

**TEAMSTERS LOCAL UNION NO. 856 HEALTH & WELFARE FUND
SCHEDULE OF BENEFITS**

Anthem Blue Cross PPO - Select Plan

| | | TEAMSTERS DIRECT PAY PLAN | |
|---|-------------------------------|-----------------------------|---------------------------------|
| | | Select Plan | |
| BENEFITS AND COVERAGE | | ANTHEM BLUE CROSS PROVIDERS | NON-ANTHEM BLUE CROSS PROVIDERS |
| HEALTH | | | |
| Maximum Annual Benefit | Unlimited | | Same |
| Annual Deductible: | | | |
| Per Individual | \$250 | | \$250 |
| Family maximum | \$500 | | \$500 |
| HOSPITAL | | | |
| Daily Room and Board | Semi-private | | Semi-private |
| Other Hospital Charges | 80% | | 50% ¹ |
| Ambulance per Trip | 80% | | 50% ¹ |
| Emergency Room | 80% | | 50% ¹ |
| In-Network (PPO only): Co-insurance maximum of \$2,000 per family (does not include copayments or deductible) | | | |
| PHYSICIAN'S SERVICES | | | |
| Physician & Specialist Office Visit | \$20 (Deductible Waived) | | 60% ¹ |
| Outpatient and Inpatient Services | 80% | | 60% ¹ |
| Surgical | 80% | | 60% ¹ |
| Lab/X-Ray | 80% | | 60% ¹ |
| Home Health and Hospice | 80% | | 60% ¹ |
| In-Network (PPO only): Co-insurance maximum of \$2,000 per family (does not include copayments or deductible) | | | |
| SPECIAL | | | |
| Physical Exams | 100% | | Not covered |
| Well Baby Care | 100% | | Not covered |
| Conversion Coverage | Not available | | Not available |
| PRESCRIPTION DRUG BENEFIT | | | |
| Copay per Rx | \$10 generic, \$20 brand name | | \$10 generic, \$20 brand name |

¹ The plan's UCR (Usual, Customary and Reasonable) allowance.