

# Your Local 94 Welfare Benefits At-a-Glance

**COMMERCIAL  
DIVISION**



**Highlights Brochure | November 2016**

# INTRODUCTION

The Trustees of the Health & Benefit Trust Fund of the I.U.O.E. Local 94-94A-94B, AFL-CIO (the Fund) are pleased to launch **Engineering Good Health**, the Fund's wellness and health management program. We want to encourage you to be proactive regarding your health, to be educated about your health care and to take responsibility for maintaining a healthy lifestyle.

We started the **Engineering Good Health** initiative to help you better understand your benefits. We are proud to provide comprehensive benefits for you and your family. You have access to preventive care, screenings, maternity care, medical management programs, dental, vision and hearing benefits, to name just a few. We want to make sure you understand the benefits that you have, and how they all work together.

Health care also has its own language—deductibles, copayments, coinsurance, in-network, out-of-network, explanation of benefits, precertification, etc. We are going to use the **Engineering Good Health** campaign to explain these and other important terms.

While health care costs continue to rise, we have worked hard to maintain a meaningful, valuable benefits package at prices that are affordable for you and for the Fund. The financial health of the Fund and the health of our participants are linked, and the Trustees believe that this new program will help control costs and preserve high-quality health coverage for all participants.

This brochure gives you an overview of your benefits. You will receive more information from the Fund and our benefit partners with more detailed information about your benefits and programs. You can visit our website, [www.local94.com](http://www.local94.com), for more information about your benefits anytime.



## KEEP AN EYE OUT FOR OUR NEW LOGO

When you see the **Engineering Good Health** logo, you'll know that you're receiving important information about your wellness benefits. Look for special communications with the **Engineering Good Health** logo from the Fund and from our insurance partners with more details about your benefits.

# IMPORTANT TERMS TO UNDERSTAND

Term	Definition
<b>Allowed Amount</b>	The maximum dollar amount of reimbursement for covered services. If you receive covered services from an out-of-network provider, you may be responsible for any amounts charged above the allowed amount.
<b>Coinsurance</b>	For certain services, you pay a percentage of the cost of the medical service while the Plan pays the rest. Not every service requires you pay coinsurance.
<b>Copayment</b>	For some services, you only pay a copayment, or a small, one-time fee that covers the cost of a visit. Copayments do not apply to deductibles and the amount of the copayment may differ depending on the service.
<b>Deductible</b>	A deductible is an initial amount of money you pay for certain medical services out of your own pocket before the Plan starts to pay benefits. You start by paying the full cost of medical services until you meet the deductible.
<b>Network</b>	PPO stands for “Preferred Provider Organization,” which is the network of doctors, specialists, hospitals and other medical providers who offer services at discounted rates for Plan participants. While you can visit any medical provider you choose, visiting providers in the PPO network will cost you substantially less than visiting providers outside the network.
<b>Precertification</b>	Certain services must be coordinated and approved to be fully covered by the Plan. Failure to precertify certain services may result in a reduction or denial of benefits.

## HEALTH TIP

### When to Go to the Emergency Room

You should reserve going to the emergency room for life-threatening medical conditions. These include:

- Heavy bleeding
- Sudden chest pain/change in vision
- Neck/spine injuries
- Serious head injury
- Severe burns
- Major broken bones
- Difficulty breathing

If your injury doesn't put you in immediate danger, but you need care as soon as possible, you have options. One of those is an urgent care center. Urgent care centers provide fast care for non-emergencies. You don't need an appointment and the cost is much lower than the ER. You'll probably have a shorter wait time as well.

Your doctor's office is also a great alternative to the ER, since he/she already knows your medical history and can treat you accordingly. Simply call your doctor's office, explain your condition and see if they can schedule a same-day appointment for you.

Another option available to you is Empire BlueCross BlueShield's 24/7 NurseLine that lets you speak to a registered nurse about health issues whenever you need to, day or night. It's completely free, you can call as many times as you need at no extra cost, and covered family members can use it as well. Call (877) 825-5276.

We would never want you to compromise your health. If you're experiencing a true emergency, get to the ER as soon as you can. But, if your condition is not life threatening, think about using an alternative form of care for quicker, less expensive and more convenient care.



# YOUR BENEFITS AT A GLANCE

The benefits chart is just a summary of your benefits. Not all benefits, exclusions or limitations are listed below.

