

# Summary of Medical Benefits

## Masonry Welfare Trust Fund

01/01/2025

Standard PPO Plan	In-Network Provider* You Pay	Out-of-Network Provider* You Pay
Annual Deductible ( <b>Individual/Family</b> ) In-network deductible will apply to the out-of-network deductible. Plan has carry-over.	\$300 Individual \$600 Family	\$1,000 Individual \$2,000 Family
Annual Out of Pocket ( <b>Individual/Family</b> ) In-network OOP will apply to out-of-network OOP	\$2,000 Individual \$4,000 Family	\$10,700 Individual \$21,400 Family
<b>Preventive Services</b>		
Periodic Health Exams	100% no cost share	40% after deductible
Routine Woman's Exams ( <b>pap test, pelvic and breast exam</b> )	100% no cost share	40% after deductible
Immunizations - See Prescription Summary	100% no cost share	40% after deductible
<b>Professional Services</b>		
Office Visits - PCP	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	40% after deductible
Urgent Care Visits	20% after deductible	40% after deductible
<b>Maternity Services (Employee and Spouse only)</b>		
Physician Global Delivery	20% after deductible	40% after deductible
Hospital Stay	20% after deductible	40% after deductible
Dependents	Not Covered	
<b>Inpatient Medical Services (Pre-Certification required)</b>		
Inpatient Medical	20% after deductible	40% after deductible
Skilled Nursing Facility Care ( <b>120 visit limit</b> )	20% after deductible	40% after deductible
<b>Outpatient Services</b>		
Hospital Visits - Outpatient services	20% after deductible	40% after deductible
Diagnostic X-Ray and Lab	20% after deductible	40% after deductible
Specified Imaging ( <b>MRI, CT, CAT, PET scans</b> ) ( <b>Pre-Certification required</b> )	20% after deductible	40% after deductible
Surgery ( <b>Some Pre-Certification required see list</b> )	20% after deductible	40% after deductible
<b>Mental Health Services</b>		
Inpatient Mental Health ( <b>Pre-Certification required</b> )	20% after deductible	40% after deductible
Inpatient Chemical Dependency ( <b>Pre-Certification required</b> )	20% after deductible	40% after deductible
Outpatient Chemical Dependency Visits ( <b>Pre-Certification required</b> )	20% after deductible	40% after deductible
Outpatient Mental Health Visits	20% after deductible	40% after deductible
<b>Emergency Services</b>		
Hospital Emergency Visits ( <b>6 visits annually</b> )	20% after deductible	20% after deductible
Emergency Ambulance transports ( <b>6 trips annually</b> )	20% after deductible,	20% after deductible
<b>Other Covered Services</b>		
Physical, Occupational, and Speech Therapies ( <b>Pre-Certification required</b> )	20% after deductible	40% after deductible
Therapeutic injections	20% after deductible	40% after deductible
Chiropractic and Acupuncture ( <b>\$500 calendar year maximum for each</b> )	20% after deductible	40% after deductible
Durable Medical Equipment/Prosthetics ( <b>Pre-Certification required for charges over \$500</b> )	20% after deductible	40% after deductible
Orthotics ( <b>\$300 annual max</b> )	20% after deductible up to \$300	40% after deductible up to \$300
Ambulance Services ( <b>6 trips annually</b> )	20% after deductible	40% after deductible
Hospice Visits ( <b>Pre-Certification required</b> )	20% after deductible	40% after deductible
Home Health Visits ( <b>Pre-Certification required</b> )	20% after deductible	40% 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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