

**SHEET METAL WORKERS LOCAL #46 LOW OPTION
2008 Excellus BlueCross BlueShield Benefit Summary**

Service Category	Benefit
PHYSICIAN SERVICES	
Primary Care Office Visit (includes primary GYN visit)	\$15 Copayment
Specialist Office Visit	\$15 Copayment
Physician Office Surgery	\$15 Copayment
Physician services during hospital stay	Covered under Inpatient Hospital Services
Urgently Needed Care	\$15 Copayment
OUTPATIENT SERVICES	
Laboratory Services	Covered in full
Radiological Services (x-rays)	\$15 Copayment
Surgical Services (hospital or ambulatory surgical center)	\$15 Copayment
Emergency Room Services waived if admitted	\$50 Copayment
Ambulance	\$50 Copayment
Home Healthcare Services	Covered in full
Rehabilitation Services (Physical, Occupational, Respiratory & Speech Therapy)	\$15 Copayment
Medicare Covered Eye Exam	\$15 Copayment
Chiropractic Services (manual manipulation to correct subluxation)	\$15 Copayment
INPATIENT HOSPITAL	
Inpatient Hospitalization	\$100 Copayment
Skilled Nursing Facility	Covered in full days 1-20 & 50% Coinsurance Days 21 - 100
DURABLE MEDICAL EQUIPMENT	
Durable Medical Equipment and Prosthetic Devices	20% Coinsurance
PREVENTIVE CARE (Office Visit Copay may apply)	
Routine Physical Exam	\$15 Copayment
Immunizations	Covered in full
Mammography	Covered in full
Routine Hearing	\$15 Copayment
Routine Eye Exam	\$15 Copayment
Prostate Screening	Covered in full
Bone Mass Measuring	Covered in full
Pelvic Exam	Covered in full
PAP Smear	Covered in full

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MENTAL HEALTH and CHEMICAL DEPENDENCY	
Inpatient Mental Health	\$100 Copayment
Inpatient Chemical Dependency	\$100 Copayment
Outpatient Mental Health	50% Coinsurance
Outpatient Chemical Dependency	50% Coinsurance
PRESCRIPTION DRUGS	
Prescription Drugs (some restrictions may apply)	\$0 deductible, \$5/\$30/\$75/25%, \$5 Generics in Donut Hole, Catastrophic Coverage
Prescription Drug Benefit Explanation	
<p>There is no annual deductible. You pay \$5 for a 30 day supply of Tier 1 drugs. You pay \$30 for a 30 day supply of Tier 2 drugs. You pay \$75 for a 30 day supply of Tier 3 drugs. You pay 25% of the cost of tier 4 drugs. You pay these amounts until the total drug costs paid by you and the plan, combined, exceed \$2,510., when the Donut Hole begins. You pay \$5 for generic drugs and 100% of the cost of brand drugs until your total out of pocket drug costs reaches \$4,050, when the catastrophic coverage will begin. Under the catastrophic coverage, you will pay \$2.25 for a generic drug, \$5.60 for a brand drug or 5%, whichever is greater.</p>	
ADDITIONAL BENEFITS	
Eyewear (glasses or contact lenses)	\$60 annual allowance
Travel Benefit	20% Coinsurance - \$5,000 annual max.
Hearing Aids	\$300 allowance every 3 years
GO GETTERS	Up to \$650 per year
<p>This fitness benefit allows you to select the health club membership that is best for you, nationwide. It is not limited to specific gyms. You can also use this benefit with any qualified weight management program, such as Weight Watchers. This benefit has virtually no claim forms.</p>	
<p>This benefit summary is an overview of the benefits provided under this contract. To the extent of any discrepancy between this document and the Subscriber Agreement, the Subscriber Agreement terms take priority. Please consult your Subscriber Agreement for a detailed explanation of the benefits and any applicable restrictions.</p>	