

**Schedule of Benefits – Premium & Basic Plans**

WELLNESS CENTER BENEFIT / FEES	YOU PAY
<b>MEDICAL</b>	
<b>All Scheduled Provider Visits</b> <i>Includes Preventive Care, Condition Management, Procedures, Chiropractic, Medical Massage Therapy (wellness center provider referral only), Physical Therapy, Coaching, Counseling, Audiology</i>	\$0
<b>Durable Medical Equipment (DME)</b> <i>Includes but is not limited to crutches, braces, splints, and boots</i>	\$20
<b>Hearing Exams</b>	\$0
<b>Hearing Aid</b> <i>Participant only benefit; every five years</i>	\$150 per aide
<b>Internal Lab and/or X-Ray orders</b> <i>Ordered by wellness center providers</i>	\$0
<b>Outside Lab and/or X-Ray orders</b> <i>When a patient is <u>not</u> a primary care patient with a wellness center provider, lab appointments and X-Rays performed will incur a fee for service when ordered by an outside provider. All outside lab and X-Ray orders must be reviewed for complexity prior to scheduling</i>	\$20
<b>Fees for No Shows</b> <i>“No Show” refers to a patient with a scheduled appointment who does not contact the wellness at least 10 minutes prior to and misses the appointment (more than 10 minutes late).</i>	\$20
<b>PHARMACY</b>	
<b>All Formulary Medication Prescriptions</b> <i>A formulary is the list of generic and brand-name prescription drugs covered under the health plan.</i>	\$0
<b>Non-Formulary Medication Prescriptions</b> <i>Prescription drugs that are not covered under the health plan because an alternative is proven to be just as effective, safe and less costly.</i>	Medication cost
<b>DENTAL</b>	
Preventive Services	\$0
Basic Services	\$0
<b>Major Services</b> <i>Includes restorative and prosthodontic services requiring lab work</i>	Refer to Carpenters Dental Center fee schedule

# Carpenters Wellness Center-St. Louis Schedule of Benefits



VISION	
Comprehensive Eye Exam	\$0
Pre-Testing and Retinal Imaging	\$0
Frames <i>Every 24 months</i>	\$0 <i>You pay 20% of balance &gt; \$150 Or &gt; \$170 for Brand</i>
Lenses <i>Every calendar year</i>	\$0
Lens Enhancements <i>Every calendar year</i> Standard Progressive Premium Progressive Custom Progressive	<i>You pay balance</i> Plan pays \$50 Plan pays \$80-90 Plan pays \$120-160
Contacts instead of glasses <i>Every calendar year</i>	\$0
Contacts, elective <i>Every calendar year</i>	<i>You pay balance</i> Plan pays \$150
Safety frames, standard lenses included <i>Participant only benefit, every 24 months</i>	\$25