

ST. LOUIS GRAPHIC ARTS JOINT HEALTH AND WELFARE FUND

June 1, 2004 Brief Summary of Medical and Pharmacy

For more information, refer to your January 1, 2001 Summary Plan Description

(HEALTHLINK OPEN ACCESS III)

	HealthLink HMO Providers	HealthLink PPO Providers	Non-Net
DOCTOR'S OFFICE			
Office Visit - Regular Hours			
Primary Care Physician	100% after \$20 Co-pay	100% after \$20 Co-pay	50% (c) after Outpatient
Specialists	100% after \$25 Co-pay	100% after \$25 Co-pay	50% (c) after Outpatient
Lab and X-Rays	100% (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
Allergy Injections	100% after \$5 Co-pay (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
Routine Physicals for Adults	Not Covered	Not Covered	Not Covered
Well Child Care Including Immunizations	100% (h)	Not Covered	Not Covered
Surgery	100% after \$20/\$25 Co-pay (h)	90% (b) (g) after Outpatient Deductible	50% (c) (g) after Outpat
Chiropractic Care	100% after \$25 Copay \$1500 CY Max (h)	90% (b) after OP Ded \$1,500 Cal Yr Max	50% (c) after OP Ded \$
Routine Vision Exams	Not Covered	Not Covered	Not Covered
DURABLE MEDICAL EQUIPMENT	100% (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
OUT-PATIENT PHYSICAL THERAPY			
At Hospital	100% after \$100 Co-pay per day (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
At Free Standing Facility/Doctors Office	100% after \$10 Co-pay per visit (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
HOSPITAL INPATIENT			
Semiprivate Room and Board and other Inpatient Charges	100% after \$100 Co-pay per day (h) (\$500 max per stay)	90% (b) after Inpatient Deductible	50% (c) after Inpatient I
Surgery	100% (h)	90% (b) after Inpatient Deductible	50% (c) after Inpatient I
Doctor's Visits and Consultations	100% (h)	90% (b) after Inpatient Deductible	50% (c) after Inpatient I
HOSPITAL OUTPATIENT			
Surgery Facility	100% after \$100 Co-pay (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
Surgeons Charges	100% after \$100 Co-pay (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
Emergency Room	100% after \$100 Co-pay (h) (\$100 Co-pay waived if Admitted)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
Cardiac Rehabilitation	100% after \$10 Co-pay (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
Other	100% after \$100 Co-pay (h)	90% (b) after Outpatient Deductible	50% (c) after Outpatient
MATERNITY CARE			
Prenatal and Postnatal Visits	100% after \$25 Co-pay	100% after \$25 Co-pay	50% (c) after Outpatient
Hospital and Obstetrical	100% after \$100 Co-pay per day (h) (\$500 max per stay)	90% (b) after Inpatient Deductible	50% (c) after Inpatient I
Nursery Charges of Well Infant	4 Days Paid as Part of Mother's Claim	4 Days Paid as Part of Mother's Claim	4 Days Paid as Part of N
CALENDAR YEAR DEDUCTIBLE			
Inpatient - Individual/Family Maximum	\$300/\$600 combined Inpatient and	\$300/\$600	\$500 per stay/No Family
Outpatient - Individual/Family Maximum	Outpatient (i)	\$400/\$800	\$400/\$800
MENTAL HEALTH AND CHEMICAL DEPENDEN			
Doctor Office Visits	-----50% to 70% after Outpatient Deductible; higher benefits if precertified by EAP (H&H Health Associate;		
Maximum Eligible Charge Per Doctor's Visit	-----\$100 for Physician; \$80 for Counselors, etc. if referred by EAP (H&H Health Associates)-----		
Doctor Office Visit Calendar Year Maximum	-----\$2,000 Chemical Dependency maximum for PPO and non-PPO combined-----		
Hospital Inpatient	-----60% to 80% after Inpatient Deductible if Special Treatment Program is used-----		
	-----50% after Inpatient Deductible if Special Treatment Program is not used-----		
Lifetime Maximum	-----\$50,000 Chemical Dependency Maximum; 75 day Inpatient Hospital Maximum-----		
Annual Maximum	-----\$10,000 Chemical Dependency Maximum; 30 day Inpatient Hospital Maximum-----		