WISCONSIN LABORERS' HEALTH FUND PLAN OF INSURANCE

(Effective 1/2019)

DEATH BENEFIT	AD&D	LOSS OF TIME
$12,000	$12,000	Disability Benefit -- $300.00/week for up to 19 weeks—These 3 are for members only!

COMPREHENSIVE MAJOR MEDICAL BENEFITS

Co-Payment: **PPO provider - 90%/10%** covered expense up to $4500 out-of pocket- then 100% covered
Non-PPO provider – 60%/40% covered expense up to $10,000 out-of-pocket – then 100% covered

Deductible: $300/Individual - $600/Family

Prescription Drugs: Save-RX participating pharmacy–(Retail at the drugstore) $8.00 copay for generic - $25 copay for brand name-$40 for Non-Formulary
Save-RX- Mail Order: - $16 copay for generic - $50.00 copay for Brand name drug. (3 mo prescription) $80 Non-Formulary **Mail order is mandatory for maintenance medication.**
Drug exclusions: growth hormones, Rogaine, Retin-A, Nicorette, anorectics,
Non-legend Rx, immuno-suppressants, drugs covered by worker's compensation

CHIROPRACTIC

Visits: No deductible. Up to $75 per visit for 26 visits per calendar year. X-rays paid at 100%

THIS IS A SUMMARY OF HIGHLIGHTS OF THE PLAN AND DOES NOT GUARENTEE BENEFITS. PLEASE CALL THE HEALTH FUND OFFICE FOR YOUR INDIVIDUAL QUESTIONS

SUBSTANCE ABUSE

Inpatient: 1st Treatment Occurrence – 100%, Subsequent occurance-90% covered/10%copay
Outpatient: Copay-100% coverage

MENTAL HEALTH BENEFITS

Inpatient: 90% covered/10% copay
Outpatient: 100% coverage

WELLNESS BENEFIT

Preventative annual well-person, well child, well-baby, selected tests and selected immunizations covered at 100%. Call the fund office at (800) 397-3373 to confirm coverage for you and your family

DENTAL BENEFITS-(PPO Delta Dental of Wisconsin, 1-800-236-3712)

Maximum Benefit - $2,000/Year over age 19 Routine Oral Exam 100% (Cleaning every 6 mos)
Deductible –$25.00/$75 Family Orthodontics -$2,000 Lifetime Maximum over age 19/No max under age 19
Basic Care –In Network provider 85%/15% Out of network provider 70%/30%

VISION BENEFITS Eye Med: 1-866-800-5457

Exam (once a year), Lenses, Frames, Contact Lenses (once every 2 years) most with $0 copay or reimbursement of copay

HEARING AIDS $2000 Every 5 Years-must be prescribed by Ear/Nose/Throat specialist

ELIGIBILITY REQUIREMENTS

Initial – 600 Hours of Covered Work within a 12 month Period. Insurance takes effect the first of the month **after** you reach 600 hours. Continued – 345 Hours in the previous 3 month Period. Reinstatement 345 hours within 12 mo period (1380 hrs in 12 mo period to maintain no cost to member)

For more information, contact:

Wisconsin Laborers' Health & Pension Fund
4633 LIUNA Way- Suite. 201
DeForest, WI 53532
1-608-846-1742 or toll free @ 1-800-397-3373

Pension Requirements- You can obtain 1 pension credit per year by working 870 hours but can only obtain 1 per year. 5 pension credits vested and you are eligible for retirement benefits at age 65. 10 pension credits vested and you are eligible for retirement benefits at age 55. Call the fund office for more details.

The Health/Pension office is online at www.bpalja.com. User name: WILabor, Password: WLdeforest
Use this username and password provided to login and have access to information and forms. Create your own account for personalized information.

Anthem is our PPO network. To find a PPO provider for your area call 1-800-810-2583 or on-line at www.anthem.com

Vacation remittances on the Building Agreement go to Verve Credit Union (608) 779-2400