

**Plan "A" Benefit Highlights: Covered Services and Charges**

<b>Hospital Expenses</b>	
<b>In-patient Hospital Services</b>	Room and Board is covered \$400 per day, and subject to a \$1,000 per admission co-pay.
<b>Out-patient Hospital Services</b>	\$400 per procedure facility charge
<b>Nursery</b>	\$400 per day, subject to a \$1,000 co-pay.
<b>Chemotherapy, Dialysis, Radiation Therapy, Anesthesia</b>	Paid up to 100% of Network Fee Schedule.
<b>Non-Hospital Expenses</b>	
<b>Surgery</b>	Paid at 100% of Network Fee Schedule. Any surgical procedure exceeding \$250 will be subject to a maximum of \$1,000 co-pay.
<b>Ambulance</b>	Covered 100%, subject to a \$100 co-pay
<b>Home Health Care</b>	Paid at 100% of Network Fee Schedule for eligible participants with cancer diagnosis only. This benefit must be pre-authorized by Blue Cross.
<b>Plan A Limitations</b>	
No Coverage for: Physician Services, in-patient and out-patient Lab and pathology, radiology, x-rays, MRI, MRA, CT Scan, SPECT/PET Scans, EKG/EMG Pre-surgical testing Emergency Room services when patient not admitted All ancillary charges related to a hospital admission	

Complete details are available in the [Summary Plan Description](#) and all summaries of material modifications.

*The information in this document covers selected benefit highlights. The actual Plan provisions are in the Plan's legal document, in the event of a conflict between the wording in this document and the legal document, the legal document will govern. The Joint Industry Board of the Electrical Industry reserves the right to amend, modify, or discontinue all or part of any Plan at any time.*