Benefit	Commercial Actives & PPO Retirees	
	In-Network Coverage	Out-of-Network Coverage
<b>The Basics</b>		
<b>Coinsurance</b>	20%	
<b>Deductible</b>	\$100 per person \$400 per family	
<b>Primary Care Office Visits</b>	\$30 copayment	20% after deductible plus any amount above the allowed amount
<b>Urgent Care</b>	\$30 copayment	20% after deductible plus any amount above the allowed amount
<b>Emergency Room</b>	\$50 copayment (waived if admitted within 24 hours)	
<b>Mental Health Care—Inpatient</b> Requires precertification. You are responsible for obtaining precertification from Empire BlueCross BlueShield Behavioral Healthcare Management for these services provided in-area and out-of-area, in-network and out-of-network. Your provider may call for you.	\$0	20% after deductible plus any amount above the allowed amount
<b>Mental Health Care—Outpatient</b>	\$30 copayment	20% after deductible plus any amount above the allowed amount
<b>Alcohol/Substance Abuse Care—Inpatient &amp; Outpatient</b> Inpatient care requires precertification. You are responsible for obtaining precertification from Empire BlueCross BlueShield Behavioral Healthcare Management for these services provided in-area and out-of-area, in-network and out-of-network. Your provider may call for you.	\$0	20% after deductible plus any amount above the allowed amount
<b>Chiropractic Services</b> (covered for member and spouse only; up to 20 visits per calendar year, combined in- and out-of-network)	\$30 copayment per visit	20% after deductible plus any amount above the allowed amount
<b>Maternity Care</b>	Initial Routine Visit: \$30 copayment Non-Routine Visits: \$30 copayment Deductible and coinsurance may apply for other services.	20% after deductible plus any amount above the allowed amount
<b>Pre-natal Vitamins</b>	Pre-natal vitamins are covered when they are prescribed by your doctor and are covered the same as other prescription medications. See the Prescription Drug Benefits section of this chart.	

Benefit	Commercial Actives & PPO Retirees	
	In-Network Coverage	Out-of-Network Coverage
<b>Hearing Aids</b>	Maximum of \$700 per ear once every three calendar years. You will be responsible for any amount above the allowed amount or for any services not covered.	
<b>Prescription Drug Benefits</b>		
<b>Retail Pharmacy</b>	Up to a 30-day supply	Not covered
Generic Drugs	\$10 copayment	Not covered
Formulary Brand-Name Drugs	20% coinsurance up to a \$40 maximum	Not covered
Non-Formulary Brand-Name Drugs	40% coinsurance up to a \$60 maximum	Not covered
<b>Mail Order</b>	Up to a 90-day supply when filled through CVS Mail or a CVS retail pharmacy	Not covered
Generic Drugs	\$20 copayment	Not covered
Formulary Brand-Name Drugs	20% coinsurance up to a \$40 maximum	Not covered
Non-Formulary Brand-Name Drugs	40% coinsurance up to a \$60 maximum	Not covered
<b>Specialty Drugs</b>	20% coinsurance up to a \$50 maximum for a 30-day supply	Not covered
<b>Wellness Benefits</b>		
<b>Adult Physical Exam</b>	\$30 copayment	Not covered
<b>Well-Woman Care</b>	\$30 copayment	20% after deductible plus any amount above the allowed amount
<b>Adult Immunizations</b>	20% after deductible	20% after deductible plus any amount above the allowed amount
<b>Well Child Exams &amp; Immunizations</b>	\$0	20% after deductible plus any amount above the allowed amount

## HEALTH TIP

### Generic vs. Brand-Name Medications

There is very little difference between generic and brand-name prescription drugs. Drug companies that manufacture brand-name drugs hold a patent for their medications. When the patent expires, other companies manufacture the same drug, but these are called generic drugs. The FDA makes sure the generic medicine has the same clinical effect and is just as safe as the brand-name product. Generic drugs cost substantially less to manufacture than brand-name drugs, meaning they cost less for you to purchase. Ask your doctor if a generic alternative can replace your brand-name prescriptions.



