

**BRICKLAYERS AND ALLIED CRAFT WORKERS LOCAL NO.1 – GROUP # S001
SCHEDULE OF MEDICAL BENEFITS**

All benefits are subject to the deductible except where noted otherwise.

WISE PPO Utah providers– (866) 485-5205

Benefit Description	Explanation and Limitations	PPO Providers (In-Network)	Non-PPO Providers (Out of Network)
Individual Deductible		\$200	\$400
Family Deductible		UNLIMITED	UNLIMITED
Individual OOP		UNLIMITED	UNLIMITED
Family OOP		UNLIMITED	UNLIMITED
Annual Maximum		\$750,000	COMBINED
Inpatient Hospital	<ul style="list-style-type: none"> Requires Southwest Service Administrators Preauthorization. 	80%	60% of R&C
Outpatient Surgery	<ul style="list-style-type: none"> No Preauthorization required 	80%	60% of R&C
Office Visit		80%	60%
Well Child Office Visit	<ul style="list-style-type: none"> Not covered 	0%	0%
Routine Well Newborn Care	<ul style="list-style-type: none"> Charges for routine physical care by a physician for the newborn child while Hospital confined as a result of the child's birth 	80%	60%
X-Ray and Lab		80%	60% of R&C
Surgical Facility		80%	60%
Anesthesia		80%	60%
Radiation / Chemotherapy		80%	60%
Emergency Room		80%	60%
Supplemental Accident	<ul style="list-style-type: none"> First \$200 @ 100% within 90 days of accident. Deductible waived 	80%	60%
Pap Smear		80%	60%
Preventative Care (Insured and Spouse only)	<ul style="list-style-type: none"> Includes Mammogram, prostate screening, gynecological exam, routine physical exam, X-rays and laboratory blood test 	80%	60%
Routine Adult Immunization	<ul style="list-style-type: none"> Influenza / Includes H1N1 vaccine Pneumococcal Hepatitis B 	100% not subject to deductible	100% not subject to deductible
Routine Child Immunizations	<ul style="list-style-type: none"> Tetnus, Diptheria, Pertussis, Meningococcal, Influenza, H1N1, Pneumococcal, Hepatitis A series, Hepatitis B series, IVP series, MMR series, Varicella series, HPV series 	100% not subject to deductible	100% not subject to deductible
Physical Therapy		80%	60%
Speech / Occupational Therapy	<ul style="list-style-type: none"> 26 visits per Calendar year 	80%	60%
Chiropractic	<ul style="list-style-type: none"> Not covered 	0%	0%
Hearing Aids	<ul style="list-style-type: none"> Services or supplies in connection with hearing aids or exams for their fitting is Not covered 	0%	0%

**BRICKLAYERS AND ALLIED CRAFT WORKERS LOCAL NO.1 – GROUP # S001
SCHEDULE OF MEDICAL BENEFITS**

All benefits are subject to the deductible except where noted otherwise.

WISE PPO Utah providers– (866) 485-5205

Benefit Description	Explanation and Limitations	PPO Providers (In-Network)	Non-PPO Providers (Out of Network)
Skilled Nursing	Payable if and when.... <ul style="list-style-type: none"> • Patient is confined as a bed patient in a facility • The confinement starts within 14 days of a hospital stay of at least 3 days. 60 days maximum 	80%	60%
Home Health Care		80%	60%
Hospice	<ul style="list-style-type: none"> • Covered if individual is not expected to live more than 6 months 	80%	60%
Inpatient Mental Health	<ul style="list-style-type: none"> • Not covered 	0%	0%
Outpatient Mental Health	<ul style="list-style-type: none"> • Not covered 	0%	0%
Inpatient Chemical Dependency	<ul style="list-style-type: none"> • Not covered 	0%	0%
Outpatient Chemical Dependency	<ul style="list-style-type: none"> • Not covered 	0%	0%
TMJ	<ul style="list-style-type: none"> • Not Covered 	0%	0%
Durable Medical Equipment	<ul style="list-style-type: none"> • Must be preauthorized by the Fund Office 	80%	60%
Orthotic Appliances	<ul style="list-style-type: none"> • Only if required for support for an injured or deformed part of the body 	80%	60%
Ambulance Service		80%	60%
Morbid Obesity	<ul style="list-style-type: none"> • \$15,000 Lifetime maximum • Requires Southwest Service Administrators Preauthorization 	80%	60%
Organ / Donor Transplants	<ul style="list-style-type: none"> • \$100,000 Lifetime maximum 	80%	60%

PREAUTHORIZATION REQUIREMENTS

Preauthorization: Southwest Service Administrators (800) 474-3485 (24 hours a day).

Preauthorization of the medical necessity for the following non-emergency services before and /or surgical services are provided.

- Hospitalizations

NOT COVERED

Not limited to: Work related; Cosmetic; complications arising from a cosmetic treatment; Acupuncture; Sterilization or reversal thereof; Custodial care; Pregnancy of a dependant child; treatment service or supplies in connection with Abortion; Vision exams; Vision correction surgery; Education/Vocational training or testing; Infertility; Smoking cessation; Hearing exams, any Dental treatment other than injury to sound natural teeth; any treatment not medically necessary, services for persons with injury or sickness that occurred as a result of illegal use of alcohol, services for complications from a treatment not covered under the plan, treatment for hair loss including wigs; Sleep disorders unless deemed medically necessary; Radial Keratotomy or other eye surgery to correct vision; Eye exams; Orthopedic shoes or supportive devices for feet such as arch supports, heel lifts, behavioral modifications and / or psychological support through behavioral counseling and support for Morbid Obesity.etc.

NOTES

NO PRE-EXISTING EXCLUSION FOR DEPENDENTS UP THROUGH AGE 18

ALL CLAIMS MUST HAVE THE POLICYHOLDERS GROUP # (S001) ON THE CLAIM FORM OR IT MAY GET REJECTED.
HCFA FORMS- BOX 11 UB FORMS- BOX 62

*****ELIGIBILITY IS BASED ON A MONTH BY MONTH BASIS*****

FILING LIMIT- 90 days from incurred date and in no event later than 1 year from incurred date.

APPEAL TIME FRAME- 180 days from the day the claim was processed.

CONTACT INFORMATION

Mail claims to: JAS, Inc., 4885 South 900 East, Suite #202, Salt Lake City, Utah 84117
Fund Office Customer Service – Toll free (800) 345 3248 / Local (801) 266-3256 Fax (801) 266-4323
Preauthorization Company / Southwest Service Administrators: (800) 474-3485
Prescription Plan / SAV-RX: (800)-228-3108

IMPORTANT INFORMATION

This is not a guarantee of Benefits. This is a general summary of the benefits available under this plan and not intended to be used as an authorization for services to be provided. We are providing this summary without knowledge of the diagnosis or type of treatment you plan to provide. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice. All benefits are subject to pre-existing condition limitations as specified in the plan. All covered charges will be limited to reasonable and customary charges. Benefits will be coordinated with another carrier if other coverage is involved.