



ATTENTION – AVAILABLE NOW A NEW HEALTHCARE MEMBER BENEFITS PROGRAM

KAR members now have access to a **Healthcare Member Benefits Program** that utilizes a national PPO network and is available in all 50 states plus the District of Columbia and Puerto Rico. We are offering this Member Benefit Program through our partnership with CapCare, the Program Manager.

As a member of the Kansas Association of REALTORS®, you have the opportunity to participate in the Member Benefits Program by becoming an Associate Member of Local 426, which provides access to healthcare related benefits that include medical benefits as well as prescription benefits, life insurance, accident, and various educational programs.

**Members can enroll on the 1st of any month throughout the year.
Enrollment must be completed 30 days in advance.**

Note: To participate in the member benefit program, you will become an associate member of Amalgamated Local Union 426. You will not be contacted by the Local Union for this benefit.

HIGHLIGHTS OF BENEFITS TO ASSOCIATE MEMBERS

- ACA compliant health benefits available (includes all 10 “essential benefits” in ACA guidelines)
- **Fully funded, 1st dollar coverage**
- **Groups as low as 1** (available to sole proprietors and 1099 independent contractors)
- **Coverage cannot be denied** (no pre-existing limitations)
- Large group rates
- In-Network coverage in all 50 states, plus DC & Puerto Rico
- No age rating – 4 tier rates (nationwide)
- Concierge access and support
- Deductible options range from \$0 to \$6,000.
- 50% to 100% coinsurance options
- Multiple office-visit copay options
- Access to large, national networks, with discounts for using in-network providers
- 100% preventative benefit coverage available.
- Doctor, Specialist and Urgent Care copays
- X-ray and lab benefits

VOLUNTARY SUPPLEMENTAL BENEFITS

- Empire Accident Plan
- Empire Specified Disease Plan
- Empire Hospital Indemnity Plan
- Anthem Voluntary Life Plan
- Value Added Services

For additional information, and to take advantage of this new opportunity, please contact a dedicated Program Member Benefit Representative

Email: capcareenrollment@concordmgt.com

Or Call: 833-287-4765

ASSOCIATE MEMBER ENROLLMENT REQUIREMENTS

- 1. Your participating Association entered into an Sponsor Affiliation of Service Agreement with the Program Manager, CapCare.**
- 2. Association Members must be active and “in good standing” with the Affiliated Sponsor**
 - > Association Members must agree to offer Member Benefits Program to actively at work individuals and/or employees
 - > Association Members must agree to fund contributions on behalf of themselves, eligible individuals and/or employees enrolled
- 3. Each Individual Member participant must complete an on-line enrollment form**
 - > If enrolling with Spousal Coverage – SSN and Marriage Certificate is required to enroll
 - > If enrolling with Dependent Children – SNN and Birth Certificate(s) are required to enroll
 - > If enrolling Disabled Dependent Children – Documentation must be submitted to validate the Disabled Dependent Status
- 4. Each Individual Member participant becomes an Associate Member of Local 426 and must complete an Online Associate Union Membership Form.**
 - > The monthly dues in the amount of \$35 per month, is included in the monthly member benefit plan rate that is paid by the members business or member on a monthly basis.

KEY DATES AND INFORMATION:

1. Open enrollment must be completed by the **1st** of the month for an effective date of the **1st** of the following month
2. Invoices will be emailed to business and/or individual member on the **2nd** of the month prior to effective date
 - a. Payment method is credit card or bank account
3. Invoices will be auto debited on the **4th** of each month prior to the effective date
 - a. Payment will be ACH only
4. Welcome packets will be emailed to each enrolled participant last day of the month before effective date
5. Enrolled participants will receive welcome calls from the concierge team after welcome packet is sent
6. Participant and/or dependent terminations need to be submitted by the **20th** of the month for an end of the month termination date

FREQUENTLY ASKED QUESTIONS

1. **What is the Member Benefit Program?**

The Member Benefit Program is an invitation only program available to approved Associations, PEOs and other dually authorized membership organizations. The Program offers membership related benefits that include life insurance, accident, and health benefits as well as prescription benefits.

2. **Who is eligible to participate in the Member Benefit Program?**

Employer and Individual Members that are active members of a CapCare approved Affiliated Association, PEO, or such other dually authorized Membership Organization.