Benefit	Commercial Actives & PPO Retirees	
	In-Network Coverage	Out-of-Network Coverage
<b>Cancer Screenings</b>		
<b>Preventive Mammogram</b> (annually starting at age 40, according to the recommendations of the American Cancer Society)	20% after deductible	20% after deductible plus any amount above the allowed amount
<b>PSA Blood Test</b> (for males with average risk starting at age 50; high risk start earlier)	\$10 copayment	Not covered
<b>Pap Smear Lab Test</b> (annual cervical cancer screening for females starting when sexually active)	\$10 copayment	20% after deductible plus any amount above the allowed amount
<b>Fecal Occult Blood Test (Colon Cancer)</b> (up to one test per year)	\$10 copayment	Not covered
<b>Colonoscopy</b> The American Cancer Society and the US Multi-Society Task Force on Colorectal Cancer suggest Colon Cancer screening should include any of the following: <ul style="list-style-type: none"> <li>• Colonoscopy every 10 years</li> <li>• Double contrast barium enema every five years</li> <li>• CT colonography (virtual colonoscopy) every five years)</li> </ul>	20% after deductible	20% after deductible plus any amount above the allowed amount
<b>Sigmoidoscopy—Diagnostic</b> Covered for participants age 40 and over: One test every 24 months	\$10 copayment	20% after deductible plus any amount above the allowed amount
<b>Sigmoidoscopy—Biopsy</b>	20% after deductible	20% after deductible plus any amount above the allowed amount
<b>Diabetes Screenings/Care</b>		
<b>Blood Glucose</b>	\$10 copayment	Not covered
<b>Dietitian/Nutrition Counseling</b> (for Diabetes Care Only)	\$30 copayment	20% after deductible plus any amount above the allowed amount
<b>Other Screenings</b>		
<b>Cholesterol/Lipid Panels</b>	\$10 copayment	Not covered
<b>Bone Density</b>	20% after deductible	20% after deductible plus any amount above the allowed amount

Benefit	Commercial Actives & PPO Retirees
<b>Dental Benefits</b>	
<b>Dental Benefits Networks</b>	<p>The Fund has an arrangement with certain dental providers (“Local 94 Network”) who have agreed to accept the <b>Plan’s Fee Schedule*</b> as payment in full except for dental implants where copayments apply. Prior to service being rendered, please verify that your dental provider is currently in the Local 94 Network.</p> <p>If you don’t visit a dental provider in the <b>Local 94 Network*</b>, you can visit a dental provider in the Sele-Dent PPO Network. However, there will be applicable copayments for services rendered by dental providers in the Sele-Dent PPO.</p> <p>If you reside outside the New York Metro area, please call Sele-Dent for a dental provider near you. Please note copayments may apply and may differ based on your location.</p> <p>If a dental provider is a participating dental provider in both the Local 94 Network and the Sele-Dent PPO Network then the participating dental provider will be reimbursed the applicable allowances in accordance with the Plan’s Fee Schedule as payment in full with no out-of-pocket cost to the Member.</p> <p>If you visit a non-participating dental provider, you may still receive dental services and be reimbursed at the existing Plan’s Fee Schedule. To be reimbursed, you must complete and return a <b>Sele-Dent Claim Form</b>. (Go to <a href="http://local94.com">local94.com</a>, click on Forms, then click on Health &amp; Benefit Trust Fund Forms.)</p> <p>A non-participating dental provider (e.g., a dentist that is not in either the <b>Local 94 Network*</b> or Sele-Dent’s PPO Network) may not accept the Plan’s coverage as payment in full. If you choose a non-participating dental provider you will be reimbursed according to the <b>Plan’s Fee Schedule*</b>. You will be fully responsible for any excess charges over the applicable fees set forth under the <b>Plan’s Fee Schedule*</b>. To this end, a non-participating provider will bill you directly for all charges over the <b>Plan’s Fee Schedule*</b>.</p> <p>Dental implants are covered procedures when they are approved by Sele-Dent and services are rendered by a Local 94-panel dental provider. If you visit a Sele-Dent or an out-of-network dental provider for implants, you will be responsible for fees in excess of the <b>Local 94 Fee Schedule*</b>.</p> <p><i>NOTE: All dental implants regardless of the cost must be pre-approved by Sele-Dent.</i></p> <p>* Go to <a href="http://www.local94.com">www.local94.com</a>, click on the <i>Health &amp; Benefit Trust Fund</i> link in the Fund Shortcuts section, then click on <i>Active Member Benefits</i>, and then the <i>Dental</i> link to find information about the Dental Benefits Network.</p>
<b>Preventive Dental Care</b>	<p>The dental maximum is an annual maximum of \$2,500 per covered individual per calendar year. The Plan’s annual dental maximum will not apply to pediatric dental care to the extent that such benefits are determined to be essential health benefits. Notwithstanding the foregoing, all applicable visit or frequency limitations will remain in effect.</p>
<b>Orthodontia</b>	<p>Orthodontia benefits are available for all Eligible Dependent children under the age of 19 only. The orthodontic lifetime maximum is \$2,154.</p> <p>If you visit a Sele-Dent or out-of-network orthodontist you will be responsible for fees in excess of the Local 94 Fee Schedule.</p>
<b>Pre-Certification</b>	<p>All dental services over \$500, all dental implants and all orthodontia services must be pre-approved by Sele-Dent. Prior approval is necessary even if your dental provider is a participating dental provider in Local 94’s Network or Sele-Dent’s PPO Network.</p>

