

Bricklayers and Masons' Local 5, Ohio Health and Welfare Fund Benefit Guide

Effective January 1, 2019



Medical

Prescription

Dental

**Short Term
Disability**

Life

**Supplemental
Health
Reimbursement**

— Contact Information —

Refer to this list when you need to contact one of your benefit vendors.

MEDICAL, PRESCRIPTION _____ PG 3

Anthem Blue Cross and Blue Shield
Phone: 844-784-8412
www.anthem.com

For Prescription call SAV-RX 1-866-91-BRICK (27425)

PALADINA: _____ PG 4

Paladina Health's Member Services
Phone: 866-808-6005
memberservices@paladinahealth.com

CLAIM EXAMPLES: _____ PG 5

DENTAL: _____ PG 6

Anthem Blue Cross and Blue Shield
Phone: 866-641-7762
www.anthem.com

SHORT-TERM DISABILITY: _____ PG 7

Bricklayers and Mason's Local No. 5, Ohio Health and Welfare Fund
Phone: 216-520-1644
Fax: 216-520-1663
www.bac5ohiobenefits.org

LIFE: _____ PG 7

Ullico
Phone: 202-682-0900 or 800-431-5425

SUPPLEMENTAL HEALTH REIMBURSEMENT PLAN: _____ PG 8

Bricklayers and Mason's Local No. 5, Ohio Health and Welfare Fund
Phone: 216-520-1644
Fax: 216-520-1663
www.bac5ohiobenefits.org

— Medical and Prescription Drug Coverage —



The below gives a side-by-side look at the amounts **you** pay when you use in-network and out-of-network providers. Please note that this is only a summary. For a full schedule of your Anthem benefits please refer to your certificate of coverage. Contact Sav-Rx with any prescription questions.

Anthem Plan Features	In-Network You Pay:	Out-of-Network You Pay:
Annual Calendar Year Deductible Individual/Family	\$250 Individual / \$500 Family	\$500 Individual / \$1,000 Family
Coinsurance	20%	30%
Deductible & Copay Maximum Out-of-Pocket Spend (Rx not included)	\$2,500 Individual / \$5,000 Family	Unlimited Maximum*
Office Visit/Exam	\$35 copay	30% after deductible
Outpatient Specialist Visit	\$55 copay	30% after deductible
Preventive Care	No charge	30% after deductible
Inpatient Hospital Services	20% after deductible	30% after deductible
X-Ray and Laboratory Services	20% after deductible	30% after deductible
Emergency Services Facility	\$250 copay	\$250 copay
Emergency Room Physician	20% after deductible	30% after deductible
Non-Emergency Medical Condition Emergency Room Non-Emergency Medical Condition ER Physician	\$250 copay then 20% after deductible 20% after deductible	30% after deductible
Ambulance Services	20% after deductible	30% after deductible
Urgent Care	\$35 copay	30% after deductible
Live Health Online	No charge	N/A
Sav-Rx Plan Features		
Prescription Drug Benefits		
Retail Generic		\$10 copay
Retail Brand		\$40 copay
Brand with Generic Alternative		\$30 copay + Difference in Cost
Mail Order Generic		\$20 copay
Mail Order Brand		\$80 copay
Mail Order Brand with Generic Alt.		\$60 copay + Difference in Cost
Rx Maximum Out-of-Pocket Spend		\$2,000 Individual / \$4,000 Family
<p>*Unlimited Maximum refers to an unlimited coinsurance amount where the member will continue to pay 30% of the cost of a claim, after the deductible is met, for out of network providers or services.</p>		



CONVENIENT LOCATIONS:

- | | |
|--|---|
| Seven Hills Lombardo
5700 Lombardo Center Dr.,
Ste 120
Seven Hills, OH 44131
(440) 368-0930 | Mentor Great Lakes Plaza
7695 Mentor Ave.
Mentor, OH 44060
(440) 368-0900 |
| AKRON-White Pond Drive
400 White Pond Dr., Ste A
Akron, OH 44320
(234) 226-5038 | North Canton Lauby Rd.
(New Location)
5399 Lauby Rd., Ste 220
North Canton, OH 44720
(330) 615-6498 |
| Avon Sheffield Detroit
Ave. Clinic
5445 Detroit Rd.
Sheffield, OH 44054
(440) 653-8033 | Beachwood Science Park
(Coming Soon)
25700 Science Park Dr,
Ste 120
Beachwood, OH 44122 |

We are very excited about the rollout of Paladina Health, a new primary care benefit available to Bricklayers Local Union No. 5 members and their families. We’ve had great feedback so far, but we’ve also had a few questions and misconceptions regarding this new benefit. In an effort to clarify any confusion right at the beginning, we’ve provided answers to a few frequently-asked questions below.