3. **Is the Member Benefit Program a small group insurance plan?**

No. The Member Benefit Program is NOT a small group insurance plan. The Member Benefit Program is an opportunity for Associate Memberships to be offered to qualified individual members and/or employees and thus, if they choose to join will have access to the member benefits program provided to an eligible employer or member through an employer or member's Affiliated Association membership.

4. **What is an Associate Member Program?**

Associate Member programs came into existence in the 1980's as unions needed a way to give the apprentices working in union shops the ability to receive benefits. As such, unions adopted these programs with the hope that the apprentices would at some point become full union members. These programs afforded these associate members the opportunity to participate in various union programs and benefits including health care coverage, dental and vision insurance, life insurance, disability, accident 401K programs and others depending on the overall benefits of each individual union.

5. **What Union is providing the option to participate in the Associate Membership opportunity?**

The Amalgamated Local 426 is the Sponsoring Union for CapCare Affiliated Associations. Local 426 accesses the Health & Welfare Funds of Local 298 and Local 22. Local 426 is the Union that is providing the Associate membership opportunity to the association affiliated members. Local 298 has been in existence since 1951 with headquarters in Valley Stream, NY. Local 22, was founded in 1930 and is in New York, NY. This Plan option is a Taft Hartley Health and Welfare Benefit Plan.

6. **Who becomes an Associate Member? The Employer or the Employee?**

The Employee becomes the Associate Member. The Member Benefits Program is not an employer sponsored plan, to gain access to the benefits offered, an employee/member (participant) must become an Associate Member of the Member Benefit Program Sponsor, Amalgamated Local 426 to be eligible for benefits.

7. **What is a Taft Hartley Plan?**

A Taft-Hartley plan, also called a multi-employer plan, is an older law that governs collective bargaining agreements (CBAs) for unions. As part of a Taft-Hartley plan, unions negotiate a wellness plan into a bargaining agreement. In short, a Taft-Hartley plan is a health plan the union is providing to union members on behalf of the employer.

8. What is a Health and Welfare Benefit Plan?

Health and Welfare Plans means any plan, fund or program which was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, dental, surgical or hospital care or benefits, or benefits in the event of sickness, accident, disability, death or unemployment, or vacation benefits, apprenticeship or other training programs or day care centers, scholarship funds, or prepaid legal services, including any such plan, fund or program as defined in Section 3 (1) of ERISA.

9. Is a Multi-Employer Plan the same as a Multiple Employer Plan (MEWA)?

No. A multi-employer plan refers to a collectively bargained plan maintained by more than one employer, usually within the same or related industries, and a labor union. These plans are often referred to as "Taft-Hartley plans" under ERISA. Multiemployer plans must comply with the qualification rules under IRC §414(f).

In contrast, a Multiple Employer Plan (MEWA) is a plan maintained by two or more employers who are not related under IRC §414(b) (controlled groups), IRC §414(c) (trades or businesses under common control), or IRC § 414(m) (affiliated service groups). Multiple employer plans must comply with the qualification rules under IRC §413(c).

10. What network of Providers does the Member Participants have access to?

The Plan Administrator has entered into an agreement with one or more networks of hospitals and physicians, called "PPO Networks." These PPO networks offer participants healthcare services at discounted rates. In Network Services for PPO providers are paid at 100% of the fee schedule contracted by Blue Cross Blue Shield with their participating providers.

11. What is the eligibility criteria for an employee/member to enroll in the Member Benefit Program?

An employee/member is eligible to participate if they are actively employed/working for an employer/member that is a member of an Affiliated Association. The Employer must also pay the contributions on the employee/members behalf.

12. What are the eligibility criteria for a sole proprietor to enroll in the Member Benefit Program?

Sole Proprietor must provide documentation showing legal formation and/or tax records and validate that they are actively working for that entity.

13. Are the rates valid for a 12-month period?

Yes. The sponsoring Union publishes the annual rate effective for the calendar year effective January 1st. However, based on the date of enrollment, the rate "lock in" for the next 12-month period (i.e., enrollment effective date: Nov. 1, rate will remain in effective until Oct. 31 the following year).

14. What if an employer/member is no longer a member in good standing of the sponsoring association?

Participating employees/members of the employer/member will no longer be eligible for the Member Benefit Program. Each Association will determine the grace period until Member Benefit coverage must end.

