BENEFITS HIGHLIGHTS GUIDE

Bricklayers and Allied Craftworkers
Local 13 Health Benefits Fund

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A Message From the Trustees

The Trustees are pleased to present you with this Benefits Highlights Guide. It provides an overview of the benefits available to you and your family from the Fund, including medical, prescription drug, dental, vision, life insurance (for members only) and employee assistance program (EAP) services.

Our goal is to provide our Fund's participants—you and your eligible dependents—with a comprehensive benefits package that is both affordable for you and the Fund, and nationwide access to high quality medical providers. This Guide is a tool you and your family can use to better understand your healthcare benefits and to make well-informed decisions when it comes to using them.

Please keep this Guide handy. Share it with your family and refer to it when you have questions. The answers you're looking for may be in here. And, if they're not, please give the Fund Administrator's Office a call at (725) 238-5768. We're here to help you.

Sincerely,

The Trustees

The information provided in this Guide is only a general overview and does not replace or alter the official rules and policies in the official Plan documents that legally govern the terms and operation of the Fund. Receipt of the Guide does not guarantee benefits eligibility.

Your Eligibility for Coverage

You are eligible for Fund health and welfare benefits if you are:

- An active employee of a participating employer; or
- A participant continuing his/her benefits through self-pay or COBRA continuation coverage; or
- A retiree of a participating employer.

Initial Enrollment

To enroll for health and welfare benefits, complete and sign an Enrollment Form and return it, along with any required documentation, to:

Bricklayers & Allied Craftworkers Local 13 Health Benefits Fund
c/o Zenith American Solutions
5655 Badura Ave., Suite 180
Las Vegas, Nevada 89118

If you have questions regarding eligibility or enrollment, call Zenith American Solutions at (725) 238-5768.

Experiencing Changes in Your Life? Keep Us Posted!

There may be times in your life when it's important to notify the Fund Administrator (Zenith American Solutions) of changes that take place. For instance, if you move, we still need to be able to contact you about any matter concerning your benefit coverage.

You should contact Zenith American Solutions promptly, and in writing, about any change in your family status, like a marriage, legal separation or divorce, the birth of a child, the death of a dependent, or a change in the status of any of your dependents, such as when a child becomes disabled or is no longer disabled. You should also let us know when a life event occurs that requires a change in your beneficiary(ies).

If you don't notify Zenith American Solutions promptly and in writing of the change and claims are paid for someone who is no longer eligible, you may be liable to the Fund for the amount paid. Plus, the person who is no longer eligible might not get the chance to elect COBRA Continuation Coverage.

Any time you have questions concerning changes in your situation or that of your eligible dependents, please do not hesitate to call Zenith American Solutions at (725) 238-5768.

Important! A dependent child's eligibility automatically ends the last day of the month in which the child turns age 26, unless he or she is incapable of self-sustaining employment because of a mental or physical handicap. This only applies if the child's condition exists before he or she reaches age 26 and only if you are responsible for the primary support and maintenance of the child. Proof of incapacity must be submitted to Zenith American Solutions within 31 days of the date the child's coverage would otherwise end.

Tips on How to Maximize Your Benefits and Save Money

- **Go in-network and save**—Even though you can go to any doctor, hospital or facility that you choose, it's best to use Anthem BlueCross BlueShield (BCBS) PPO network providers and/or hospitals that participate in the Southern Nevada Health Services Coalition hospital network. The Fund covers more of your eligible expenses when you use such network providers, and their services cost less than those of non-network providers, which means savings for you and the Fund. ***Refer to the Medical Plan Benefit Summary on page 5.***
- **Take advantage of your preventive care benefits.** Regular checkups and screenings give both you and your doctor a clearer picture of your health, and can help alert you to possible health issues. And being proactive about your healthcare can help you stay healthy AND save money. The Fund covers many in-network preventive health services at 100% with $0 copayment and no deductible, including annual adult routine physical exams, pap smears and pelvic exams, mammograms, prostate exams, flu and pneumonia immunizations for adults, and well childcare visits and immunizations for children.