Benefit	Commercial Actives & PPO Retirees	
	In-Network Coverage	Out-of-Network Coverage
<b>Exam</b> Periodic Oral Evaluation is covered once per year	Local 94 Provider: \$0 Sele-Dent Provider: \$15 copayment	Responsible for any amount above the allowed amount or for any services that are not covered
<b>Cleanings</b> Two per calendar year	Local 94 Provider: \$0 Sele-Dent Provider: \$0 for adults; \$5 copayment for children	Responsible for any amount above the allowed amount or for any services that are not covered
<b>X-rays</b> Panoramic X-Rays covered once per year	Local 94 Provider: \$0 Sele-Dent Provider: \$0	Responsible for any amount above the allowed amount or for any services that are not covered
<b>Vision Benefits</b>		
<b>Preventive Vision Care:</b> One eye exam and one lens(es) per calendar year. The following vendors are Participating Vision Vendors: <ul style="list-style-type: none"> <li>• Comprehensive Professional Services</li> <li>• General Vision</li> <li>• Vision Screening</li> </ul>	\$0	Responsible for any amount above the allowed amount or for any services that are not covered
<b>LASIK Surgery</b>	Maximum of \$1,000 per eye. You will be responsible for any amount above the allowed amount or for any services not covered.	

## HEALTH TIP

### Why You Should Use an In-Network Provider

While you can visit any medical provider you choose, visiting providers in the PPO network will cost you substantially less than visiting providers outside the network. Services provided by an in-network provider typically cost you less than if you were to visit an out-of-network provider. While some services are covered when going out-of-network, other services may not be covered at all, meaning you pay the full cost out of your own pocket.

To find an in-network provider, visit Empire's website at [www.empireblue.com](http://www.empireblue.com) and click on "Find a Doctor" on the right-hand side of the page. You can find out how to find other in-network providers, like pharmacies and dentists, on pages 9 and 10.





# HEALTH TIP

## What is a Medical Management Program?

Managing your health includes getting the information you need to make informed decisions and making sure you get the maximum benefits the Plan will pay. To help you manage your health, the Fund is utilizing Empire BlueCross BlueShield's Medical Management Program, a service that precertifies hospital admissions and certain treatments and procedures, to help ensure that you receive the highest quality of care for the right length of time, in the right setting and with the maximum available coverage.

Empire's Medical Management Program works with you and your provider to help confirm the medical necessity of services and help you make sound health care decisions. This program helps ensure that you and your family members receive the highest quality of care at the right time, in the most appropriate setting.

You can contact the Medical Management program by calling the Member Services telephone number located on the back of your I.D. card.

## *How Empire's Medical Management Program Helps You*

To help ensure that you receive the maximum coverage available to you, Empire's Medical Management Program:

- Reviews all planned and emergency hospital admissions.
- Reviews ongoing hospitalization.
- Performs case management.
- Coordinates discharge planning.
- Coordinates purchase and replacement of durable medical equipment, prosthetics and orthotic requirements.
- Reviews inpatient and ambulatory surgery.
- Reviews high-risk maternity admissions.
- Reviews care in a hospice or skilled nursing or other facility.

All other services will be subject to retrospective review by Empire's Medical Management team to determine medical necessity.

## *If Services Are Not Precertified*

If you call to precertify services as needed, you will receive maximum benefits. Otherwise, benefits may be reduced for each admission, treatment or procedure. This benefit reduction also applies to certain same-day surgery and professional services rendered during an inpatient admission. If the admission or procedure is not medically necessary, no benefits will be paid.

Please refer to your SPD for more information about the Medical Management Program.



