



OVERVIEW FOR NEW PARTICIPANTS

HEALTH BENEFIT A \$250 deductible per person or \$750 deductible per family applies each calendar year. After that, the Plan generally pays 100% of in-network office visits and 95% of in-network hospital visits. Visit blueshieldca.com/networkPPO to find in-network providers.

PRESCRIPTION BENEFIT A \$50 deductible per person applies each calendar year for Prescription Drugs. The Plan reimburses you between 50% and 100% of your cost, depending on the tier you fall under (see below). You must submit all claims with a copy of your prescription stub receipt directly to the Fund Office for reimbursement.



TIER	AMOUNT SUBMITTED	PLAN PAYS
1	\$0.01 - \$1,800.00	100%
2	\$1,800.01 - \$6,000.00	50%
3	\$6,000.01+	65%

Example: You paid \$6,550 for covered Prescriptions in 2018. The first \$50 you paid was applied to your Prescription Drug Deductible. The next \$1,800 you paid was reimbursed at \$1,800 (\$1,800 x 100%). The next \$4,200 you paid was reimbursed at \$2,100 (\$4,200 x 50%). The remaining \$500 you paid was reimbursed at \$325 (\$500 x 65%). In total, you received \$4,225 in reimbursements.

HRA BENEFIT Health Reimbursement Arrangement (HRA) allowances may be used to reimburse eligible health expenses incurred by you or any currently enrolled family member not covered by your insurance. You may request reimbursement for co-payments, co-insurance, deductibles, prescriptions and other eligible out-of-pocket expenses. For more information regarding eligible expenses, please visit: tinyurl.com/scptac-p502

VISION BENEFIT VSP allows an exam every 12 months with a \$20 copay. Frames are allowed every 24 months and lenses every 12 months. ProTec Safety benefit (for employee only) allows safety frames every 24 months. Visit vsp.com.

DENTAL BENEFIT Delta Dental offers a PPO plan that pays up to \$1,800 per calendar year after \$50 deductible or an HMO plan that has no max limit but requires services be rendered at your assigned HMO dentist. Visit deltadentalins.com.

DISABILITY BENEFIT If you become disabled, you may apply for **Weekly Accident and Sickness Benefits** within 12 months of your disability effective date. Benefits are \$8 for each regular work day, for up to 13 weeks. In addition, medical eligibility may be extended between 2 or 3 months depending on the length of your disability.

ANNUAL CLAIM FORM ("The Green Form") Required from each individual covered under this Plan, every calendar year, in order for the Plan to pay benefits.

CHANGE OF ADDRESS FORM Should be submitted as soon as possible after an address change. **Updating your address with the Post Office or your Local Union will not update your address in our records.**

ENROLLMENT FORM You may enroll a spouse, domestic partner and children including adopted children under this Plan. Step children are not eligible. To enroll, you'll need to complete an Enrollment Form and submit required items. **Note: Original certificates are required for enrollment. Please see enrollment checklist for more information.**

GENERAL AUTHORIZATION FORM You may give someone other than yourself permission to access your Protected Health Information (PHI) along with other non-health information by completing a General Authorization Form. This is especially helpful if one member of your family normally handles all of the appointments and paperwork.

HRA REIMBURSEMENT FORM Claims must be billed through your insurance first, then you may send a completed HRA Reimbursement Form, proper documentation and proof of payment to the Fund Office. Requests must be submitted within 60 months from the date of service.

INJURY CLAIM FORM ("The Green Form") Required when the Fund receives a claim for an accident or injury.

ACCESS TO FORMS Download these and other forms directly from our website at www.scptac.org.

BUSINESS HOURS The Fund Office is open weekdays from 8 to 4. On Thursdays the Fund Office is open until 6.