

2020 BENEFIT SUMMARY

Plan A

Benefit	In-Network	Out-of Network
Deductible	\$700/\$1400	\$700/\$1400
Calendar Year Out-of-Pocket maximum (includes deductible)	\$2,500/\$5,000	\$4,000/\$8,000
Co-insurance (amt you pay)	20%	40%
Individual Lifetime Max	Unlimited	Unlimited
Office Visits	20% after deductible	40% after deductible
Co-Payments		
Inpatient (waived if admitted twice in six months)	\$400 co-pay and 20% after deductible	\$800 co-pay and 40% after deductible
Emergency Room	\$200 co-pay and 20% after deductible	\$200 co-pay and 40% after deductible
Routine Physical Exam (newborn to adult)	100% (not subject to deductible)	100% (not subject to deductible)
Routine Immunizations	Covered for children to age 26 At 100%	40% after deductible
Mammogram	1 Per Calendar year @ 100%	40% after deductible
Cervical Cancer Screening	1 Per calendar year @ 100%	40% after deductible
Prostate Exam & PSA Test	1 Per calendar year @ 100%	40% after deductible
Prescription Drugs	Generic co-pay applies to OTC smoking cessation, Allergy, Ant-acids, Anti-fungal, Asthma, and Decongestants. Retail co-pay applies to smoking cessation prescription medications.	Member pays out of pocket and then sends receipts to MedTrak for reimbursement. Only reimbursed contracted amount. Out of Pocket Max for RX \$1,500 Ind. /\$3,000 family.
Retail Generic (30 days)	\$15 co-pay	Member pays out of pocket and then sends receipts to MedTrak for reimbursement. Only reimbursed contracted amount.
Retail Brand (30 days)	50% up to \$65	
Retail Performance 90 Generic	\$25 co-pay	
Retail Performance 90 Brand	50% up to \$130	
Mail Order Generic (90 days)	\$25 co-pay	
Mail Order Brand (90 days)	50% up to \$130.00	
OTC Program Examples, Prilosec, Claritan	\$15 Generic, \$25 Brand	
Smoking Cessation. One treatment cycle per calendar yr. \$2000.00 lifetime Max. Does not apply to RX out of pocket.	\$15.00 OTC 50% up to \$65 for RX.	
Lab AND X-Ray	First \$150.00 of Lab X-Ray covered at 100% then 20% after deductible.	First \$150.00 of Lab and X-Ray covered at 100% then 40% after deductible
Lab	100% if tested at Quest	40% after deductible
Supplemental Accident This benefit pays the first \$300.00 of accident claim.	\$300.00 per calendar year	\$300.00 per calendar year
Mental Illness/Chemical Dep.		
Inpatient	\$400 co-pay/Deductible/20%	\$800 co-pay/Deductible/40%

Benefit	In-Network	Out-of Network
Outpatient	20% after deductible	40% after deductible
Chiropractic (40) visits per calendar year (x-ray included)	20% after deductible	40% after deductible
Physical Therapy	20% after deductible	40% after deductible
Hospice	20% after deductible	40% after deductible
Home Health Care	20% after deductible	40% after deductible
Bereavement Counseling	Call E4Health EAP	Call E4Health EAP
Nutritional Counseling	100%	100%
All other covered services	20% after deductible	40% after deductible
Dental \$1600.00 Calendar year maximum. Pediatric Den. (child up to 20 th BDay), No Dollar maximum.	Dental Preferred Care available for Kansas City area.	Dental GRID available for outside the Kansas City area
Deductible	\$25	
Coinsurance (amt you pay)	20%	
Preventative	100%	100%
Basic (Class II)	20% after deductible	20% after deductible
Major (Class III)	20% after deductible	20% after deductible
Orthodontia (Class IV) (\$1,850 lifetime maximum) Pediatric Ortho maximum waived for medical necessity.	50% after deductible	50% after deductible
Routine Vision Pediatric vision -(child up to 20th BDay) includes 1 routine exam & 1 pair of glasses - no dollar max. Contacts are not covered for pediatric children.	\$350 per person, per year See side note for Pediatric Routine Vision Benefits.	\$350 per person, per year See side note for Pediatric Routine Vision Benefits.
Safety Glasses - Frames and lenses once per calendar year.	50% up to \$70	Benefit payable only to actively working Participants.
Hearing Aid Benefit	20% after deductible. One set per 3 consecutive year period. Unlimited adjustments at 20% after deductible.	40% after deductible. One set per 3 consecutive year period.
Life Insurance Benefit	Active: \$10,000 Basic Retiree: \$2,000 Long-term Retiree: \$3,000	
Loss of Time Member must be totally disabled and unable to perform any amount of work	Weekly Benefit.....\$300.00 Waiting Period: Injury.....None Illness or Pregnancy7 Days Maximum Period of Benefits Per Any Continuous Twelve Month Period is 26 weeks	
Wellness Program	Call Moka for information.	
EAP through E4Health Phone# 800-227-2195 www.helloE4.com	E4Health website ID: sheetmetalmoka Password: guest	
Preventative Colonoscopy	100%	40% after Deductible