Q Do I always need to show identification to providers?

A You will receive your ID card from the Trust Fund office. The ID card has important information for the Anthem BCBS network, your prescription drug benefits and the Southern Nevada Health Services Coalition. **It is very important to show the ID card to your medical provider** when you receive services at hospitals within and outside of Southern Nevada, at Sav-Rx retail pharmacies, and for all other medical care.

- **Avoid going to the emergency room when you have a minor injury or illness.** If you need non-emergency medical services right away, but your doctor is unavailable, don't think going to the emergency room is your only option. There are alternatives that will cost you and the Fund much less. For example, you can go to an urgent care center or you can even stay in the comfort of your own home and video chat with a doctor via **LiveHealth Online.** ***Refer to pages 8 and 9 for more information.***
- **When you have a healthcare-related question, call Anthem BCBS' 24/7 NurseLine.** The 24/7 NurseLine is a great alternative to visiting your doctor when you have a general medical question. When you call, you can speak directly with an Anthem BCBS registered nurse. Nurses are available 24/7. ***Refer to page 9 for more information.***
- **Take generic medications instead of brand name medications.** If you're taking a brand name prescription medication, ask your doctor if a generic equivalent is available. By law, generics must meet the same standards for safety, purity and effectiveness as brand name medications and they can cost up to 75% less, which means savings for you and the Fund.
- **Have your prescriptions filled at a Sav-Rx network retail pharmacy or through the Sav-Rx mail order facility.** You'll pay less for your prescriptions at network retail pharmacies and through the mail order facility because they have agreed to offer us discounted pricing on dispensed medications, while non-contracted providers have not. ***Refer to page 10 for more information.***
- **Take care of your teeth and gums.** Regular dentist visits can do more than keep your smile attractive—they can also tell your dentist a lot about your overall health, including whether or not you may be at risk for chronic disease. So, use the Fund's dental benefits (offered through PrimeCare Benefits Group), which include coverage for annual dental exams and oral health care. ***Refer to page 11 for more information.***

Terms You Should Know

Some Important Words When it Comes to Your Health Benefits!

- **Copayment or Copay:** This is the flat dollar amount that you or your eligible dependents must pay directly to a provider at the time services are performed. For example, you'll need to pay a $15 copay at each doctor's visit. Various copay amounts apply under the PPO Plan based on the services you receive in-network. You are not required to pay a copay when you receive services from out-of-network providers, just coinsurance.
- **Out-of-Pocket (OOP) Limit:** This is the most you pay for covered expenses from in-network providers in a plan year before the Plan begins to pay 100%. There is no out-of-pocket limit on your expenses when you use out-of-network providers. So remember, by using in-network providers, you save money towards your medical costs.
- **Deductible:** The "deductible" is the amount that you (and your family) are responsible to pay each year for covered medical services you receive from *out-of-network* providers before the Plan begins to pay benefits.
- **Coinsurance:** You are only responsible to pay a percentage of charges, called "coinsurance," when you receive your care from *out-of-network* providers. In order to significantly reduce the amount of money you pay out of pocket for your medical care, it's best to use in-network providers.

Q Do I have a copayment for preventive/routine care?

A There is no copayment for in-network preventive/routine care like annual physicals, immunizations, mammograms, pap smears, and more. For a complete list of items that are considered preventive/routine care, contact the Fund office.

Q Does the out-of-pocket limit apply to all care I receive in-network?

A Some things are not counted toward your in-network out-of-pocket limit, like premiums, extra charges billed by providers (called "balance-billing"), prescription drug copays, and out-of-network coinsurance.

Our Plan is Self-funded

Many of the health benefits we offer you and your family are "self-funded." Self-funding benefits means the Fund assumes financial responsibility for the cost of the benefits it offers to participants and their eligible dependents.

