YOUR HEALTH FUND BENEFITS AT A GLANCE*

Some outstanding benefits are available to you through the Equity-League Health Fund. Here is a quick overview of the Medical, Dental, Vision and Supplementary Workers Compensation benefits that you can qualify for through covered employment.

**IMMEDIATE SUPPLEMENTAL WORKERS COMPENSATION BENEFITS (SWC)**

You qualify for SWC benefits as soon as you begin working in covered employment. Then, if you become ill or injured on the job and qualify for Workers Compensation (WC) benefits, SWC benefits can supplement those WC benefits to replace your full salary, up to 75% of the production contract minimum weekly salary.

**MEDICAL AND VISION BENEFITS ARE AVAILABLE AFTER YOU WORK 11 WEEKS**

- You qualify for medical and vision care benefits as soon as you work at least 11 weeks in covered employment in any 12 calendar month period.
- Your coverage commences two months later (e.g., if you accumulate 11 weeks of employment as of the end of December, you are eligible to commence coverage on March 1 of the following year).
- In order to activate your medical benefits, you must pay a $100 quarterly premium before your coverage begins.
- Everyone who qualifies for medical coverage is offered a Cigna Open Access medical and prescription drug plan — a plan that lets you choose from among network and non-network providers.
- Those who live in certain metropolitan areas, e.g., NYC and Southern CA, may choose medical and prescription drug coverage through an HMO instead of the Cigna plan.
- Vision care benefits that pay for eye exams and glasses are available through Davis Vision, whether you choose Cigna or an HMO for your medical benefit needs.

**MEDICAL BENEFITS THROUGH THE FUND’S SELF-INSURED CIGNA OPEN ACCESS PLAN**

- The Cigna plan offers medical benefits and prescription drug coverage through Optum. In-Network medical services are generally subject only to a $25 per visit copay.
- Out-of-Network care is subject to a $350 annual deductible and 70% coinsurance.
- A prescription drug benefit is included in the Cigna plan administered by Optum, with a separate $100 annual deductible, after which drugs are subject to a per prescription copay/coinsurance. This Plan includes mandatory mail-order and generic drug programs.
- The Cigna medical and Optum prescription drug plans include national networks of health providers and coverage nationwide.

**HMOs — ALTERNATIVE MEDICAL AND DRUG COVERAGE**

HMOs provide medical benefits through their physician/hospital networks and those benefits are similar to those provided through the in-network benefit under the Cigna plan.

- HMOs do not generally offer any out-of-network benefits (except for emergency care) and their networks cover only limited geographic areas (as compared with Cigna’s national network). You must select a primary care physician when you enroll with the HMO, and that physician provides your basic medical care.
- You must generally obtain a referral from that primary care physician in order to access care from a specialist.

**OPTIONAL SELF-PAY ADDITIONAL BENEFITS**

**DENTAL COVERAGE FOR YOU — THROUGH A DHMO OR DPPO**

- The Cigna Dental HMO (DHMO) plan has no annual maximum benefit, covers many preventive and basic dental services in full, and costs about half of what the Dental PPO (DPPO) plan costs — but you may only use DHMO network dentists, and must choose a primary care dentist when you enroll.
- The DPPO plan offers both in and out-of-network coverage, but there is an annual maximum benefit of $2,000, and a $1,500 lifetime maximum on orthodontic procedures.
- You pay the full cost of all dental coverage, whether you choose the DHMO or the DPPO.

**DEPENDENT MEDICAL AND DENTAL COVERAGE**

Once you elect medical/vision coverage for yourself, you may also elect such coverage for your dependents. You pay the full cost of dependent medical and dental coverage.

*VERY IMPORTANT NOTE: We’ve briefly summarized some very basic plan rules in the above chart, but we don’t intend for this chart to replace or amend the official plan document, which describes your benefits in detail. We will follow the rules of the official plan document if those rules differ from this chart in any way. The Summary Plan Description is available on our website, www.equityleague.org, or a copy can be obtained from the Fund Office.*