



LOCAL 30 HEALTH BENEFITS

ANTHEM 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 – Anthem 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.

DENTAL: Annual allowance is \$3,000 per individual covered under the plan with an additional \$4,000 in-network / \$2,500 out of network - orthodontic benefit for dependents under age 18. Separate \$1,000 annual allowance for Implants.

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 D.D.S. Inc. & UHC Dental Plans.

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 Blue Cross Dental & UHC Dental Plan.

UNITED HEALTHCARE DENTAL (UHC) – With UHC 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 Blue Cross Dental & D.D.S. Inc. Plan.

VISION BENEFITS: Members can choose among 3 different vision vendors: CPS, General Vision or Vision Screening. Benefits include one eye exam, eye glasses **OR** contact lenses up to \$300.00 per calendar year. Lasik surgery is covered up to \$1,000 per eye.

HEARING AIDS: Coverage includes up to \$3,000 (with a \$100 copay) per ear through CPS or General Hearing every 3 years.

PRESCRIPTION BENEFITS: OPTUM RX - MAIL ORDER & RETAIL: The drug copay is 10% for generic drugs, 20% for preferred brands and specialty drugs and 30% for non-preferred drugs. There is an annual cap on drug co-pays of \$750 per individual and \$1,500 per family. Once you have met your copayment cap, your copays will be waived for the remainder of the year. Under the Patient Protection and Affordable Care Act there will be no-copayments for certain drugs and devices that are considered women's preventative services.

GYM REIMBURSEMENT: Local 30 reimburses up to \$200 each for member & spouse. The gym must promote cardiovascular wellness. Members must complete a minimum of 50 visits to the gym per calendar year.

INNER IMAGING – Fully body scan available to member and spouses over the age of 40.

NORTHWELL HEALTH ASBESTOS SCREENING – Eligible Active and Retired participants who have 15 or more years of service in the Health & Welfare Fund will be eligible for this exam.

LIFE INSURANCE- ULLICO – Active members and their spouse are each covered under a \$50,000 life insurance policy.

GROUP LEGAL: We have 2 attorneys that provide benefits for House closings (primary residence only); Wills and Estate Planning and general consultations.

PROVIDER INFORMATION:

Anthem Blue Cross Medical and Dental - 800-553-9603 – anthembluecross.com

United Healthcare Dental (Replaced Healthplex 1/1/24) - 877-816-3596 www.myuhc.com

DDS Inc. 800-255-5681 www.ddsinc.net

FUND OFFICE CONTACTS:

MEDICAL – 718-847-8484 EXT. 215 OR 218 – tmenno@iuoelocal30.org, or
maryannpesa@iuoelocal30.org

PENSION OR ANNUITY – 718-847-8484 EXT. 255 –
colleenbrindisi@iuoelocal30.org