SUMMARY OF PROGRAM KEY ENTITIES AND ROLES

CapCare, LLC	Program Manager
Concord Management Resources	Business development consultant providing education, awareness, onboarding, and enrollment support services
Amalgamated Local 426	Union providing Associate Membership
Network Access	National PPO Network. Available in all 50 states, plus D.C and Puerto Rico
Dickinson Group LLC	Third-party administrator
Precision Group Administrators	Billing and funds management
Transparent Health Group	Concierge customer service that provides a seamless experience for participants accessing care under the Plan. Services include educating and explaining coverage options to employees, scheduling appointments with providers, etc.

Caveat. *The Member Benefits Program is not an insurance program and is not marketed or sold in the commercial market or through brokers. The Benefits Program is NOT an employer sponsored health plan, rather a member benefit that is offered through the employer's 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 employer and employee to review the summary of benefits coverage as well as the summary plan documents to understand the benefits being offered or selected. All program partners, Benefit Development Consultants, Business Facilitators and/or Member Benefit representatives are consultants and not brokers. These consultants are available to assist you with questions and provide education on behalf of the Member Benefit Program. An employee of employer does not have a contract with such consultants.*

AMALGAMATED LOCAL 426

MEMBER BENEFIT PROGRAM PLAN & RATE OPTIONS

PLAN OPTION	Option 1 Local 426 Fund 1 Base Plan	Option 2 Local 426 Health Benefit Bronze Plan	Option 3 Local 426 Fund 1 Blue Liberty 1500 Plan	Option 4 Local 426 Fund 1 Liberty Plan	Option 5 Local 426 Health Benefit Fund Gold Plan
CONTRACTED FEE SCHEDULE	BCBS PPO Network Providers	BCBS PPO Network Providers	BCBS PPO Network Providers	BCBS PPO Network Providers	BCBS PPO Network Providers
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	Ded then 50% coinsurance	40% coinsurance	Ded then \$30 PCP / \$50 Specialist copay	\$30 PCP/\$50 Specialist copay	20% coinsurance, subject to \$10 copay
Inpatient Hospital Services	Ded 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	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$150 copay then 100%	\$150 copay then 100%	20% coinsurance
Diagnostic Laboratory (Office)	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$75 copay then 100%	\$75 copay	20% coinsurance
Diagnostic X-ray (Office)	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$75 copay then 100%	\$75 copay	20% coinsurance
Emergency Room (Accident & Illness)	Ded then 50% coinsurance	40% coinsurance	Ded. Then \$150 copay then 100%	\$150 copay then 100%	20% coinsurance, subject to \$35 copay
Urgent Care	Ded then 50% coinsurance	40% coinsurance	Ded. 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 (1)	Not Covered (1)	Not Covered (1)	Not Covered (1)	Not Covered (1)
Maximum Out of Pocket	\$1,000/\$2,000	\$3,000/\$6,000 (2)	\$1,000/\$2,000	\$1,000/\$2,000	\$3,000/\$6,000 (2)
MEDICAL & RX MONTHLY RATES	CURRENT RATE	CURRENT RATE	CURRENT RATE	CURRENT RATE	CURRENT RATE
Employee Rate	\$ 594.00	\$ 709.00	\$ 799.00	\$ 882.00	\$ 949.00
Employee & Child Rate	\$ 989.00	\$ 1,194.00	\$ 1,299.00	\$ 1,509.00	\$ 1,694.00
Employee & Spouse Rate	\$ 1,184.00	\$ 1,399.00	\$ 1,609.00	\$ 1,824.00	\$ 1,899.00
Employee & Family Rate	\$ 1,479.00	\$ 1,684.00	\$ 1,944.00	\$ 2,184.00	\$ 2,199.00

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 1/1/2022 through 12/31/2022. 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 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 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 and Member Benefit Advisors are consultants and not brokers. These consultants are 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.

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.

AMALGAMATED LOCAL 426

Local 426 Fund 1 Base Plan



BENEFIT FEATURES
NO REFERRALS REQUIRED

IN-NETWORK
CONTRACTED FEE SCHEDULE BCBS PPO NETWORK

OUT-OF-NETWORK

This is not intended to be a comprehensive list of services and is not a guarantee of coverage. Please refer to the Summary of Benefits Coverage and the Summary Plan Document prior to making a plan selection as each plan has unique benefits and coverages.

