

**Teamsters Joint Council No. 83 of Virginia Health & Welfare Fund
Plan ZR
Effective February 7, 2012**

BENEFIT	PLAN ZR	SUBJECT TO
Hospitalization		
<ul style="list-style-type: none"> • 90 days per person per year (in-patient) • Call must be made to SHPS within 48 hours of non-emergency admissions and 72 hours of emergency admissions to avoid penalty. 		
<u>In-Network- In-patient</u> Hospital charges for room/board and necessary services and supplies	90% of BCBS allowable charge	AM, CI, DED, OOP, LM
<u>In-Network - Out-patient</u> For services performed in the hospital, not covered by any other benefit	80% of BCBS allowable charge	
<u>Out-of-Network – In-patient</u> Hospital charges for room/board and necessary services and supplies	90% of BCBS allowable charge	
<u>Out-of-Network – Out-patient</u> For services performed in the hospital, not covered by any other benefit	70% of BCBS allowable charge	
Surgery		
In-Network (In-patient or Out-Patient)	90% of BCBS allowable charge	CI, DED, OOP, LM
In Network Colonoscopy (Out-Patient only)	100% of BCBS allowable charge	LM
Out-of-Network (In-patient)	90% of BCBS allowable charge	CI, DED, OOP, LM
Out-of-Network (Out-patient)	70% of BCBS allowable charge	CI, DED, OOP, LM
Prescription Drugs		
<ul style="list-style-type: none"> • If you have a condition treatable by the Horse Power Healthy Rewards Program, all generic medicines are free while participating in the Rewards Program. 		
<p><u>Prior Authorization is required for certain drugs. Below is a sample listing. Contact the Fund Office to inquire about other drugs not listed.</u></p> <ul style="list-style-type: none"> • Anti-obesity drugs (Xenical, Meridia), Second generation antihistamines, (e.g. Clarinex, Allegra, Zyrtec, Clarinex D, Allegra D), Proton pump inhibitors (e.g., Prevacid, Protonix, Nexium, Aciphex), Actiq, Gleevec, Iressa, Revlimid, Tarceva, Thalomid, Tracleer • All injectable medications with the exception of Victoza, Byetta, Cyanocobalamin, Delatestryl, Delestrogen, DepoTestosterone, Dexamethasone, Furosemide, Haloperidol, Herapin, Insulin, Lidocaine, Lorazepam, Methotrexate, Nubain, Progesterone, Promethazine, Sodium Bicarbonate, Symlin 		CP, LM, CI
<u>Retail – 30 day supply</u> Viagra, Cialis, or equivalent drug limited to 8 units per month	20% co-insurance - \$5 minimum	
<u>Mail Order Maintenance Drugs – 90 day supply</u> <u>Mail Order Specialty (injectable) drugs – 30 day supply</u>	\$20 Generic \$45 Brand	
Doctor Visit		
<ul style="list-style-type: none"> • One co-pay per person per date of service. (Higher co-pay applies when specialist is seen.) 		
<p>In-Network:</p> <ul style="list-style-type: none"> • Co-pay covers all charges incurred at doctor's office. This could include x-ray, lab, drugs, (i.e., chemotherapy, allergy serum), administration of injections (excluding allergy injections). • Increased co-pays apply if you have a condition treatable by the Horse Power Healthy Rewards Program and do not agree to participate. 	<p>\$25 co-pay for charges incurred at family or general practitioner, pediatrician, internal medicine or urgent care center (i.e., Patient First)</p> <p>\$50 co-pay for charges incurred at specialist</p>	CP, LM
Out-of-Network	70% of BCBS allowable charge	
X-Ray		
In-Network (In-patient or Out-patient)	90% of BCBS allowable charge	CI, DED, OOP, LM
Exceptions (only apply to in-network/out-patient services):		
EKG Bone Density (medical guidelines only) Mammography (routine)	100% of BCBS allowable charge	LM
Out-of-Network (In-patient)	90% of BCBS allowable charge	CI, DED, OOP, LM
Out-of-Network (Out-patient)	70% of BCBS allowable charge	CI, DED, OOP, LM

AM – Annual Maximum	AVL – Annual Visit Limit
CI – Co-Insurance	CP – Co-Payment
DED – Deductible	LM – Lifetime Maximum
LVM – Lifetime Visit Maximum	OOP – Out of Pocket Limit

BENEFIT	PLAN ZR	SUBJECT TO
Lab		
In-Network (In-Patient)	90% of BCBS allowable charge	CI, DED, OOP, LM
In-Network (Out-Patient)	100% of BCBS allowable charge	LM
Out-of-Network (In-Patient)	90% of BCBS allowable charge	CI, DED, OOP, LM
Out-of-Network (Out-Patient)	70% of BCBS allowable charge	CI, DED, OOP, LM
Annual Deductible (Not included in Out-of-Pocket Limit)		
Deductible applies to all charges incurred except dental claims, vision claims, amounts above BCBS allowable charge, lab and x-ray procedures paid at 100%, co-pays for doctor and emergency room visits and prescription drug claims.	Individual - \$250	
	Family - \$750	
Lifetime Maximum (per person)		
	\$500,000	
Annual Out-of-Pocket Limit		
	<u>In-Network</u> \$2,000 per person \$6,000 per family <u>Out-of-Network</u> \$6,000 per person \$18,000 per family	
Emergency Room and All Related Charges		
<ul style="list-style-type: none"> Co-pay applies whether in-network or out-of-network. Increased co-payments apply if you have a condition treatable by the Horse Power Healthy Rewards Program and do not agree to participate. 	\$100 co-pay	CP, LM
Other Allowable Major Medical Expenses • Physical Therapy, Speech Therapy and Occupational Therapy – Maximum 20 visits per person per year.		
Anesthesia (in or out-of-network)	90% of BCBS allowable charge	DED, CI, OOP, AVL, LM
Ambulance Services (in or out-of-network)	90% of BCBS allowable charge	
Other allowable, in-network expenses	80% of BCBS allowable charge (i.e. administration of allergy injections)	
Other allowable, out-of-network expenses	70% of BCBS allowable charge	
Transplant Coverage and Follow-Up Care		
In-Network	90% of BCBS allowable charge	CI, OOP, LM, DED
Out-of-Network	70% of BCBS allowable charge	
Dental (Including TMJ)		
All Dental Services	100% of dental schedule	AM, CI
Dental annual max	\$1,000/family	
Full Time Employment After Teamsters Retirement		
If you are employed after retirement and the cost of purchasing insurance from your new employer is equal to or less than the monthly retiree premium charged by the Fund, you must enroll in your new employer's program, if you desire insurance. Retiree coverage through the Fund can then be purchased as a secondary coverage.		
Spouse of Retiree Terminated from Retiree Health Coverage		
At termination of the member's coverage, spouse and dependent coverage is available for up to three years unless coverage first terminates due to reaching age 65 or becoming eligible for Medicare.		

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