

**SOUND HEALTH & WELLNESS TRUST**

**MEDICAL, PRESCRIPTION DRUG AND VISION OPTIONS**

**FOR**

**SOUND PLAN**

**(under 36 months of employment)**

**2012 ENROLLMENT**



## Sound Health & Wellness Trust

### Summary of Medical/Prescription Drug/Vision Benefits Effective January 1, 2012

#### Sound Plan (under 36 months of employment)

	<b>Sound (PPO) Plan</b>
<b>Prevention @ 100%</b>	All covered in-network preventive care is paid in full - with no deductibles, coinsurance or co-pays.
<b>Tier 0 Prescriptions</b>	Tier 0 is the Trust's therapeutically based prescription tier. For the highly cost-effective medications under Tier 0, there is \$0 co-pay for participants. Prescriptions under Tier 0 include cholesterol lowering medications (Simvastatin), proton pump inhibitors (Prilosec OTC, with physician prescription), non-sedating antihistamines (generic Claritin, with physician prescription), Metformin (for diabetes), and Lancets for diabetes blood testing.
Annual net deductible (per calendar year) <ul style="list-style-type: none"> <li>▪ Employee Only</li> <li>▪ Family</li> </ul>	<p>\$300 for preferred providers \$600 for non-preferred providers</p> <p>\$600 for preferred providers \$1,800 for non-preferred providers</p> <p>For family coverage, the deductible applies to the family as a whole.</p> <p>Note: If you (and your enrolled spouse or same sex domestic partner) do not update your contact information, take your Personal Health Assessment (PHA) and choose a Primary Care Physician (PCP) during the available time period, your deductible will be higher.</p>
Annual Out of Pocket (OOP) Maximum (per calendar year) <ul style="list-style-type: none"> <li>▪ Employee Only</li> <li>▪ Family</li> </ul> <p>Deductible and co-insurance apply to the OOP maximum.</p>	<p>\$2,750 for preferred providers \$5,500 for non-preferred providers</p> <p>\$5,500 for preferred providers \$16,500 for non-preferred providers</p> <p>For employees with Family coverage, the "Employee Only coverage" maximum will apply to each covered individual until the "Family coverage" maximum is met.</p> <p>Note: If you (and your enrolled spouse or same sex domestic partner) do not update your contact information, take your Personal Health Assessment (PHA) and choose a Primary Care Physician (PCP) during the available time period, your deductible will be higher.</p>

The Trustees do not promise to continue any individual benefit or any level of benefits for any set period of time. They have the right to change, suspend, or discontinue a benefit under the Plan at any time. Changes they make will take effect only after notice to participants.

This Plan comparison provides a general overview of Plan benefits. Please refer to your Summary Plan Description for specifics about covered expenses as well as exclusions and limitations.

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	<b>Sound (PPO) Plan</b>
Annual Maximum	\$1,500,000
Service Area	Covered services are available from any covered provider. However, if you use a Preferred Provider from the First Choice network for medical services or Optum Behavioral Health network for mental health and substance abuse services, your benefits will be greater. All services provided by non-preferred providers are subject to Usual, Customary and Reasonable (UCR) charges.
	<b>Benefit percentages apply after the deductibles have been met (unless otherwise stated).</b>
Hospital <ul style="list-style-type: none"> <li>▪ Room and Board</li> <li>▪ Ancillary Services</li> <li>▪ Emergency Room</li> </ul>	<p>80% for preferred providers / 60% for non-preferred providers</p> <p>80% for preferred providers / 60% for non-preferred providers</p> <p>\$100 copay at preferred providers and non preferred facilities, waived if admitted. In addition, subject to deductible and coinsurance. Copay does not apply to OOP max. Worldwide emergency care is covered.</p>
Ambulance (air/ground)	80%
Surgical Services	80% for preferred providers / 60% for non-preferred providers
Anesthesia	80% for preferred providers / 60% for non-preferred providers
Second Surgical Opinion	80% for preferred providers / 60% for non-preferred providers
Ambulatory Surgical Center	80% for preferred providers / 60% for non-preferred providers
Physician Visits (inpatient)	80% for preferred providers / 60% for non-preferred providers
Physician Visits (outpatient, non-preventive services)	80% for preferred providers / 60% for non-preferred providers
Diagnostic X-ray and Lab	80% for preferred providers / 60% for non-preferred providers

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Dental Treatment	80% for preferred providers / 60% for Out of Network Providers for treatment for accidental injuries to natural teeth or fractured jaw if treatment is performed within six months from the date of accident. Routine dental treatment is not covered.
Nursing Services (inpatient and outpatient)	80% for preferred providers / 60% for non-preferred providers
Blood Transfusion	80% for preferred providers / 60% for non-preferred providers
Medical Supplies and Equipment	80% for preferred providers / 60% for non-preferred providers
Prosthetic Devices	80% for preferred providers / 60% for non-preferred providers
Anesthetic Supplies	80% for preferred providers / 60% for non-preferred providers
Mental and Nervous Disorder <ul style="list-style-type: none"> <li>▪ Inpatient</li> <li>▪ Outpatient</li> </ul>	80% for Optum providers / 60% for non-Optum providers 80% for Optum providers / 60% for non-Optum providers
Preventive Care: <ul style="list-style-type: none"> <li>▪ Physical Exam</li> <li>▪ Preventive Screenings, Lab Tests</li> <li>▪ Immunizations and Flu Shots</li> </ul>	All preventive services covered in accordance with the Plan's well care schedule: 100% for preferred providers (no deductible) 60% for non-preferred providers (after deductible)