Annual Deductible	\$3,000 individual / \$6,000 family unit	Not Covered
Annual Maximum Out-of-Pocket (Medical)	\$5,350 individual / \$10,700 family unit	Not Covered
Coinsurance	You Pay 50% PPO Rate	
Preventive Care Screens		
Preventive Care (wellness office visit)	100% of PPO rate	Not Covered
Preventive Care/screenings	100% of PPO rate	Not Covered
Physician Office Services		
Primary Care Provider	Deductible then 50% of PPO rate	Not Covered
Specialist Physician	Deductible then 50% of PPO rate	Not Covered
Diagnostic X-ray and Laboratory	Deductible then 50% of PPO rate	Not Covered
Hospital Inpatient Services ⁽¹⁾		
Medical/Surgical Room & Board & Ancillary	Deductible then 50% of PPO rate	Not Covered
Extended Skilled nursing Facility, Room & Board & Ancillary ⁽²⁾	Deductible then 50% of PPO rate	Not Covered
Rehabilitation Facility Room & Board & Ancillary ⁽²⁾	Deductible then 50% of PPO rate	Not Covered
Neo-Natal, Newborn Nursery Room & Board & Ancillary	Deductible then 50% of PPO rate	Not Covered
Surgical Inpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Deductible then 50% of PPO rate	Not Covered
Inpatient Mental Health and Substance Use Disorder		
Mental or Nervous Disorder Partial Hospitalization or Inpatient	Not Covered	Not Covered
Substance Abuse Care Partial Hospitalization or Inpatient	Not Covered	Not Covered
Physician In-Hospital Services		
Physician Medical Hospital Visit	Deductible then 50% of PPO rate	Not Covered
Physician Newborn Visit Visit	Deductible then 50% of PPO rate	Not Covered
Mental, Nervous Disorder, Substance Abuse Hospital Visit	Not Covered	Not Covered
Outpatient Diagnostic Services ⁽²⁾		
Diagnostic Laboratory	Deductible then 50% of PPO rate	Not Covered
Diagnostic X-ray	Deductible then 50% of PPO rate	Not Covered
Outpatient Facility Services ⁽²⁾		
Outpatient Ambulatory Surgery- Facility/Hospital charges	Deductible then 50% of PPO rate	Not Covered
All other Outpatient Care- Facility/Hospital charges	Deductible then 50% of PPO rate	Not Covered
Surgical Outpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Deductible then 50% of PPO rate	Not Covered
Outpatient Therapy Services ⁽¹⁾⁽²⁾		
Outpatient Therapy includes (includes: Chemotherapy, Dialysis, Occupational, Physical, Radiation, Speech therapy)	Deductible then 50% of PPO rate	Not Covered
Outpatient Mental Health and Substance Use Disorder		
Mental or Nervous or Substance Abuse Visit - Outpatient	Not Covered	Not Covered
Emergency Care		
Emergency Room Accident (must be treated within 48 hours of accident)	Deductible then 50% of PPO rate	Deductible then 50% of usual, customary and reasonable fees
Emergency Room Illness (must be treated within 24 hours of onset of life-threatening illness)	Deductible then 50% of PPO rate	Deductible then 50% of usual, customary and reasonable fees
Urgent Care Visit	Deductible then 50% of PPO rate	Deductible then 50% of usual, customary and reasonable fees
Emergency Room - Non Emergent Conditions	Not Covered	Not Covered

Plan notes/requirements:

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.

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 Max out of Pocket Credits if a participating member is transitioning from another health benefit program.

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.

The Plan provides benefits for In-Network services only, with the exception of Emergency treatment (Emergency Room and Ambulance). Please keep this in mind when selecting a provider, as you will be responsible for the full charges if you use an out-of-network provider. The Fund will not accept an assignment to any out-of-network provider. Any assignment by you to out-of-network providers is void.

(1) Some services listed may require Precertification. You and your Physician are responsible for Precertification for all services Network Providers should obtain Precertification for you. See refer to the Summary Plan Document for a complete Precertification list. The Precertification Program administrator for the Plan is American Holdings, Inc ("AHH") 1-866-317-5386.

(2) Some services have a limit visit per lifetime. Please refer to the Summary Plan Document, Schedule of Benefits for additional information.

General Information you should know: Amalgamated Local 426 accesses the health and welfare benefits of Local 298 and Local 22. 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.

