

MEDICAL AND DENTAL PROVIDERS FOR 2018

MEDICAL:

YOUR MEDICAL AND HOSPITAL PLAN CHOICES EFFECTIVE MARCH 1, 2018 ARE:

EMPIRE BLUE CROSS BLUE SHIELD –Will cover both medical and hospitalization services. There is no need to elect a primary care physician with this plan. **No Referrals are needed to see a specialist.** Blue Cross has a \$10.00 co-pay for in-network services. Out of network services are subject to a deductible and co-insurance which you will be responsible for. In New York – Empire Blue Cross POS Alt Network; in Connecticut – Anthem Blue Cross PPO; in New Jersey – Horizon Blue Cross PPO and in Pennsylvania – National PPO Blue Card (not basic) all others use Blue Card PPO.

CIGNA EPO PLAN (OPEN ACCESS PLUS NETWORK) – This **in-network only** plan covers both medical and hospitalization services. You must utilize doctors and hospitals that are in the Cigna Open Access Plus Network. **No Referrals are needed to see a specialist.** The Cigna Plan has a \$25.00 co-pay for most services.

DENTAL:

BLUE CROSS PRIME Dental - With Blue Cross Dental, you can choose a participating dentist from a panel of in-network providers listed on the website or you can choose to have services rendered by an out-of-network dentist. If you elect to receive services from an out-of-network provider, you will be responsible for **all charges** that exceed the plan allowances. This plan offers the same level of coverage as the Healthplex & D.D.S. Inc. Plan.

HEALTHPLEX P.P.O. PLAN – With Healthplex, you can choose a participating dentist from a panel of in-network providers listed on the website or you can choose to have services rendered by an out-of-network dentist. If you elect to receive services from an out-of-network provider, you will be responsible for **all charges** that exceed the plan allowances. This plan offers the same level of coverage as the D.D.S. Inc. Plan.

D.D.S., INC. – With DDS, you can choose a participating dentist from a panel of in-network providers listed on the website or you can choose to have services rendered by an out-of-network dentist. If you elect to receive services from an out-of-network provider, you will be responsible for **all charges** that exceed the plan allowances. This plan offers the same level of coverage as the Healthplex Plan.

If you need information on a specific benefit that is not listed, or you have a question about the benefits provided, please do not hesitate to call the Fund Office at 718-847-8484 or you can contact each provider listed below:

PROVIDER INFORMATION FOR 2018:

Blue Cross	800-553-9603	www.empireblue.com
Cigna	800-244-6224	www.cigna.com or www.mycigna.com
Healthplex	800-468-0600	www.healthplex.com
DDS Inc.	800-255-5681	www.ddsinc.net