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# OHIO CARPENTERS HEALTH & WELFARE FUND BENEFIT SCHEDULE

COVERAGE	BENEFITS	IN NETWORK 80/20 SCHEDULE	OUT OF NETWORK 60/40 SCHEDULE <small>EFFECTIVE APRIL 1, 2005</small>
<b>MAJOR MEDICAL</b>	ANNUAL DEDUCTIBLE	\$200 PER PERSON PER CALENDAR YEAR, \$400 PER FAMILY PER CALENDAR YEAR	\$400 PER PERSON PER CALENDAR YEAR, \$800 PER FAMILY PER CALENDAR YEAR
	LIFETIME MAXIMUM BENEFIT	\$1,000,000	\$1,000,000
	FUND'S PAYMENT LEVEL	80% OF FIRST \$15,000 OR 100% THEREAFTER. OUT-OF-POCKET MAXIMUM PER YEAR; \$3,000 PER INDIVIDUAL \$6,000 PER FAMILY	60% OF FIRST \$12,500 OR 100% THEREAFTER. OUT-OF-POCKET MAXIMUM PER YEAR; \$5,000 PER INDIVIDUAL \$10,000 PER FAMILY
<b>INPATIENT HOSPITAL CHARGES</b>	ROOM AND BOARD	UNLIMITED AT 80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	UNLIMITED AT 60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	INTENSIVE CARE	UNLIMITED AT 80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	UNLIMITED AT 60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	PRIVATE ROOM	LIMITED TO DAILY HOSPITAL SEMI-PRIVATE ROOM RATE PLUS \$4.00 PER DAY AT 80%	LIMITED TO DAILY HOSPITAL SEMI-PRIVATE ROOM RATE PLUS \$4.00 PER DAY AT 60%
	ANCILLARIES	UNLIMITED AT 80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	UNLIMITED AT 60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	MENTAL AND NERVOUS DISORDERS	PAYABLE AS ANY OTHER ILLNESS	PAYABLE AS ANY OTHER ILLNESS
	DRUG AND ALCOHOL ABUSE TREATMENT	\$15,000 LIFETIME MAXIMUM	\$15,000 LIFETIME MAXIMUM
<b>OUTPATIENT HOSPITAL CHARGES</b>	REQUIRED OUTPATIENT SURGERY	80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM; (\$500 DEDUCTIBLE FOR UNAUTHORIZED INPATIENT TREATMENT)	60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM; (\$500 DEDUCTIBLE FOR UNAUTHORIZED INPATIENT TREATMENT)
	NON-REQUIRED OUTPATIENT SURGERY/ OUTPATIENT ACCIDENT/EMERGENCY MEDICAL/PRE-ADMISSION TESTING/ DIAGNOSTIC X-RAY AND LAB	80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
<b>PHYSICIAN AND OTHER MEDICAL CHARGES</b>	SURGERY/OFFICE VISIT/ANESTHESIA/ RADIOLOGY/SPECIALIST VISITS/ SECOND SURGICAL OPINIONS/ HOSPITAL AND HOME VISITS/ PRESCRIPTION DRUGS/PRIVATE DUTY NURSING/DURABLE MEDICAL EQUIPMENT/ PHYSICAL THERAPY	80%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM	60%; OR 100% ABOVE OUT-OF-POCKET MAXIMUM