AMALGAMATED LOCAL 426

Local 426 Health Benefit Fund Bronze Plan



BENEFIT FEATURES
NO REFERRALS REQUIRED

IN-NETWORK
CONTRACTED FEE SCHEDULE BCBS PPO NETWORK

OUT-OF-NETWORK

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BENEFIT FEATURES	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$0	Not Covered
Annual Maximum Out-of-Pocket (Medical)	\$7,350 individual / \$14,700 family	Not Covered
Coinsurance	60% / 40%	Not Covered
Preventive Care Screens		
Preventive Care (wellness office visit)	Member Pays 40% Coinsurance	Not Covered
Preventive Care/screenings	Member Pays 40% Coinsurance	Not Covered
Physician Office Services		
Primary Care Provider	Member Pays 40% Coinsurance	Not Covered
Specialist Physician	Member Pays 40% Coinsurance	Not Covered
Diagnostic X-ray and Laboratory	Member Pays 40% Coinsurance	Not Covered
Hospital Inpatient Services⁽¹⁾⁽²⁾		
Medical/Surgical Room & Board & Ancillary	Member Pays 40% Coinsurance	Not Covered
Extended Skilled nursing Facility, Room & Board & Ancillary ⁽²⁾	Member Pays 40% Coinsurance	Not Covered
Rehabilitation Facility Room & Board & Ancillary ⁽²⁾	Member Pays 40% Coinsurance	Not Covered
Neo-Natal, Newborn Nursery Room & Board & Ancillary	Member Pays 40% Coinsurance	Not Covered
Surgical Inpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Member Pays 40% Coinsurance	Not Covered
Inpatient Mental Health and Substance Use Disorder		
Mental or Nervous Disorder Partial Hospitalization or Inpatient	Member Pays 40% Coinsurance	Not Covered
Substance Abuse Care Partial Hospitalization or Inpatient	Member Pays 40% Coinsurance	Not Covered
Physician In-Hospital Services		
Physician Medical Hospital Visit	Member Pays 40% Coinsurance	Not Covered
Physician Newborn Visit Visit	Member Pays 40% Coinsurance	Not Covered
Mental, Nervous Disorder, Substance Abuse Hospital Visit	Member Pays 40% Coinsurance	Not Covered
Outpatient Diagnostic Services⁽²⁾		
Diagnostic Laboratory (not covered at Hospital outpatient)	Member Pays 40% Coinsurance	Not Covered
Diagnostic X-ray (not covered at Hospital outpatient)	Member Pays 40% Coinsurance	Not Covered
Outpatient Facility Services⁽²⁾		
Outpatient Ambulatory Surgery- Facility/Hospital charges	Member Pays 40% Coinsurance	Not Covered
All other Outpatient Care- Facility/Hospital charges	Member Pays 40% Coinsurance	Not Covered
Surgical Outpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Member Pays 40% Coinsurance	Not Covered
Outpatient Therapy Services⁽¹⁾⁽²⁾		
Outpatient Therapy includes (includes: Occupational, Speech, Respiratory, Cognitive, Physical, Chemotherapy, Dialysis, Radiation Therapy)	Member Pays 40% Coinsurance	Not Covered
Outpatient Mental Health and Substance Use Disorder		
Mental or Nervous or Substance Abuse Visit - Outpatient	Member Pays 40% Coinsurance	Not Covered
Emergency Care		
Emergency Room Accident (Benefit Limited to \$1,000 per occurrence)	Member Pays 40% Coinsurance	Not Covered
Emergency Room Illness (Benefit limited to \$1,000 per occurrence)	Member Pays 40% Coinsurance	Not Covered
Urgent Care Visit	Member Pays 40% Coinsurance	Not Covered
Emergency Room - Non Emergent Conditions	Not Covered	Not Covered

Plan notes/requirements:

