

# Mailers'-Publishers' Welfare Trust Fund

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 7/1/2016

Coverage for: Individual / Family | Plan Type: PPO



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling 1-212-869-5994.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	<b>\$0</b>	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	Yes. <b>\$500</b> for prescription drug coverage. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this plan begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For hospital & medical <b>\$3,850</b> person / <b>\$7,700</b> family For prescription drugs <b>\$3,000</b> person / <b>\$6,000</b> family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a <u>network of providers</u> ?	Yes. See <a href="http://www.anthem.com">www.anthem.com</a> or call 1-800-810-BLUE for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.

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Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .
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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	\$30 copay/visit plus balance billing	—————none—————
	Specialist visit	\$50 copay/visit	\$50 copay/visit plus balance billing	—————none—————
	Other practitioner office visit	\$50 copay/visit	\$50 copay/visit plus balance billing	—————none—————
	Preventive care/screening/immunization	No charge	Balance billing	
If you have a	Diagnostic test (x-ray, blood work)	No charge	Balance billing	—————none—————

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test	Imaging (CT/PET scans, MRIs)	No charge	Balance billing	—————none—————
<b>If you need drugs to treat your illness or condition</b>  More information about <u>prescription drug coverage</u> is available at <a href="http://www.OptumRx.com">www.OptumRx.com</a> .	Generic drugs	\$10 copay per prescription (retail) \$20 copay per prescription (mail order)		Covers up to a 30-day supply (retail prescription); 31-90 day supply (mail order prescription)
	Preferred brand drugs	\$35 copay per prescription (retail) \$70 copay per prescription (mail order)		The difference in cost between the brand drug and its generic equivalent will be charged in addition to the copay if a brand name drug is used when an appropriate generic equivalent is available.
	Non-preferred brand drugs	\$70 copay per prescription (retail) \$140 copay per prescription (mail order)		
	Specialty drugs	20% coinsurance		
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$150 copay/visit	\$150 copay/visit plus balance billing	
	Physician/surgeon fees	No charge	Balance billing	—————none—————
<b>If you need immediate medical attention</b>	Emergency room services	\$150 copay/visit	\$150 copay/visit plus balance billing	Copay waived if admitted to a hospital within 24 hours.
	Emergency medical transportation	No charge	Balance billing	—————none—————
	Urgent care	\$35 copay/visit	\$35 copay/visit plus balance billing	—————none—————
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	\$1,000 copay/visit	\$1,000 copay/visit plus balance billing	—————none—————
	Physician/surgeon fee	No charge	Balance billing	—————none—————

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If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 copay/visit	\$30 copay/visit plus balance billing	_____none_____
	Mental/Behavioral health inpatient services	\$1,000 copay/visit	\$1,000 copay/visit plus balance billing	_____none_____
	Substance use disorder outpatient services	\$30 copay/visit	\$30 copay/visit plus balance billing	_____none_____
	Substance use disorder inpatient services	\$1,000 copay/visit	\$1,000 copay/visit plus balance billing	_____none_____
If you are pregnant	Prenatal and postnatal care	No charge	Balance billing	_____none_____
	Delivery and all inpatient services	\$1,000 copay/visit	\$1,000 copay/visit plus balance billing	_____none_____
If you need help recovering or have other special health needs	Home health care	No charge	Balance billing	Limited to 200 visits per year.
	Rehabilitation services	\$50 copay/visit	\$50 copay/visit plus balance billing	Limited to 30 visits per year.
	Habilitation services	Not Covered	Not Covered	_____none_____
	Skilled nursing care	No charge	Balance billing	Limited to 60 days per year.
	Durable medical equipment	20% coinsurance	Not Covered	_____none_____
	Hospice service	No charge	Balance billing	Limited to 210 days per lifetime.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	_____none_____
	Glasses	Not Covered	Not Covered	_____none_____
	Dental check-up	Not Covered	Not Covered	_____none_____

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## Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover** (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care

**Other Covered Services** (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Acupuncture (if prescribed for rehabilitation purposes)
- Bariatric surgery
- Chiropractic care
- Infertility treatment
- Most coverage provided outside the United States. See [www.bcbs.com/bluecardworldwide](http://www.bcbs.com/bluecardworldwide)
- Weight loss programs

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-212-869-5994. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: the Department of Labor's Employee Benefits

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Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or Mailers'-Publishers' Welfare Trust Fund, 1501 Broadway, Suite 1724, New York, NY 10036 at (212)-869-5994.

Additionally, a consumer assistance program can help you file your appeal. Contact: Community Service Society of New York, Community Health Advocates, 105 East 22nd Street, 8th floor, New York, NY 10010 at (888) 614-5400 or <http://www.communityhealthadvocates.org/>

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

## Language Access Services:

Para obtener asistencia en Español, llame al 1-212-869-5994.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

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## About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



### This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

### Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,370
- Patient pays \$1,170

#### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

#### Patient pays:

Deductibles	\$20
Copays	\$1,000
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$1,170</b>

### Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,920
- Patient pays \$1,480

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles	\$500
Copays	\$650
Coinsurance	\$250
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,480</b>

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## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on

the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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