MID AMERICA CARPENTERS BENEFITS

Carpenters Wellness Center-St. Louis Schedule of Benefits

Mid-America Carpenters Regional Council Health Fund

St. Louis-Kansas City Region

Schedule of Benefits – *Premium & Basic Plans*

WELLNESS CENTER BENEFIT / FEES	YOU PAY
MEDICAL	
All Scheduled Provider Visits *Includes Preventive Care, Condition Management, Procedures, Chiropractic, Medical Massage Therapy (wellness center provider referral only), Physical Therapy, Coaching, Counseling, Audiology*	$0
Durable Medical Equipment (DME) *Includes but is not limited to crutches, braces, splints, and boots*	$20
Internal Lab and/or X-Ray orders *Ordered by wellness center providers*	$0
Outside Lab and/or X-Ray orders *When a patient is not 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*	$20
Fees for No Shows *"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).*	$20
PHARMACY	
All Formulary Medication Prescriptions *A formulary is the list of generic and brand-name prescription drugs covered under the health plan.*	$0
Non-Formulary Medication Prescriptions *Prescription drugs that are not covered under the health plan because an alternative is proven to be just as effective, safe and less costly.*	Medication cost

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VISION	
Comprehensive Eye Exam *Every calendar year*	$0
Pre-Testing and Retinal Imaging	$0
Frames *Every other calendar year*	Up to $25 Materials (frames/lenses) Copay *You pay 20% of balance > $200* *Or > $220 Featured Frame Brand*
Lenses *Every calendar year*	Up to $25 Materials (frames/lenses) Copay
Lens Enhancements *Every calendar year* Standard Progressive Premium Progressive Custom Progressive	 *You pay balance* Plan pays 100% Plan pays $95-105 Plan pays $150-175
Contacts instead of glasses, medically necessary *Every calendar year*	$25
Contacts instead of glasses, elective *Every calendar year*	*You pay balance* Plan pays $150
Safety frames, standard lenses included *Participant only benefit, every other calendar year*	$25 Copay Plan covers Protec Collection; Plan pays $65 allowance for safety frame outside of Protec. You pay balance