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AMALGAMATED LOCAL 426

Local 426 Fund 1 Liberty Plan



BENEFIT FEATURES
NO REFERRALS REQUIRED

IN-NETWORK
CONTRACTED FEE SCHEDULE BCBS PPO NETWORK

OUT-OF-NETWORK

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BENEFIT FEATURES	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$0	Not Covered
Annual Maximum Out-of-Pocket (Medical)	\$5,350 individual / \$10,700 family unit	Not Covered
Coinsurance	100%	Not Covered
Preventive Care Screens		
Preventive Care (wellness office visit)	100% of PPO rate	Not Covered
Preventive Care/screenings	100% of PPO rate	Not Covered
Physician Office Services		
Primary Care Provider	\$30 copay	Not Covered
Specialist Physician	\$50 copay	Not Covered
Diagnostic X-ray and Laboratory	\$20 copay	Not Covered
Hospital Inpatient Services ⁽¹⁾		
Medical/Surgical Room & Board & Ancillary	\$500/Day - Max \$1,000 copay then 100%	Not Covered
Extended Skilled nursing Facility, Room & Board & Ancillary ⁽²⁾	\$500/Day - Max \$1,000 copay then 100%	Not Covered
Rehabilitation Facility Room & Board & Ancillary ⁽²⁾	\$500/Day - Max \$1,000 copay then 100%	Not Covered
Neo-Natal, Newborn Nursery Room & Board & Ancillary	\$500/Day - Max \$1,000 copay then 100%	Not Covered
Surgical Inpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	\$50 or \$150 copay then 100%	Not Covered
Inpatient Mental Health and Substance Use Disorder		
Mental or Nervous Disorder Partial Hospitalization or Inpatient	\$500/Day - Max \$1,000 copay then 100%	Not Covered
Substance Abuse Care Partial Hospitalization or Inpatient	\$500/Day - Max \$1,000 copay then 100%	Not Covered
Physician In-Hospital Services		
Physician Medical Hospital Visit	100% of PPO rate	Not Covered
Physician Newborn Visit Visit	100% of PPO rate	Not Covered
Mental, Nervous Disorder, Substance Abuse Hospital Visit	100% of PPO rate	Not Covered
Outpatient Diagnostic Services ⁽²⁾		
Diagnostic Laboratory	\$75 copay	Not Covered
Diagnostic X-ray	\$75 copay	Not Covered
Outpatient Facility Services ⁽²⁾		
Outpatient Ambulatory Surgery- Facility/Hospital charges	\$150 copay then 100%	Not Covered
All other Outpatient Care- Facility/Hospital charges	\$150 copay then 100%	Not Covered
Surgical Outpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	\$50 or \$150 copay then 100%	Not Covered
Outpatient Therapy Services ⁽¹⁾⁽²⁾		
Outpatient Therapy includes (includes: Chemotherapy, Dialysis, Occupational, Physical, Radiation, Speech therapy)	\$25, \$50 or \$100 copay then 100%	Not Covered
Outpatient Mental Health and Substance Use Disorder		
Mental or Nervous or Substance Abuse Visit - Outpatient	Ded. Then \$50 copay then 100%	Not Covered
Emergency Care		
Emergency Room Accident (must be treated within 48 hours of accident)	\$150 copay then 100%	\$30 copay 100% of usual, customary and reasonable fees
Emergency Room Illness (must be treated within 24 hours of onset of life-threatening illness)	\$150 copay then 100%	
Urgent Care Visit	\$30 copay then 100%	
Emergency Room - Non Emergent Conditions	Not Covered	Not Covered

Plan notes/requirements:

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.

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 Max out of Pocket Credits if a participating member is transitioning from another health benefit program.

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.

The Plan provides benefits for In-Network services only, with the exception of Emergency treatment (Emergency Room and Ambulance). Please keep this in mind when selecting a provider, as you will be responsible for the full charges if you use an out-of-network provider. The Fund will not accept an assignment to any out-of-network provider. Any assignment by you to out-of-network providers is void.

(1) Some services listed may require Precertification. You and your Physician are responsible for Precertification for all services Network Providers should obtain Precertification for you. See refer to the Summary Plan Document for a complete Precertification list. The Precertification Program administrator for the Plan is American Holdings, Inc. ("AHH") 1-866-317-5386.

(2) Some services have a limit visit per lifetime. Please refer to the Summary Plan Document, Schedule of Benefits for additional information.

General Information you should know: Amalgamated Local 426 accesses the health and welfare benefits of Local 298 and Local 22. 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.

AMALGAMATED LOCAL 426
Local 426 Fund 1 Blue Liberty 1500 Plan



BENEFIT FEATURES

IN-NETWORK

OUT-OF-NETWORK

NO REFERRALS REQUIRED

CONTRACTED FEE SCHEDULE BCBS PPO NETWORK

This is not intended to be a comprehensive list of services and is not a guarantee of coverage. Please refer to the Summary of Benefits Coverage and the Summary Plan Document prior to making a plan selection as each plan has unique benefits and coverages.

