

Summary of Medical Benefits

Masonry Welfare Trust Fund

01/01/17

Standard PPO Plan	In-Network Provider	Out-of-Network Provider*
Annual Deductible (Individual/Family) In network ded will apply to out of network ded. Plan has carry over.	\$500 Individual \$1,000 Family	\$1,000 Individual \$2,000 Family
Annual Out of Pocket In network OOP will apply to out of network OOP	\$5,150 Individual \$10,300 Family	\$10,000 Individual \$20,000 Family
Preventive Services		
Periodic Health Exams	100% no cost share	\$20 copay/ded/60% of UCR
Routine woman's exams (pap test, pelvic and breast exam)	100% no cost share	\$20 copay/ded/60% of UCR
Immunizations -	100% no cost share	\$20 copay/ded/60% of UCR
Immunizations - Participating Pharmacies	100% (no copay)	
Professional Services		
Office Visits – PCP	\$20 copay/ded/80%	\$20 copay/ded/60% of UCR
Office Visits – Specialist	\$50 copay/ded/80%	\$50 copay/ded/60% of UCR
Urgent Care Visits	\$50 copay/ded/80%	\$50 copay/ded/60% of UCR
Maternity Services (Employee and Spouse only)		
Physician Global Delivery	80% after deductible	60% after deductible
Hospital Stay	80% after deductible	60% after deductible
Dependents	Not Covered	
Inpatient Medical Services (Pre-Certification required)		
Inpatient Medical	80% after deductible	60% after deductible
Skilled Nursing Facility Care (120 visit limit)	80% after deductible	60% after deductible
Outpatient Services		
Hospital Visits – Outpatient services	80% after deductible	60% after deductible
Diagnostic X-Ray and Lab	80% after deductible	60% after deductible
Specified Imaging (MRI, CT, CAT, PET scans) (Pre-Certification required)	80% after deductible	60% after deductible
Surgery (Some Pre-Certification required see list)	80% after deductible	60% after deductible
Mental Health Services		
Inpatient Mental Health (Pre-Certification required)	80% after deductible	60% after deductible
Inpatient Chemical Dependency (Pre-Certification required)		
Outpatient Chemical Dependency Visits (Pre-Certification required)	\$20 copay/ded/80%	\$20 copay/ded/60%
Outpatient Mental Health Visits	\$20 copay/ded/80%	\$20 copay/ded/60%
Emergency Services		
Hospital Emergency Visits (6 visits annually)	80% after deductible	60% after deductible
Emergency Ambulance transports (6 trips annually)	80% after deductible	60% after deductible
Other Covered Services		
Physical, Occupational, and Speech Therapies (Pre-Certification required)	\$20 copay/ded/80%	\$20 copay/ded/60%
Therapeutic injections	80% after deductible	60% after deductible
Chiropractic and Acupuncture (\$500 calendar year maximum)	80% after deductible	60% after deductible
Durable Medical Equipment/Prosthetics (Pre-Certification required for charges over \$500)	80% after deductible	60% after deductible
Orthotics (\$300 annual max)	80% up to \$300	70% up to \$300
Ambulance Services (6 trips annually)	80% after deductible	60% after deductible
Hospice Visits (Pre-Certification required)	80% after deductible	60% after deductible
Home Health Visits (Pre-Certification required)	80% after deductible	60% after deductible

*Out-of-Network coverage is subject to Usual and Customary charges for the services.
Pre-Certification is obtained through Innovative Care Management (ICM) @ 800-862-3338.

This is a benefit summary only. For more details on benefits, please contact our Claims Department @ 503-254-4022 or 1-800-591-8326.
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