



**NATIONAL IAM
BENEFIT TRUST FUND**

MEDICAL PLAN D		
	IN NETWORK	OUT OF NETWORK
FINANCIAL		
Lifetime Maximum:	Unlimited	Unlimited
Deductible: Applies per calendar year; includes 4th quarter deductible carry-over		
Individual	\$2,000 (includes Rx)	\$3,000
Family	\$4,000 (includes Rx)	\$6,000
Out-of-Pocket Limit: Per calendar year; cross accumulates in and out of network; includes deductible and coinsurance		
Individual	\$6,000 (includes Rx)	\$13,000
Family	\$12,000 (includes Rx)	\$26,000
MEDICAL BENEFITS		
Allowances based on:	Contract Rate	UC&R
Coinsurance:	20% after deductible	50% after deductible
Prior Authorization:	Prior authorization required for all inpatient and many outpatient services, including prescription drugs	
PREVENTIVE CARE		
Routine Examinations	Deductible waived - Plan pays 100%	50% after deductible
	Annual physical, gyn exam, routine well child visits, related routine lab & x-rays, routine Immunizations	
Routine Colonoscopy	Deductible waived - Plan pays 100%	50% after deductible
	Covered every 3 years from age 50; If high risk of colon cancer, every 2 years regardless of age	
Routine Mammogram	Deductible waived - Plan pays 100%	50% after deductible
	1 baseline covered between age 35-39; 1 routine mammogram covered per year from age 40	
PHYSICIAN SERVICES		
Primary Care Office Visit	20% after deductible	50% after deductible
Specialist Office Visit	20% after deductible	50% after deductible
Emergency Room Physician Visit	20% after deductible	Facility copayment applies if true emergency 50% after deductible if not a true emergency
Inpatient Hospital Visit	20% after deductible	50% after deductible
Urgent Care Physician	20% after deductible	50% after deductible
Surgical Professionals	20% after deductible	50% after deductible
HOSPITAL / URGENT CARE FACILITY SERVICES		
Inpatient Hospital	20% after deductible	50% after deductible
Outpatient Hospital	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible 50% after deductible if not a true emergency
Urgent Care Facility	20% after deductible	50% after deductible
OTHER SERVICES		
Allergy Tests/Treatment	20% after deductible	50% after deductible
Ambulance Transport	20% after deductible	50% after deductible
Ambulatory Surgery Ctr	20% after deductible	50% after deductible
Bariatric Surgery	20% after deductible	Not covered
	In network only through CIGNA Centers of Excellence for Bariatric Surgery - No out of network coverage	
Chemotherapy	20% after deductible	50% after deductible
Chiropractic Care	20% after deductible	50% after deductible
	Maximum 20 days treatment per calendar year	
Diagnostic Lab	20% after deductible	50% after deductible
Diagnostic X-Ray	20% after deductible	50% after deductible



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OTHER SERVICES - Continued		
Durable Medical Equipment (DME)	20% after deductible	50% after deductible
	Rental benefit limited to purchase price (or contract rate) of medically necessary medical equipment	
Home Health Care	20% after deductible	50% after deductible
Hospice Care	20% after deductible	50% after deductible
Organ Transplant	Paid like any other illness based on the type of service that is received	
Podiatry Treatment	20% after deductible	50% after deductible
	Max 30 days treatment per calendar year. Limit does not apply to covered surgical procedures.	
Prosthetics / Orthotics	20% after deductible	50% after deductible
Outpatient Rehabilitative Therapy	20% after deductible	50% after deductible
	Max 50 days of treatment per calendar year for all therapies; physical, speech, occupational, cardiac. etc.	
Radiation Therapy	20% after deductible	50% after deductible
Skilled Nursing Facility	20% after deductible	50% after deductible
	Maximum 100 days of treatment per cal year	
MENTAL HEALTH CARE		
Inpatient	20% after deductible	50% after deductible
Outpatient Facility	20% after deductible	50% after deductible
Outpatient Visits	20% after deductible	50% after deductible
SUBSTANCE ABUSE TREATMENT		
Inpatient	20% after deductible	50% after deductible
Outpatient Facility	20% after deductible	50% after deductible
Outpatient Visits	20% after deductible	50% after deductible
PRESCRIPTION DRUGS		
Cigna pharmacy VS/caremark is the Pharmacy Benefit Manager		
Program Includes generic step therapy, which requires generic or equivalent be tried before preferred or non-preferred brand is covered (unless brand is pre-authorized). No copayment or coinsurance is required for generic and single source brand female contraceptives. Prior authorization is required for compound drugs over \$300, for all male androgens, and for all specialty drugs. Formulary exclusions apply, but excluded items may be considered with prior authorization of medical necessity. Out-of-pocket limit shared with medical.		
Coverage Details	Use of Cigna network pharmacies is required - No coverage outside of Cigna network	
Deductible	Combined with medical - See page 1	
Out-of-Pocket Limit	Combined with medical - See page 1	
Medication Type	30 Day Supply - Cigna network retail pharmacies	90 Day Supply - Cigna mail-order
- Generic	20% after deductible	Not covered
- Preferred Brand	20% after deductible	Not covered
- Non-Preferred Brand	20% after deductible	Not covered
Specialty Medications - Require prior authorization and use of Cigna network specialty pharmacy. Days supply and/or quantity dispensed will be based on type of medication, and dosage and handling requirements.		
- All Specialty Meds	20% after deductible	
OPTIONAL BENEFITS		
PLAN D+ (additional cost option)		
Plan D+ provides all the benefits of Plan D, plus an optional Health Savings Account (HSA) where pre-tax dollars can be saved to pay for covered health care expenses		
AGE LIMIT FOR DEPENDENT CHILDREN		
Eligible dependent children are covered to age 26. Coverage ends the last day of the month in which a child reaches age 26.		
This is a summary of benefits only. Coverage is subject to medical necessity (except preventive care) and may be subject to limitations and exclusions. Refer to the Summary Plan Description or contact the Benefit Trust Fund for information about limitations/exclusions.		