BENEFIT FEATURES	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,500 individual / \$3,000 family unit	Not Covered
Annual Maximum Out-of-Pocket (Medical)	\$5,350 individual / \$10,700 family unit	Not Covered
Coinsurance	100%	Not Covered
Preventive Care Screens		
Preventive Care (wellness office visit)	100% of PPO rate	Not Covered
Preventive Care/screenings	100% of PPO rate	Not Covered
Physician Office Services		
Primary Care Provider	Deductible then \$30 copay	Not Covered
Specialist Physician	Deductible then \$50 copay	Not Covered
Diagnostic X-ray and Laboratory	Deductible then \$20 copay	Not Covered
Hospital Inpatient Services ⁽¹⁾		
Medical/Surgical Room & Board & Ancillary	Ded. Then \$500/Day - Max \$1,000 copay then 100%	Not Covered
Extended Skilled Nursing Facility, Room & Board & Ancillary ⁽²⁾	Ded. Then \$500/Day - Max \$1,000 copay then 100%	Not Covered
Rehabilitation Facility Room & Board & Ancillary ⁽²⁾	Ded. Then \$500/Day - Max \$1,000 copay then 100%	Not Covered
Neo-Natal, Newborn Nursery Room & Board & Ancillary	Ded. Then \$500/Day - Max \$1,000 copay then 100%	Not Covered
Surgical Inpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Ded. Then \$50 or \$150 copay then 100%	Not Covered
Inpatient Mental Health and Substance Use Disorder		
Mental or Nervous Disorder Partial Hospitalization or Inpatient	Ded. Then \$500/Day - Max \$1,000 copay then 100%	Not Covered
Substance Abuse Care Partial Hospitalization or Inpatient	Ded. Then \$500/Day - Max \$1,000 copay then 100%	Not Covered
Physician In-Hospital Services		
Physician Medical Hospital Visit	100% of PPO rate	Not Covered
Physician Newborn Visit Visit	100% of PPO rate	Not Covered
Mental, Nervous Disorder, Substance Abuse Hospital Visit	100% of PPO rate	Not Covered
Outpatient Diagnostic Services ⁽²⁾		
Diagnostic Laboratory	Ded. Then \$75 copay then 100%	Not Covered
Diagnostic X-ray	Ded. Then \$75 copay then 100%	Not Covered
Outpatient Facility Services ⁽²⁾		
Outpatient Ambulatory Surgery- Facility/Hospital charges	Ded. Then \$150 copay then 100%	Not Covered
All other Outpatient Care- Facility/Hospital charges	Ded. Then \$150 copay then 100%	Not Covered
Surgical Outpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Ded. Then \$50 or \$150 copay then 100%	Not Covered
Outpatient Therapy Services ^{(1) (2)}		
Outpatient Therapy includes (includes: Chemotherapy, Dialysis, Occupational, Physical, Radiation, Speech therapy)	Ded. Then \$25, \$50 or \$100 copay then 100%	Not Covered
Outpatient Mental Health and Substance Use Disorder		
Mental or Nervous or Substance Abuse Visit - Outpatient	Ded. Then \$50 copay then 100%	Not Covered
Emergency Care		
Emergency Room Accident (must be treated within 48 hours of accident)	Ded. Then \$150 copay then 100%	Ded. Then \$150 copay 100% of usual, customary and reasonable fees
Emergency Room Illness (must be treated within 24 hours of onset of life-threatening illness)	Ded. Then \$150 copay then 100%	Ded. Then \$150 copay 100% of usual, customary and reasonable fees
Urgent Care Visit	Ded. Then \$30 copay then 100%	Ded. Then \$30 copay 100% of usual, customary and reasonable fees
Emergency Room - Non Emergent Conditions	Not Covered	Not Covered
Plan notes/requirements:		

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.

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 Max out of Pocket Credits if a participating member is transitioning from another health benefit program.

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.

The Plan provides benefits for In-Network services only, with the exception of Emergency treatment (Emergency Room and Ambulance). Please keep this in mind when selecting a provider, as you will be responsible for the full charges if you use an out-of-network provider. The Fund will not accept an assignment to any out-of-network provider. Any assignment by you to out-of-network providers is void.

