

**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.