Employer contributions are invested in an account that pays all claims that are submitted for covered benefits. The Fund pays for claims as they come in. While the expectation is that incurred claim amounts will be less than the amount of contributions received and the interest the Fund accrues; sometimes the Fund pays out more than it receives. Therefore, improving the health of our participants and having them make well-informed decisions about their benefits can only add to the soundness and stability of our health fund by reducing the number and amount of claims.

NOTE: Dental, Life insurance and Accidental Death & Disability benefits are fully insured and not self-funded.

We're in this together; let's all do our part by staying healthy and making wise decisions about benefits.

Your Medical Program Options

The Fund provides you with access to a Preferred Provider Organization (PPO) offered through Anthem BlueCross BlueShield ("Anthem BCBS") and access to all of the hospitals in Southern Nevada through the Southern Nevada Health Services Coalition (HSC). This means you have access to a nationwide network of healthcare providers—doctors, nurses, hospitals and medical care facilities—as well as a hospital network servicing southern Nevada.

Medical Plan Benefit Summary

	PPO Plan (Anthem BlueCross BlueShield)	
	In-Network (You Pay)	**Out-of-Network (You Pay)**
Annual Deductible	$0	$500 per person $1,500 per family
Out-of-Pocket Limit	$5,200 per person, per year	Unlimited
Preventive Care/Screening	$0	40%; no deductible
Physician Office Visit	PCP: $15 Specialist/Other: $30 Marathon Health Clinic: no copay/cost	PCP: 40% Specialist/Other: 40% Marathon Health Clinic: no copay/cost
Diagnostic Tests*	$15	X-Rays: 30% Lab work: 40%
Imaging (CT/PET Scans; MRIs)*	PET Scan: $100 MRI/CT Scan: $30	40%
Hospital Stay *	Facility fee/hospital room: $400 per admission Physician/surgeon fees: $100 per surgery Anesthesia: $150	40% 40% 40%
Outpatient Surgery *	Facility fee (e.g. ambulatory surgery center): $50 per admission Physician/surgeon fees: $50 per surgery	40% 40%
Emergency Room Care Visit	$75 ($200 for non-emergent criteria); waived if admitted	$75 ($200 for non-emergent criteria); no deductible; waived if admitted
Emergency Medical Transportation	Ground services only: $50; no deductible Air transport: 50%	Ground services only: $50; no deductible Air transport: 50%
Urgent Care Facility Visit	$15	$40; no deductible
Chiropractic Care Visit*	$30 (limited to 20 visits per year)	40% (limited to a $1,000 PPO Plan benefit per year and a $5,000 lifetime limit)
Home Health Care Visit*	$0 (home care/private duty nursing) $20 (physician house call)	40% (limited to 30 visits per year)
Short-Term Rehabilitation Services Visit*	$15 (outpatient only)** (limitation on # of visits)	40%** (limitation on # of visits)
Skilled Nursing Care/Hospice Services*	$400	40%
Durable Medical Equipment ("DME") per Device*	$100 or 50% (whichever is lowest)	40% (coverage lifetime limit of $4,000)

* Prior authorization is required. Member pays for cost of services or a 50% benefit reduction applies if prior authorization is not obtained.

** Limited to a combined in-network and out-of-network benefit of 60 visits per calendar year.

What to Do if You Need Care

When you need medical care, it helps to know where you can go beforehand.

If You Need	Use This Network/Service	Web Address/Phone Number
Hospital care in Southern Nevada	Southern Nevada Health Services Coalition (HSC)	**www.lvhsc.org**
Hospital care outside of Southern Nevada	Anthem BlueCross BlueShield	**www.anthem.com** You can also find Anthem BCBS network providers using an Apple or Android mobile device by downloading Anthem BCBS' free app from the app store. Searching as a member? Enter prefix ZDE.
Primary and preventive care with scheduled appointments	Marathon Health	**www.marathon.health** (702) 757-1781
Medical care for a minor illness or injury	LiveHealth Online	**www.livehealthonline.com**
Urgent care	Anthem BlueCross BlueShield	**www.anthem.com**
Answers to questions on common health concerns	24/7 NurseLine	(800) 337-4770
Mobile urgent care	IncrediCare Pediatrics LLC Doctoroo	**www.incredicarepediatrics.com** **www.doctoroo.com**
Attention for all other medical care	Anthem BlueCross BlueShield	**www.anthem.com**

Have Services Approved Before They Are Performed

Prior authorization assures that your healthcare services meet or exceed accepted standards of care and that the admission and length of stay in a hospital or health care facility, surgery, drug, dental service or other health care services are medically necessary.

