

## 2020 – Steelworkers Health and Welfare Fund

	Freedom Blue 2020 - Option 1	Freedom Blue 2020 - Option 2
Monthly Plan Premium	\$260	\$155
Plan Deductible	\$0	\$250
Plan Coinsurance (Member Cost Sharing)	<b>In Network</b> – 0% Coinsurance <b>Out of Network</b> - 0% Coinsurance	<b>In Network</b> – 10% Coinsurance <b>Out of Network</b> -10% Coinsurance
In Network Out-of-Pocket Limit for Medicare-covered Services	\$0	\$1,500
Total In and Out of Network Out-of-Pocket Limit for Medicare-covered Services	\$3,400	\$3,400
Doctor Office Visit	<b>In Network</b> - \$15 PCP, \$30 Specialist Cost Sharing <b>Out of Network</b> - \$15 PCP, \$30 Specialist Cost Sharing	<b>In Network</b> - \$20 PCP, \$35 Specialist Cost Sharing <b>Out of Network</b> - \$20 PCP, \$35 Specialist Cost Sharing
Diagnostic Testing including Lab, X-Rays and Advanced Imaging	<b>In Network</b> – 0% Coinsurance <b>Out of Network</b> - 0% Coinsurance	<b>In Network</b> – 10% Coinsurance <b>Out of Network</b> - 10% Coinsurance
Outpatient Surgery	<b>In Network</b> - \$0 Cost Sharing <b>Out of Network</b> - 20% Coinsurance	<b>In Network</b> – 10% Coinsurance <b>Out of Network</b> - 10% Coinsurance
Ambulance	<b>In Network</b> - \$25 Cost Sharing <b>Out of Network</b> - 20% Coinsurance	<b>In Network</b> – 10% Coinsurance <b>Out of Network</b> - 30% Coinsurance
Emergency Room	\$50 Cost Sharing <b>In and Out of Network</b>	\$65 Cost Sharing <b>In and Out of Network</b>
Urgent Care	\$40 Cost Sharing <b>In and Out of Network</b>	\$40 Cost Sharing <b>In and Out of Network</b>
Inpatient Hospital Stay	<b>In Network</b> – 0% Coinsurance <b>Out of Network</b> - 0% Coinsurance	<b>In Network</b> – 10% Coinsurance Per Stay <b>Out of Network</b> - 10% Coinsurance
Skilled Nursing Facility (days 1-100 per benefit period)	<b>In Network</b> –0% Coinsurance <b>Out of Network</b> - 0% Coinsurance	<b>In Network</b> – 10% Coinsurance <b>Out of Network</b> - 10% Coinsurance
Durable Medical Equipment	<b>In Network</b> - 15% Coinsurance <b>Out of Network</b> - 20% Coinsurance	<b>In Network</b> - 10% Coinsurance <b>Out of Network</b> - 20% Coinsurance
Hearing Exam	<b>In Network</b> – \$30 Cost Sharing <b>Out of Network</b> - \$30 Cost Sharing	<b>In Network</b> – \$35 Cost Sharing <b>Out of Network</b> - \$35 Cost Sharing

Hearing Aids	<p><b>TruHearing</b> - You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing.</p> <p><b>Out of Network</b> - \$500 allowance for hearing aids every 3 years from any other provider (\$500 combined in network and out of network)</p>	<p><b>TruHearing</b> - You pay a \$499 copay for the Advanced or a \$799 copay for the Premium hearing aid. Up to 2 hearing aids per year. There is a \$500 allowance every 3 years for any other hearing aids through TruHearing.</p> <p><b>Out of Network</b> - \$500 allowance for hearing aids every 3 years from any other provider (\$500 combined in network and out of network)</p>
Routine Vision Exam (Offered through Davis Vision)	<p><b>In Network</b> – \$0 Cost Sharing</p> <p><b>Out of Network</b> - \$50 Cost Sharing</p>	<p><b>In Network</b> – \$0 Cost Sharing</p> <p><b>Out of Network</b> - \$50 Cost Sharing</p>
Routine Vision Eyewear (Offered through Davis Vision)	<p><b>In Network</b> – \$0 for Davis Vision Fashion Collection frames and standard lenses or \$100 maximum benefit for all others.</p> <p><b>Out of Network</b> - \$100 benefit maximum towards the purchase of frames and lenses.</p>	<p><b>In Network</b> – \$0 for Davis Vision Fashion Collection frames and standard lenses or \$100 maximum benefit for all others.</p> <p><b>Out of Network</b> - \$100 benefit maximum towards the purchase of frames and lenses.</p>
Prescription Drug Initial Coverage Stage <b>Preferred Pharmacy</b>	<ul style="list-style-type: none"> <li>• \$10 Generic</li> <li>• \$25 Pref. Brand</li> <li>• \$55 Non-Pref. Brand</li> <li>• 33% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul> <p>Mail Order 90 day supply 2.5 times retail</p>	<ul style="list-style-type: none"> <li>• \$10 Generic</li> <li>• \$25 Pref. Brand</li> <li>• \$55 Non-Pref. Brand</li> <li>• 33% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul> <p>Mail Order 90 day supply 2.5 times retail</p>
Prescription Drug Initial Coverage Stage <b>Standard Pharmacy</b>	<ul style="list-style-type: none"> <li>• \$15 Generic</li> <li>• \$30 Pref. Brand</li> <li>• \$60 Non-Pref. Brand</li> <li>• 33% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 Generic</li> <li>• \$30 Pref. Brand</li> <li>• \$60 Non-Pref. Brand</li> <li>• 33% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul>
Prescription Drug Coverage Gap Stage (After calendar year drug costs reach \$4,020) <b>Preferred Pharmacy</b>	<ul style="list-style-type: none"> <li>• \$10 Generic</li> <li>• \$25 Pref. Brand</li> <li>• \$55 Non-Pref Brand</li> <li>• 33% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul> <p>Mail Order 90 day supply 2.5 times retail</p>	<ul style="list-style-type: none"> <li>• \$10 Generic</li> <li>• 20% Pref. Brand</li> <li>• 20% Non-Pref Brand</li> <li>• 25% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul> <p>Mail Order 90 day supply 2.5 times retail</p>
Prescription Drug Coverage Gap Stage (After calendar year drug costs reach \$4,020) <b>Standard Pharmacy</b>	<ul style="list-style-type: none"> <li>• \$15 Generic</li> <li>• \$30 Pref. Brand</li> <li>• \$60 Non-Pref Brand</li> <li>• 33% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 Generic</li> <li>• 25% Pref. Brand</li> <li>• 25% Non-Pref Brand</li> <li>• 25% Specialty (Specialty drugs are limited to a 31-day supply)</li> </ul>

<p>Prescription Drug Catastrophic Coverage Stage (After member's calendar year out-of-pocket costs have reached \$6,350)</p>	<ul style="list-style-type: none"><li>• Greater of 5% or \$3.60 for Generics and \$8.95 for all other drugs</li></ul>	<ul style="list-style-type: none"><li>• Greater of 5% or \$3.60 for Generics and \$8.95 for all other drugs</li></ul>
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