Does Paladina Health replace my Anthem health insurance coverage?

No. Paladina Health is offered as a voluntary, additional benefit for those who choose to enroll. It is not replacing your Anthem BCBS health insurance in any way.

What services does Paladina Health provide?

Paladina Health provides primary care for you and your family, which includes things like annual physicals, labs, immunizations, and management of chronic health conditions such as high blood pressure and diabetes. Plus, Paladina Health members can schedule same – or next-day appointments for urgent needs and reach their provider 24/7 by phone.

How much does Paladina Health cost?

For members and their dependents already enrolled in an Anthem BCBS health plan, The Fund is covering the Paladina Health membership fee in full. Most services provided by Paladina Health are offered at no cost with no copay. Paladina Health is specifically designed to save you and your family time and money.

How do I start receiving this benefit?

If you want to take advantage of your Paladina Health benefit, you must enroll. The process is simple and should only take a few minutes. You can visit paladinahealth.com/bricklayers to enroll online or call 1-866-808-6005 to enroll by phone. You can schedule your first appointment to meet your Paladina Health provider right after you enroll!

If you have any additional questions, do not hesitate to call Paladina Health’s Member Services team at (866) 808-6005 or memberservices@paladinahealth.com.

Claim Examples: How much do you pay?

Scenario 1:

Jeff had the flu:

<u>Anthem Plan Costs</u>	<u>Paladina</u>
Urgent Care Visit: \$35 copay	Physician Office Visit: \$0 copay
Prescription, Generic Antibiotic: \$10 Rx copay	Prescription, Generic Antibiotic: \$0 Rx copay
<i>Time is taken out of your day, going to the facility, and then having to go to your local pharmacy to pay an addition Rx copay.</i>	<i>Paladina offers you immediate care. The physician can see you that day with little to no wait. The facility has a pharmacy on site to fill some common generic medications.</i>
TOTAL MEMBER EXPENSE: \$45	TOTAL MEMBER EXPENSE: \$0

Scenario 2:

Scott has chronic back pain:

<u>Anthem Plan Costs</u>	<u>Paladina</u>
Emergency Room Visit: \$250 copay	Physician Office Visit: \$0
Prescription, Brand-Name Pain Medication: \$40 Rx Copay	Prescription, Brand-Name Pain Medication: \$40 Rx Copay
Physical Therapy (6 visits @ \$100 per visit): \$250 deductible, \$70 coinsurance	Physical Therapy (6 visits @ \$100 per visit): \$250 deductible, \$70 coinsurance
MRI (\$2,500): \$500 coinsurance	MRI (\$1,200): \$240 coinsurance <i>Paladina will be able to direct your care to a Specialist if necessary and the most cost-effective MRI facility.</i>
TOTAL MEMBER EXPENSE: \$1,110	TOTAL MEMBER EXPENSE: \$600

Scenario 3:

Julie is having a baby.

<u>Anthem Plan Costs</u>	<u>Paladina</u>
OBGY Office Visit: \$55 copay	<i>Paladina is not designed to handle pregnancies and/or delivery, however they will direct care as needed and support the pregnancy through such things as lifestyle coaching. The expecting mother would also have access to their Paladina doctor via phone 24/7 as needed.</i>
Ultrasound (\$1,200): \$250 deductible, \$190 coinsurance = \$440	
Labor & Delivery (\$4,600): \$920 coinsurance	
Two Day Hospital Stay (\$6,000): \$1,200 coinsurance	
TOTAL EXPENSE: \$2,615	
TOTAL MEMBER EXPENSE: \$2,500	

— **Dental** —

For a full schedule of your Anthem dental benefits, please refer to your certificate of coverage. Contact Anthem or visit Anthem.com to find a dental provider near you.

Annual Deductible

Individual/Family

None

Annual Maximum combined for In and Out of Network

\$800 per person

Services	Dentists
<p>Diagnostic and preventive</p> <ul style="list-style-type: none"> o Oral evaluations, x-rays o Cleanings o Sealants and fluoride o Space maintainers 	<p>\$0 copay</p>
<p>Minor restorative</p> <ul style="list-style-type: none"> o Emergency palliative pain treatment o Amalgam restorations (fillings) o Composite restoration (fillings) o Sedative fillings o Pin retention 	
<p>Oral surgery</p> <ul style="list-style-type: none"> o Simple extractions o Removal of impacted teeth o General anesthesia 	
<p>Endodontic services</p> <ul style="list-style-type: none"> o Root Canal Therapy o Therapeutic pulpotomy o Direct and Indirect pulp capping 	
<p>Periodontal services</p> <ul style="list-style-type: none"> o Scaling and root planning o Gingivectomy o Osseous surgery o Soft tissue grafts 	
<p>Prosthetic Services</p> <ul style="list-style-type: none"> o Crowns o Removable complete and partial dentures o Post and core o Bridge repair o Missing Teeth 	
<p>Orthodontic Services</p> <ul style="list-style-type: none"> o Examinations o Records o Tooth guidance o Repositioning (straightening) of the teeth 	
<p>Orthodontic Age Limit</p>	<p>Dependent children under age 26 when initial bands are placed.</p>



