




Benefit Fund for Hospital & Health Care Employees - Philadelphia & Vicinity

1319 Locust Street, Philadelphia, PA 19107-5405
 (215) 735-5720 • (800) 531-1199 • FAX (215) 985-9232

Benefits Overview for 1199C Employees

Plan Design			
	Medical Vendor – Keystone Health Plan (IBX)		
<i>Discount:</i>	Plan pays higher benefits if you use 1199C-related providers		
	1199C Related Providers	Keystone’s Participating Providers/Referred	Non-Participating Providers/Self-Referred
<i>Primary care doctor (PCP)</i>	Selection of PCP Required	Selection of PCP Required	N/A
<i>Doctor office visits</i> <i>Primary care</i> <i>Specialist</i>	You pay \$10 copay \$30 copay	You pay \$10 copay \$30 copay	Plan pays 70%, after deductible
<i>Outpatient lab</i>	Plan pays 100%	Plan pays 100%; no deductible	Plan pays 70% after deductible
<i>Inpatient hospital</i>	You pay \$250 copay per/admission; plan pays 100% after copay; Fund reimburses copay	You pay \$1,000 copay per/admission; plan pays 100% after copay	Plan pays 70%, after deductible up to 120-day limit
<i>Outpatient surgery</i>	You pay \$100 copay (surgery center) or \$250 copay (hospital), plan pays 100% Fund reimburses copay	You pay \$500 copay plan pays 100% after deductible	Plan pays 70%, after deductible
<i>Emergency Room</i>	You pay \$100; waived if admitted	You pay \$100; waived if admitted	You pay \$100; waived if admitted
<i>Urgent Care Center</i>	\$60 copay	\$60 copay	Plan pays 70% after deductible
<i>Annual deductible</i> <i>Individual</i> <i>Family</i>	None None	\$200 \$400	\$ 500 \$1,500
<i>Coinsurance</i>	Plan pays 100%	Plan pays 100% after copays	Plan pays 70%, after deductible**
<i>Coinsurance maximum</i> <i>Individual</i> <i>Family</i>	N/A	N/A	N/A
<i>Total out-of-pocket maximum</i> <i>Individual</i> <i>Family</i>	Copays***, deductibles & coinsurance are included in the total out-of-pocket maximum.		
	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 \$6,000
<i>Lifetime maximum</i>	Unlimited	Unlimited	\$1 million



Benefit Fund for Hospital & Health Care Employees - Philadelphia & Vicinity

1319 Locust Street, Philadelphia, PA 19107-5405
(215) 735-5720 • (800) 531-1199 • FAX (215) 985-9232

	Pharmacy Vendor - EmpiRx (Benecard)
<i>Generic</i> <i>Performance Brand</i> <i>Non-Perf. Brand</i> <i>Out-of-Pocket Limit</i>	You pay \$10 (up to 30 days; retail)/\$20 (up to 90 days; mail) You pay \$20 (up to 30 days; retail)/\$40 (up to 90 days; mail) You pay \$20 (up to 30 days; retail)/\$40 (up to 90 days; mail) No annual out-of-pocket maximum Mandatory mail-order refill Mandatory generic, if available
	Dental Vendor - Delta Dental
<i>Type of plan</i>	(DHMO) and (PPO) Available to Wage Class I Only
<i>Annual benefits limit</i> <i>Orthodontia</i>	DHMO Plan - Services are discounted; you pay a fixed copay for services according to a schedule. PPO- Annual benefit limit \$1500 Your copay varies based on the services required.
	1199C Benefit – Death Benefit
<i>< 1 year of service</i>	\$1,250 fund-paid life and AD&D
<i>1 or more years of service</i>	Wage Class I: Life/AD&D = annual pay to \$15,000 Wage Class II: \$2,500 Life and AD&D Wage Class III: \$1,250 Life and AD&D
	Vision Vendor – Keystone Health Plan (Davis Vision)
	*Included with Keystone Health Plan medical coverage
<i>Routine eye exam</i>	Plan pays 100% every 24 months with no copay
<i>Vision eyewear</i>	Plan pays up to \$100 per 24-month period
	1199C Benefit - Short Term Disability
	Provided with 1199C benefit package
<i>Benefit</i>	Maximum 26 weeks in a 52-week period – check with Benefit Fund Staff for current maximum payment
	Questions - Benefit Fund Office Contact Information
	1319 Locust Street Philadelphia, Pa 19107 Telephone: 215.735.5720 Toll Free: 800.531.1199 Fax: 215.985.9232 Email: info@1199cfunds.org

*Members are required to complete an online health assessment and biometric screening annually between June 1st and October 31st in order to waive the \$20/week surcharge for health and welfare.

** A **deductible** is the amount you pay for health care services before your health insurance begins to pay.

*****Copayments** are fixed dollar amounts you pay covered health care, usually when you receive the service.