	MENTAL AND NERVOUS DISORDERS OUTPATIENT	80%; UP TO \$45 PER VISIT WITH 25 VISITS PER CALENDAR YEAR MAXIMUM	60%; UP TO \$45 PER VISIT WITH 25 VISITS PER CALENDAR YEAR MAXIMUM
	ROUTINE PHYSICAL EXAMS MEMBER ONLY. SPOUSES, DATE OF SERVICE 6/1/09.	80% OF \$150 PER YEAR, WITHIN PLAN GUIDELINES	60% OF \$150 PER YEAR, WITHIN PLAN GUIDELINES

COVERAGE	SCHEDULE OF BENEFITS			
<b>PRESCRIPTION DRUGS</b>		<table border="1"> <tr> <td>RETAIL (UP TO 34 DAYS SUPPLY) CO-PAYMENT</td> <td>HOME DELIVERY (UP TO 90 DAYS SUPPLY) CO-PAYMENT</td> </tr> </table>	RETAIL (UP TO 34 DAYS SUPPLY) CO-PAYMENT	HOME DELIVERY (UP TO 90 DAYS SUPPLY) CO-PAYMENT
	RETAIL (UP TO 34 DAYS SUPPLY) CO-PAYMENT	HOME DELIVERY (UP TO 90 DAYS SUPPLY) CO-PAYMENT		
	GENERIC DRUGS	\$7.00      \$15.00		
	PREFERRED BRAND-NAME DRUGS (NO GENERIC AVAILABLE)	\$20.00      \$50.00		
	PREFERRED BRAND-NAME DRUGS (WHEN GENERIC AVAILABLE)	\$20.00 PLUS DIFFERENTIAL      \$50.00 PLUS DIFFERENTIAL		
	NONPREFERRED BRAND-NAME DRUGS	\$35      \$85		
	NONPREFERRED BRAND-NAME DRUGS (WHEN GENERIC AVAILABLE)	\$35 PLUS DIFFERENTIAL      \$85 PLUS DIFFERENTIAL		
NON/LOW SEDATING ANTIHISTAMINES (NSAs - EX. ALLEGRA®, ZYRTEC®) AND PROTON PUMP INHIBITORS (PPIs - EX. NEXIUM®, OMEPRAZOLE®) (MANDATORY GENERIC)	\$40.00 PLUS DIFFERENTIAL      \$100.00 PLUS DIFFERENTIAL			
\$75,000 PER CALENDAR YEAR MAXIMUM				
<b>WEEKLY DISABILITY</b>	(ACTIVE MEMBERS ONLY)	\$200 PER WEEK; 26-WEEK MAXIMUM PER PERIOD OF DISABILITY		
<b>VISION</b>	LIMITED SCHEDULE OF BENEFITS; CONTACT THE FUND OFFICE			
<b>DENTAL</b>	GENERAL DENTAL TREATMENT	\$600 MAXIMUM PER PERSON PER CALENDAR YEAR. \$1,200 FAMILY MAXIMUM PER CALENDAR YEAR.		
	TMJ - TEMPORAL MANDIBULAR JOINT SYNDROME	50% OF USUAL REASONABLE AND CUSTOMARY CHARGES UP TO A \$500 LIFETIME MAXIMUM		
	ORTHODONTIA	NOT COVERED		
<b>WELL BABY CARE BIRTH TO AGE 1</b>	OUT OF NETWORK 60%, IN NETWORK 80% UP TO COINSURANCE AMOUNT, 100% THEREAFTER WITH A LIFETIME MAXIMUM OF \$500 PER DEPENDENT CHILD			
<b>WELL CHILD CARE 13 MONTHS TO 9 YEARS</b>	OUT OF NETWORK 60%, IN NETWORK 80% UP TO COINSURANCE AMOUNT, 100% THEREAFTER WITH A LIFETIME MAXIMUM OF \$150 PER DEPENDENT CHILD PER CALENDAR YEAR			
<b>CHIROPRACTIC BENEFITS</b>	OUT OF NETWORK 60%, IN NETWORK 80% UP TO \$1,000 PER CALENDAR YEAR			
<b>LIFE INSURANCE AD &amp; D</b>	ACTIVE MEMBERS	\$10,000		
	RETIRED MEMBERS UNDER AGE 65	\$6,000		
	RETIRED MEMBERS AGE 65 AND OVER	\$1,500		
<b>HEARING AID BENEFIT</b>	(ACTIVE MEMBERS ONLY)	\$1,000 PER PERSON ONCE EVERY TWO CONSECUTIVE CALENDAR YEARS		