— Disability & Life Insurance —

Disability Benefits

Bricklayers and Masons' Local No. 5, Ohio Health and Welfare Fund provides you with short-term disability benefits and pays the full cost of this coverage. In the event you become disabled from a non-work-related injury or sickness, disability benefits are provided as a source of income.

Non-Occupational Accident and Sickness Disability Benefits

The Benefit Plan provides a \$125 weekly benefit if you become totally disabled and are unable to work as the result of a non-occupational accident or sickness. This benefit is payable as of the first day of disability and will be continued for the maximum period of 13 weeks for any one period of disability.

Your inability to work must be supported by the written statement of your attending physician.

If you suffer successive periods of disability, they will be considered separate periods with respect to the maximum 13 weeks' allowance:

1. If the disability periods are unrelated and separated by any period of active work; and
2. If the disability periods are related and separated by at least two weeks of active work. Active work is 8 hours per day and 40 hours per week for a total of 80 hours of work.

Occupational Weekly Disability Benefits

This plan supplements Workers' Compensation benefits by providing an allowance of \$75 per week in disability benefits for a maximum of 13 weeks.

Life Insurance

Basic Life Insurance is offered through Ullico. A \$20,000 life benefit is offered to all eligible Active members "in good standing".

— Supplemental Health Reimbursement Plan —

A Participant must have a minimum of six months coverage “banked” to use their supplemental health reimbursement account. Only the amount in excess of this minimum level may be used for reimbursements.

What benefits will be included in the Supplemental Health Reimbursement Plan?

Generally, expenses not covered by health insurance. Typical expenses include vision, dental and medical expenses, office visit co-pays, prescription co-pays, over-the-counter (OTC) drugs and medications that are medically necessary. Please refer to enclosed lists of Common Qualified Claims and OTC items. Expenses solely for cosmetic reasons are not expenses for medical care.

We will accept copies; original receipts are not required.

Office Visit Co-pays

A receipt from the doctor’s office that identifies the patient, provider, date of service, procedure, and co-pay amount or a copy of the insurance Explanation of Benefits (EOB) along with a completed reimbursement claim form.

Prescription Drug Co-pays

A receipt from the pharmacy is acceptable as long as it identifies the patient, the date of service, the drug, and the amount of the co-pay along with a completed reimbursement claim form.

Over-the-Counter (OTC) Drugs and Medications

A receipt listing the medication and corresponding cost along with a valid prescription and completed reimbursement claim form. Cash register receipts are acceptable only if the item and cost are clearly identified. OTC drugs, medications and treatments are only covered if they are intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease or injury. Some items are considered dual purpose (a medical purpose and cosmetic/personal or general health purpose). In this case, a note is required from a licensed medical provider that states the person has a specific medical condition for which the item is purchased. The reimbursement amount of the purchased OTC item will be limited to a reasonable quantity that is expected to be consumed in a reasonable amount of time. Sales tax on OTC purchase items can be reimbursed. OTC drugs and medicines must be submitted with a valid prescription.

Non-covered (or not fully covered) Medical, Dental and Vision Claims

For claims that are non-covered or partially covered by health insurance, a copy of the insurance Explanation of Benefits Form (EOB) should be provided along with a completed reimbursement claim form. If an EOB is not available, a statement from the provider showing the patient, services provided, dates of services, provider and the cost after the insurance payments must be provided. **BALANCE FORWARD STATEMENTS ARE NOT ACCEPTABLE.** For all claims, an itemized receipt or billing statement (if greater than \$500.00) showing the patient, provider, date of service, services and cost should be provided along with a completed reimbursement claim form.

Most Common Expenses

- Over the Counter Drugs
- Office Visit Copays
- Prescription Copays
- Insurance Plan Deductibles
- Insurance Plan Co-Insurance

OTC Drug & Medication EXAMPLES*:

- Antiseptic Wash and Ointments
- Allergy Medication
- Diabetic Supplies
- Pain Reliever Liquids & Tablets
- Anti-Itch Medications

Dual Use OTC Items (requires a doctor letter) EXAMPLES*:

- Acne Medication
- Eye Drops
- Leg & Arm Braces
- Orthotic Shoe & Inserts
- Vitamins

*For a full list of approved qualified claims and medications, please contact The Fund office.