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Chiropractic Care	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Benefit limited to \$30 per visit</li> <li>▪ First Choice PPO providers provide a discount</li> <li>▪ Maximum of 20 visits per calendar year</li> <li>▪ Excess does not apply to OOP maximum</li> </ul>
Podiatry	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Benefit limited to \$20 per visit</li> <li>▪ First Choice PPO providers provide a discount</li> <li>▪ Maximum of 12 visits per calendar year</li> <li>▪ Orthotics limited to \$200 per calendar year</li> <li>▪ Excess does not apply to OOP maximum Routine foot care not covered, except in the presence of a non-related medical condition affecting the lower limbs</li> <li>▪ Excess does not apply to OOP maximum</li> </ul>
Acupuncture	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Maximum of 8 visits per calendar year</li> <li>▪ Excess does not apply to OOP maximum</li> </ul>
Naturopaths	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Maximum of 5 visits per calendar year</li> <li>▪ Excess does not apply to OOP maximum</li> </ul>

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Alcoholism and Drug Abuse	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Up to 3 inpatient days for supervised inpatient detoxification (Detox) per Acute Occurrence.</li> <li>▪ Acute Occurrence of substance abuse will consist of up to 12 days of inpatient therapy or its' outpatient equivalent or combination thereof.</li> </ul>
Hearing Aid	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Maximum of \$1,000 in any 3 consecutive calendar years for exam and hearing aid</li> <li>▪ Excess does not apply to OOP maximum</li> <li>▪ Rental charges covered for up to 30 days</li> </ul>
Skilled Nursing Facility	80% for preferred providers / 60% for non-preferred providers
Home Health Care	Covered in full (Out of Network Subject to UCR) <ul style="list-style-type: none"> <li>▪ Must be in lieu of confinement in hospital or skilled nursing facility</li> </ul>
Hospice	Covered in full (Out of Network Subject to UCR)
Transplant Benefit	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Covers only listed procedures</li> </ul>
Rehabilitation <ul style="list-style-type: none"> <li>• Outpatient Services</li> <li>• Inpatient Services</li> </ul>	80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Maximum of 45 visits per condition per calendar year for physical, occupational, restorative speech, hand and cardiac therapy combined, including services for neurodevelopmentally disabled children age 6 and under</li> <li>▪ Excess does not apply to OOP maximum</li> </ul> 80% for preferred providers / 60% for non-preferred providers <ul style="list-style-type: none"> <li>▪ Maximum of 30 days per condition per calendar year for physical, occupational, restorative speech, hand and cardiac therapy combined, including services for neurodevelopmentally disabled children age 6 and under</li> <li>▪ Excess does not apply to OOP maximum</li> </ul>

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<b>If you do not identify yourself or dependents as a member of the Sound Health &amp; Wellness Trust to the pharmacist when your prescription is filled, you will be assessed a processing fee in addition to the co-pay. The processing fee for generic is \$10; the processing fee for Brand is \$20.</b>	
Retail (30 day supply)	Copay per 30-day supply (no deductible):
Tier 0: Some highly cost-effective medications	\$0 copay
<ul style="list-style-type: none"> <li>▪ Cholesterol Lowering Medications (Simvastatin)</li> <li>▪ Proton Pump Inhibitors (Prilosec OTC, with physician Rx)</li> <li>▪ Non-sedating Antihistamines (Claritin OTC, with physician RX)</li> <li>▪ Diabetes products (Metformin and lancets)</li> </ul>	
Tier 1: Current Generics, some future generics	\$6 copay
Tier 2: Most brand drugs, and more costly or less desirable future generics	\$22 copay
Brand Name Drug with Generic Available: If you fill a prescription for a brand name drug when there is a generic	Generic copay plus the actual difference in cost between the generic and the brand name drug.
Mail Order	Optional (up to 90 day supply) (copays listed are for a 90 day supply)
<ul style="list-style-type: none"> <li>▪ Tier 0</li> </ul>	\$0 copay

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<ul style="list-style-type: none"> <li>▪ Tier 1</li> <li>▪ Tier 2</li> </ul>	<p>\$18 copay</p> <p>\$66 copay</p>
Exam	100% at a VSP provider, up to \$35 at a non-VSP provider after a \$10 copay, once each 12 months from last date of service
Vision Hardware	100% at a VSP provider, from \$30 to \$90 at a non-VSP provider; once each 12 months from last date of service
<ul style="list-style-type: none"> <li>▪ Lenses</li> </ul>	Up to \$95 allowance at a VSP provider, up to \$30 at a non-VSP provider; once each 24 months from last date of service
<ul style="list-style-type: none"> <li>▪ Frames</li> </ul>	Up to \$130 allowance at a VSP provider, up to \$55 at a non-VSP provider; once each 12 months from last date of service (contacts are in lieu of lenses and a frame)
<ul style="list-style-type: none"> <li>▪ Contact lenses</li> </ul>	

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## **FURTHER QUESTIONS?**

**Sound PPO Medical Option  
206-282-4500 or 800-225-7620  
(choose member, then Option 1)**

**First Choice Preferred Provider Network  
[www.fchn.com](http://www.fchn.com)  
800-843-5127**

**Optum Behavioral Health Network  
866-763-0466**