

CAPCARE OPTION	Plan Option 1	Plan Option 2	Plan Option 3	Plan Option 4	Plan Option 5
PLAN NAME	Local 426 Fund 1 - Base Plan	Local 426 Health Benefit - Bronze Plan	Local 426 Fund 1 - Blue Liberty 1500 Plan	Local 426 Fund 1 - Liberty Plan	Local 426 Health Benefit Fund - Gold Plan
NETWORK NAME	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO	Blue Cross Blue Shield PPO
IN-NETWORK BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Deductible	\$3,000 / \$6,000	None	\$1,500 / \$3,000	None	None
Coinsurance	50% / 50%	60% / 40%	100%	100%	80% / 20%
Maximum Out of Pocket	\$5,350 / \$10,700	\$7,350 / \$14,700	\$5,350 / \$10,700	\$5,350 / \$10,700	\$7,350 / \$14,700
Physician/Specialist Copay	Deductible, then 50% coinsurance	40% coinsurance	Deductible, then \$30 PCP / \$50 Specialist copay	\$30PCP / \$50 Specialist copay	20% coinsurance, subject to \$10 copay
Inpatient Hospital Services	Deductible, then 50% coinsurance	40% coinsurance	Ded., then \$500/day – Max \$1,000 copay then 100%	\$500/day – Max \$1,000 copay then 100%	20% coinsurance
Outpatient Hospital Services	Deductible, then 50% coinsurance	40% coinsurance	Deductible, then \$150 copay then 100%	\$150 copay then 100%	20% coinsurance
Diagnostic Laboratory (Office)	Deductible, then 50% coinsurance	40% coinsurance	Deductible, then \$75 copay then 100%	\$75 copay	20% coinsurance
Diagnostic X-Ray (Office)	Deductible, then 50% coinsurance	40% coinsurance	Deductible, then \$75 copay then 100%	\$75 copay	20% coinsurance
Emergency Room (Accident & Illness)	Deductible, then 50% coinsurance	40% coinsurance	Deductible, then \$150 copay then 100%	\$150 copay then 100%	20% coinsurance, subject to \$10 copay
Urgent Care	Deductible, then 50% coinsurance	40% coinsurance	Deductible, then \$30 copay then 100%	\$30 copay then 100%	20% coinsurance, subject to \$10 copay
OUT-OF-NETWORK BENEFITS	OUT-OF-NETWORK	OUT-OF-NETWORK	OUT-OF-NETWORK	OUT-OF-NETWORK	OUT-OF-NETWORK
Deductible	Not covered	Not covered	Not covered	Not covered	\$200 / \$500
Coinsurance	Not covered	Not covered	Not covered	Not covered	60% / 40%
Maximum Out of Pocket	Not covered	Not covered	Not covered	Not covered	Not applicable
PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS	PRESCRIPTION BENEFITS
Deductible	None	None	\$100 / \$300	\$100 / \$300	None
Retail (Broadreach Medical Resources)	\$10 / \$35 / \$70 (Max 30 days)	40% coinsurance (30 days)	\$15 / \$35 / \$75 (Max 30 days)	\$15 / \$35 / \$75 (Max 30 days)	\$10 / \$20 / \$20 (30 days)
Mail Order (Affordable Pharmacy)	\$25 / \$87.50 / \$175 (Max 60 days)	40% coinsurance (31 to 90 days)	\$30 / \$70 / \$150 (Max 60 days)	\$30 / \$70 / \$150 (Max 60 days)	\$10 / \$20 / \$20 (31 to 90 days)
Specialty Medications (Payer Matrix)	Not covered <sup>1</sup>	Not covered <sup>1</sup>	Not covered <sup>1</sup>	Not covered <sup>1</sup>	Not covered <sup>1</sup>
Maximum Out of Pocket	\$1,000 / \$2,000	\$3,000 / \$6,000 <sup>2</sup>	\$1,000 / \$2,000	\$1,000 / \$2,000	\$3,000 / \$6,000 <sup>2</sup>
MEDICAL & RX MONTHLY RATES	CURRENT RATE	CURRENT RATE	CURRENT RATE	CURRENT RATE	CURRENT RATE
Employee Rate	\$614	\$729	\$819	\$902	\$969
Employee & Child Rate	\$1,009	\$1,214	\$1,319	\$1,529	\$1,714
Employee & Spouse Rate	\$1,204	\$1,419	\$1,629	\$1,844	\$1,919
Employee & Family Rate	\$1,499	\$1,704	\$1,964	\$2,204	\$2,219

