




# 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 - Aetna		
<i>Discount:</i>	Plan pays higher benefits if you use 1199C-related providers		
	1199C Related Providers	Aetna 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; <b>Fund reimburses copay</b>	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% <b>Fund reimburses copay</b>	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>	<b>Copays***, deductibles &amp; coinsurance are included in the total out-of-pocket maximum.</b>		
	\$1,500 \$3,000	\$1,500 \$3,000	\$3,000 \$6,000
<i>Lifetime maximum</i>	Unlimited	Unlimited	\$1 million



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	<b>Pharmacy Vendor - EmpiRx (Benecard)</b>
<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
	<b>Dental Vendor - Delta Dental</b>
<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.
	<b>1199C Benefit – Death Benefit</b>
<i>&lt; 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
	<b>Vision Vendor - Aetna (Eye Med)</b>
	*Included with Aetna 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
	<b>1199C Benefit - Short Term Disability</b>
	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
	<b>Questions - Benefit Fund Office Contact Information</b>
	1319 Locust Street Philadelphia, Pa 19107 <b>Telephone:</b> 215.735.5720 <b>Toll Free:</b> 800.531.1199 <b>Fax:</b> 215.985.9232 <b>Email:</b> <a href="mailto:info@1199cfunds.org">info@1199cfunds.org</a>

\*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.