic Retiree: \$2,000 Long-term Retiree: \$3,000	
Loss of Time Member must be totally disabled and unable to perform any amount of work	Weekly Benefit.....\$250.00 Waiting Period: Injury.....None Illness or Pregnancy7 Days Maximum Period of Benefits Per Any Continuous Twelve Month Period is 26 weeks	
Wellness Program Opportunity to earn up to \$200 in HRA credit		

**When obtaining services from a provider not contracted with Mo-Kan Sheet Metal Workers Welfare Fund, you may be responsible for charges in excess of Allowable Charges, as determined by Mo-Kan Sheet Metal Workers Welfare Fund. Additional service area restrictions may apply.

Preferred Health Professionals provide a wide range of doctors and hospitals. You can find these physicians at www.phpkc.com or you can call 1-800-544-3014. The Beech Street network can be accessed at www.beechstreet.com or by calling 1-800-432-1776.