



**NATIONAL IAM  
BENEFIT TRUST FUND**

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



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<b>OTHER SERVICES - Continued</b>		
<b>Durable Medical Equipment (DME)</b>	20% after deductible <small>Rental benefit limited to purchase price (or contract rate) of medically necessary medical equipment</small>	50% after deductible
<b>Home Health Care</b>	20% after deductible	50% after deductible
<b>Hospice Care</b>	20% after deductible	50% after deductible
<b>Organ Transplant</b>	Paid like any other illness based on the type of service that is received	
<b>Podiatry Treatment</b>	20% after deductible <small>Max 30 days treatment per calendar year. Limit does not apply to covered surgical procedures.</small>	50% after deductible
<b>Prosthetics / Orthotics</b>	20% after deductible	50% after deductible
<b>Outpatient Rehabilitative Therapy</b>	20% after deductible <small>Max 50 days of treatment per calendar year for all therapies; physical, speech, occupational, cardiac. etc.</small>	50% after deductible
<b>Radiation Therapy</b>	20% after deductible	50% after deductible
<b>Skilled Nursing Facility</b>	20% after deductible <small>Maximum 100 days of treatment per cal year</small>	50% after deductible
<b>MENTAL HEALTH CARE</b>		
<b>Inpatient</b>	20% after deductible	50% after deductible
<b>Outpatient Facility</b>	20% after deductible	50% after deductible
<b>Outpatient Visits</b>	20% after deductible	50% after deductible
<b>SUBSTANCE ABUSE TREATMENT</b>		
<b>Inpatient</b>	20% after deductible	50% after deductible
<b>Outpatient Facility</b>	20% after deductible	50% after deductible
<b>Outpatient Visits</b>	20% after deductible	50% after deductible
<b>PRESCRIPTION DRUGS</b>		
<b>Cigna pharmacy VS/caremark is the Pharmacy Benefit Manager</b>		
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.		
<b>Coverage Details</b>	<b>Use of Cigna network pharmacies is required - No coverage outside of Cigna network</b>	
<b>Deductible</b>	Combined with medical - See page 1	
<b>Out-of-Pocket Limit</b>	Combined with medical - See page 1	
<b>Medication Type</b>	<b>30 Day Supply - Cigna network retail pharmacies</b>	<b>90 Day Supply - Cigna mail-order</b>
- Generic	20% after deductible	Not covered
- Preferred Brand	20% after deductible	Not covered
- Non-Preferred Brand	20% after deductible	Not covered
<b>Specialty Medications</b> - 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	
<b>OPTIONAL BENEFITS</b>		
<b>PLAN D+ (additional cost option)</b>		
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		
<b>AGE LIMIT FOR DEPENDENT CHILDREN</b>		
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.		