YOUR BENEFITS

This section briefly highlights many of the benefits provided by the Fox Valley Laborers Health and Welfare Fund. These benefits are described in greater detail in the Summary Plan Description.

MEDICAL BENEFITS		PAGE
Annual Deductible	$150 per person $400 per family	15
Copayments: After deductible; Plan pays:		
• PPO Providers	90%; you pay 10%	16
• Non-PPO Providers	80%; you pay 20%	16
Annual Out-of-Pocket Maximum	$1,500 per person, plus $150 deductible	16
Annual Maximum	None on essential benefits	16
Preventive Care for You and Your Spouse		
• Physical Exam	Paid at 100%	21
• Hearing Expenses	Up to $3,000 per ear per person every two years	22
Infertility Treatment (Available to member and spouse only)		27
Copayments: After deductible, Plan pays:		
• PPO Providers	90%; you pay 10%	
• Non-PPO Providers	80%; you pay 20%	
Lifetime Maximum	$10,000 medical per person, plus $10,000 prescription drugs per person	
FAMILY SUPPLEMENTAL BENEFIT		30

Years of Service:	Calendar Year Maximum:
• Less than 10	$1,000 per family
• 10 – 19	$1,500 per family
• 20 – 29	$2,000 per family
• 30 or more	$2,500 per family

PRESCRIPTION DRUGS 31

CONTRACT PHARMACY NETWORK (Drugs that are not on the Contract Pharmacy Network formulary list are not covered under this Plan.)

Up to a 30-day supply.................. $8 generic copayment.................................. 31
$15 brand name copayment

MAIL ORDER DRUG PROGRAM (This program is mandatory for maintenance medications after two retail pharmacy fills.)

Up to a 90-day supply.................. $15 generic copayment................................ 33
$30 brand name copayment

DENTAL BENEFITS

Annual Deductible

Applies to Types B, C & E Services .. $50 per person each calendar year 37

Annual Maximum

Applies to Types A, B & C Services .. $1,500 per person each calendar year 37
(The annual maximum is waived for children up to age 18.)

Services

Type A Services
Preventive................................... No deductible; Plan pays 100% 37

Type B & C Services
General and Replacement .... After deductible, Plan pays 85%; 38
You pay 15%

Type D Services
Orthodontia .... Plan pays 85%; you pay 15% 39
Lifetime Maximum Benefit of $2,000 per person.
(This benefit is available only to Dependent children.)

Type E Services
Implants .... After deductible, Plan pays 85%; 39
you pay15%
Lifetime Maximum Benefit of $3,500 per person.

VISION CARE BENEFITS

Annual Maximum .... Up to $300 per person per calendar year 41
(Services include Examination, Frames/Lenses, Contact Lenses.)
(The annual maximum for Examinations is waived for children up to age 18.)

Lasik Surgery .... Up to $1,000 per eye per person per lifetime 41
(Coverage for member and spouse only.)

LOSS OF TIME BENEFITS

Active Participants.. 43
$600 per week for up to a maximum of 26 weeks.

Non-Bargained Participants.. 44
A percentage of the weekly salary, up to a maximum of $600 per week for up to a maximum of 26 weeks.

DEATH AND ACCIDENTAL DISMEMBERMENT BENEFITS

Death Benefit.. 44

- Less than 5 years of service... $20,000
- 5-29 years of service............. $40,000
- 30 or more years of service.... $50,000

Dependent Death Benefit 44

- Spouse.................................. $3,000
- Child...................................... $2,000

Accidental Dismemberment Benefit.. 44

- Up to $10,000

MEMBER ASSISTANCE PROGRAM... 46

Up to three (3) visits covered at 100%.