# WANT MORE INFORMATION?

Contact	Phone Number	Website	Related Resources
Health and Benefit Trust Fund	<p>(212) 541-9880</p> <p><b>For last names beginning with the letters A–F:</b> Contact Rita Ionescu <a href="mailto:margaritaionescu@local94.com">margaritaionescu@local94.com</a> (212) 331-1850</p> <p><b>For last names beginning with the letters G–M:</b> Contact Judy Lozano <a href="mailto:judylozano@local94.com">judylozano@local94.com</a> (212) 331-1806</p> <p><b>For last names beginning with the letters N–Z:</b> Contact Milly Rivera <a href="mailto:milagrosrivera@local94.com">milagrosrivera@local94.com</a> (212) 331-1867</p>	<a href="http://www.local94.com">www.local94.com</a>	
<p><b>Empire BlueCross BlueShield</b></p> <p>The administrator for hospital benefits and medical benefits not administered by the Fund Office</p>	<p>General Information: (800) 553-9603</p> <p>24/Hour Nurse Line: (877) 825-5276</p>	<p><a href="http://www.empireblue.com">www.empireblue.com</a></p> <p>On the website, you can:</p> <ul style="list-style-type: none"> <li>• Look up your health care claims</li> <li>• Find a medical provider</li> <li>• Chat with an Empire members service representative</li> <li>• Use Empire’s 360 Health® wellness program</li> <li>• Visit the MyHealth wellness portal administered by WebMD</li> </ul>	<p>Download the free <b>Empire BlueCross BlueShield app</b> for your smartphone to manage your health care and coverage anytime; find a doctor or urgent care and get directions; or view, fax or email your ID card</p>
<p><b>CVS/Caremark</b></p> <p>The administrator for the Local 94 Prescription Drug Program</p>	<p>General Information: (888) 769-9054</p>	<p><a href="http://www.caremark.com">www.caremark.com</a></p> <p>On the website, you can:</p> <ul style="list-style-type: none"> <li>• Order and refill your prescriptions</li> <li>• Find a network retail pharmacy</li> <li>• Learn about different prescription drugs</li> <li>• Chat with a licensed pharmacist and ask questions</li> <li>• Look up your prescription drug claim history</li> </ul>	<p>Download the free <b>CVS/Caremark app</b> to:</p> <ul style="list-style-type: none"> <li>• Refill and renew mail service prescriptions for yourself and family members</li> <li>• Identify unknown pills with the pill identifier</li> <li>• Check for potential drug interactions among medications</li> <li>• Check order status and view your prescription history</li> <li>• Check drug coverage and cost under your plan</li> <li>• Find local network pharmacies</li> </ul>

Contact	Phone Number	Website
<b>Sele-Dent</b> The administrator for the Local 94 Dental Plan	(800) 520-3368	<a href="http://www.sele-dent.com">www.sele-dent.com</a>
<b>CPS Optical Resources</b> One of the vision care provider networks	(212) 675-5745	<a href="http://www.cpsoptical.com">www.cpsoptical.com</a>
<b>General Vision Services</b> One of the vision care provider networks	(855) 653-0586	<a href="http://www.generalvision.com">www.generalvision.com</a>
<b>Vision Screening</b> One of the vision care provider networks	(800) 652-0063	<a href="http://www.visioncreeninginc.com">www.visioncreeninginc.com</a>
<b>Davis Vision</b> A LASIK vision provider	(800) 999-5431	<a href="http://www.davisvision.com">www.davisvision.com</a>
<b>HearUSA</b> An approved hearing aid vendor	(800) 700-3277	<a href="http://www.hearusa.com">www.hearusa.com</a>
<b>General Hearing Services</b> An approved hearing aid vendor	(800) 847-4661	<a href="http://www.generalvision.com/hearing/">www.generalvision.com/hearing/</a>
<b>PEMG (Professional Evaluation Medical Group)</b> An annual physical provider	(800) 811-7364	

## **IMPORTANT GOVERNMENT NOTICE REGARDING THE PLAN'S GRANDFATHERED PLAN STATUS**

As of the date of this Notice, the Trustees believe that the Fund is a “grandfathered plan” as such term is defined under the Patient Protection and Affordable Care Act of 2010 (more commonly known as Health Care Reform). As permitted by Health Care Reform, a grandfathered health plan can preserve certain basic health coverage that was already in effect when Health Care Reform was enacted. Being a grandfathered health plan means that the medical coverage that you have elected under the plan may not include certain consumer protections of Health Care Reform that apply to other group health plans, for example, the requirement for the provision of preventive health services without any cost sharing (i.e., copayments, coinsurance, deductibles). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits and extension of coverage to dependents until age 26. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator during normal business hours at: 331-337 West 44th Street, New York, New York, 10036, telephone number: (212) 541-9880. You may also contact the Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered plans.

*This brochure contains highlights of certain features of the Fund's benefit coverage. Full details of these benefits are contained in the Fund's Summary Plan Descriptions (SPDs) and other official plan documents (collectively “Official Plan Documents”). If there is a discrepancy between the information in this brochure and the Official Plan Documents, the Official Plan Documents will govern in all cases. The Trustees have the sole an absolute discretion and reserve the right to amend, modify, or terminate the Fund at any time.*



Health & Benefit Trust Fund of the  
I.U.O.E. Local 94-94A-94B, AFL-CIO  
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