**Important Plan Information & Disclaimers:**

**Note:** This summary is not intended to be a comprehensive list of services and is not a guarantee of coverage. Once enrolled, you will be supplied with a Plan Document/Summary Plan Description (SPD) that will detail all covered services.

**Rates:** Current Rates are effective from 1/1/2023 through 12/31/2023. Participants that meet the Member Benefit Program criteria can enroll on the 1st of the month and the rates will be effective for a 12 month period.

**Local 426 Member Benefit Program:** The Program is not an insurance program and is not marketed or sold in the commercial market or through brokers. The Local 426 program is an invite only, exclusive program, NOT an employer sponsored health plan rather a member benefit that is of benefits coverage (SBC's) as well as the summary plan documents (SPD's) to understand the benefits being offered or selected. All program partners, Benefit Development Consultants, Facilitators and Member Benefit Advisors are consultants and not brokers. These consultants are offered through the membership with a designated affiliated association or organization. Participants are accessing these member benefits by becoming an Associate member of the Amalgamated Local 426. It is the sole responsibility of the participating member to review the summary available to assist you with questions and provide awareness materials and education on behalf of the Local 426 member benefit program. A participating member does not have a contract with such consultants.

**Deductibles and Max Out of Pocket Limits:** The Medical and Prescription Deductibles and Max Out of Pocket Limits are NOT combined. The Medical and Prescription limits are independent of each other and are calculated on a calendar year basis (1/1 through 12/31). This member benefit program does not provide Deductible or Maximum out of Pocket Credits if a participating member is transitioning from another health benefit program.

**(1) Specialty Drug Coverage:** Coverage for specialty drugs is defined as follows: Plan members and covered dependents (collectively, "participants") that use specialty drugs, defined by the Plan's current specialty drug list (SDL), will be automatically enrolled in a program through a Plan vendor, Payer Matrix, LLC ("Program"). Payer Matrix assists such participants and the Plan to qualify for cost savings on specialty drugs. Payer Matrix may be reached at 877-305-6202. Please Note: the level of cost savings can not be verified until a participant is an active member.

**(2) Max out of Pocket Local 426 Rx Plan 2 and 5 Note:** Coverage is initially limited to \$3,000 per calendar year, then charges between \$3,000 and \$6,000 are not covered, and charges in excess of \$6,000 per calendar year are covered at 60% and member pays 40%.

**Automobile Accident Coverage -** It is very important to understand that this Plan will not pay for any expenses incurred as the result of a motor vehicle accident. Lately, it has become popular for States to attempt to transfer the automobile carrier's liability over to the employee's medical plan. While it's true this may result in the saving of a few premium dollars for the automobile insurance carrier, it exposes your employer's benefit plan to extremely large and possibly ruinous losses; losses it was never intended to cover. It is your obligation to purchase adequate medical coverage in your automobile insurance plan to assure your coverage is sufficient.

**General Information you should know:** The Name of the Sponsoring Parent Union is the Amalgamated Local 298, which Local 426 is considered a sub-union. The Plan Administrator is the Board of Trustees of the Health Benefit Fund and contracts with various vendors to assist in the management of the program. The Plan provides benefits for services and has entered into an agreement with one or more networks of hospitals and physicians, called PPO networks. Services for PPO providers are paid at 100% of the fee schedule contracted by Blue Cross Blue Shield with their participating providers. **V11 Nov22**