Some services require prior authorization from Nevada Health Solutions (NHS) in order for the services to be covered by the Plan, such as outpatient surgeries and inpatient hospital admissions, any stay at an extended care facility, such as a rehabilitation center, hospital or mental health care facility, durable medical equipment, and home health and skilled nursing care.

You are responsible for confirming that your physician gets prior authorization and you should always check on it yourself. If you do not get prior authorization for a medical service or benefit when required, the Plan may pay a much lower amount for your care or not pay for it at all. Your healthcare is your responsibility.

Take Advantage of Nevada Health Care Solutions — Your Health Care Advocate

Nevada Health Care Solutions (NHS) provides personalized assistance for transition-of-care needs, including coordinating at-home care, medical supplies, navigating health treatment plans, utilization review, and case management.

As your health care advocate, NHS ensures you receive the right care when needed. They can help you find doctors or specialists and assist with treatment plans. NHS nurses also visit patients in local hospitals to coordinate care and update families on conditions.

To initiate care with NHS, call (855) 392-0778, Mon. – Fri., 8 a.m. – 5 p.m. PT (at other times, call (702) 283-2421), or visit them online at **nevadahealthsolutions.org**. You can also refer to your Anthem ID card for NHS information.

Wellness and Primary Care Clinic: Marathon Health, a no-cost option

Eligible Bricklayers & Allied Craftworkers Local 13 Health Benefits Fund participants and their covered dependents have access to Marathon Health, an appointment based healthcare option in the Las Vegas area.

Marathon Health visits are included at no cost to participants—there are no copays and no out-of-pocket expenses.

Using Marathon Health for Your Care

Marathon Health is another place to start when you need care for common health needs. When you visit a Marathon Health clinic, you and your covered dependents have no-cost access to:

- Primary and preventive care – both in-person and virtual
- Urgent needs, with same day or next day appointments
- Care for non emergency illnesses or injuries
- Laboratory services
- Ongoing condition management
- Pick-up of more than 100 types of prescription medications
- Mental health services and support

Care is provided through a dedicated team that focuses on access, coordination, and continuity of care. Providers spend time getting to know your health needs, helping support coordinated care across services.

Important Information

- **Marathon Health is not a walk in clinic. Appointments are required.**
- Appointments are often available the same day or next day.
- Marathon Health is **not for emergency care**. If you have a life threatening emergency, **call 911** or go to the nearest emergency room.

Scan the QR code or visit www.marathon.health to:

- Create your patient portal account
- Download the Marathon Health mobile app
- Schedule an appointment

You may also schedule by phone at **(702) 757-1781**.

Clinic Locations

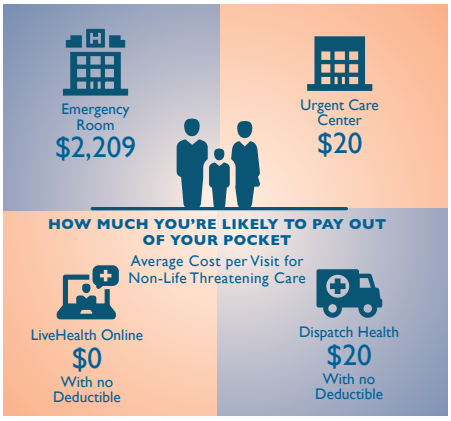
6275 Centennial Center Blvd.
Suite 150
Las Vegas, NV 89149

7399 South Jones Blvd.
Suite 3
Las Vegas, NV 89139

Be Smart! Don't Overpay for Medical Care

How You Can Save

The amount you pay for medical services can vary greatly depending on where you go for the care you need. For instance, the example on the right shows how much you'll pay for a minor ankle sprain depending on where you go for care.