(1) Some services listed may require Precertification. You and your Physician are responsible for Precertification for all services Network Providers should obtain Precertification for you. See refer to the Summary Plan Document for a complete Precertification list. The Precertification Program administrator for the Plan is American Holdings, Inc ("AHH") 1-866-317-5386.

(2) Some services have a limit visit per lifetime. Please refer to the Summary Plan Document, Schedule of Benefits for additional information.

General Information you should know: Amalgamated Local 426 accesses the health and welfare benefits of Local 298 and Local 22. 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.

AMALGAMATED LOCAL 426

Local 426 Health Benefit Fund Plan Gold Plan



BENEFIT FEATURES
NO REFERRALS REQUIRED

IN-NETWORK
CONTRACTED FEE SCHEDULE BCBS PPO NETWORK

OUT-OF-NETWORK

This is not intended to be a comprehensive list of services and is not a guarantee of coverage. Please refer to the Summary of Benefits Coverage and the Summary Plan Document prior to making a plan selection as each plan has unique benefits and coverages.

BENEFIT FEATURES	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	None	\$200 individual / \$500 family
Annual Maximum Out-of-Pocket (Medical)	\$7,350 individual / \$14,700 family	Not Applicable
Coinsurance	80% / 20%	60% / 40%
Preventive Care Screens		
Preventive Care (wellness office visit)	100% of PPO rate	Member pays 40% of UCR fees
Preventive Care/screenings	100% of PPO rate	Member pays 40% of UCR fees
Physician Office Services		
Primary Care Provider	Member pays 20% of PPO rate, subject to \$10 copay	Member pays 40% of UCR fees
Specialist Physician	Member pays 20% of PPO rate, subject to \$10 copay	Member pays 40% of UCR fees
Diagnostic X-ray and Laboratory	Member pays 20% of PPO rate, subject to \$10 copay	Member pays 40% of UCR fees
Hospital Inpatient Services ⁽¹⁾⁽²⁾		
Medical/Surgical Room & Board & Ancillary	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Extended Skilled nursing Facility, Room & Board & Ancillary ⁽²⁾	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Rehabilitation Facility Room & Board & Ancillary ⁽²⁾	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Neo-Natal, Newborn Nursery Room & Board & Ancillary	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Surgical Inpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Inpatient Mental Health and Substance Use Disorder		
Mental or Nervous Disorder Partial Hospitalization or Inpatient	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Substance Abuse Care Partial Hospitalization or Inpatient	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Physician In-Hospital Services		
Physician Medical Hospital Visit	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Physician Newborn Visit Visit	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Mental, Nervous Disorder, Substance Abuse Hospital Visit	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Outpatient Diagnostic Services ⁽²⁾		
Diagnostic Laboratory	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Diagnostic X-ray	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Outpatient Facility Services ⁽²⁾		
Outpatient Ambulatory Surgery- Facility/Hospital charges	Member pays 20% of PPO rate	Member pays 40% of UCR fees
All other Outpatient Care- Facility/Hospital charges	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Surgical Outpatient Services (Anesthesia, Assistant Surgeon, Obstetrical, Surgeon)	Member pays 20% of PPO rate	Member pays 40% of UCR fees
Outpatient Therapy Services ⁽¹⁾⁽²⁾		
Outpatient Therapy includes (Includes: Occupational, Speech, Respiratory, Cognitive, Physical, Chemotherapy, Dialysis, Radiation Therapy)	Member pays 20% of PPO rate, subject to \$10 copay	Member pays 40% of UCR fees
Outpatient Mental Health and Substance Use Disorder		
Mental or Nervous or Substance Abuse Visit - Outpatient	Member pays 20% of PPO rate, subject to \$10 copay	Member pays 40% of UCR fees
Emergency Care		
Emergency Room Accident & Illness	Member pays 20% of PPO rate, subject to \$35 copay	Member pays 20% of UCR fees, subject to \$35 Copay. Copay waived if admitted
Emergency Room Physician Accident & Illness	Member pays 20% of PPO rate	Member pays 20% of UCR fees
Urgent Care Visit	Member pays 20% of PPO rate, subject to \$10 copay	Member pays 20% of UCR fees, subject to \$10 Copay
Emergency Room - Non Emergent Conditions	Not Covered	Not Covered
Plan notes/requirements:		

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.

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