For non-emergency medical needs, planning ahead by using options such as Marathon Health, urgent care, or virtual visits can help you receive appropriate care without unnecessary emergency room costs.

Don't Go to the ER for Minor Illnesses and Injuries

If you have a life-threatening emergency, call 911 or go straight to the nearest emergency room, including for trouble breathing, severe chest pain, shock, uncontrolled bleeding, severe burns and cuts, seizures, severe allergic reaction, a change in mental status, loss of consciousness, multiple injuries, or a possible broken bone in areas like ribs, skull, face or pelvis and, if you are pregnant and have vaginal bleeding or pelvis/abdominal pain. If you are unsure if it's an emergency, call the 24/7 NurseLine for assistance. However, if you need medical attention for an injury or illness that isn't serious or life threatening but you can't get an appointment with your primary care physician, you should consider an urgent care (UC) center instead of the emergency room (ER).

UC centers provide quality care like an ER, but can save you and the Fund a lot of money. They are set up to care for injuries and illnesses that aren't life threatening, but that need attention within a few hours or on the same day. Unlike your doctor's office, you don't need an appointment and you'll probably have a shorter wait time.

To find a UC center near you:

- Check **www.anthem.com** or use the Anthem mobile app, which you can download free from the App Store® or Google Play®.
- Check **www.bac13benefits.org** or call Zenith American Solutions at (725) 238-5768.

If it's not a life-threatening emergency and you go to the ER, you will be responsible for 100% of the cost. The Plan does not provide benefits if you go to the ER and it's not a true emergency.

If you go to an ER in- or out-of-network for an emergency, you will be required to pay a $75 copay.

Please note that neighborhood ERs (sometimes called "freestanding ERs") are not the same as urgent care centers. They are emergency rooms with high costs.

Call Mobile Urgent Care

Can't get to the doctor? For the same cost as an urgent care visit, you can have a mobile urgent care medical provider come to you! A Doctoroo team will arrive at your door to provide testing or treatment for COVID-19, the flu, strep, mono, and more. You'll see a board-certified physician, nurse practitioner, or physician assistant. Your cost will only be a $20 copay!

- **Doctoroo**, Mon. - Sun., 8 a.m. to midnight PT. Visit **www.doctoroo.com**, call 702-664-8401, or download the Doctoroo app.

Where to Go For Convenient, In-Home Medical Care and Advice

LiveHealth Online

Can't miss work to see a doctor, or maybe your doctor's not available when you are? Chat online, face-to-face, with a U.S. board certified primary care provider or therapist 24/7 on your mobile phone, tablet or computer, with Anthem BlueCross BlueShield's LiveHealth Online. While LiveHealth Online should not be used for emergency care, it's a great alternative when you need care for a non-emergency medical condition like an allergy, a cold, the flu, bronchitis, pinkeye, ear infection or a rash. LiveHealth Online doctors can even write prescriptions.

There's No Copay! A typical LiveHealth Online session lasts about 10 minutes. Plus, you can get a LiveHealth Online visit summary from the MyHealth tab to print, email or fax to your primary doctor.

You will need high-speed Internet access, a webcam or built-in camera with audio capability. To learn what computer hardware and software you need, go to **www.livehealthonline.com** and select "Frequently asked questions" under the "How it works" tab.

Reach LiveHealth Online 24/7

Choose LiveHealth Online as your source for access to telehealth services 24/7. Their providers can assist adults and children with non-emergency care and mental health concerns. Reach them via their mobile app (see below), by telephone at (888) 548-3432, or online at **www.livehealthonline.com**.

Q Are mobile apps available for me to access?

A Yes.

For PPO Providers: You can find Anthem BCBS network providers using an Apple or Android mobile device by downloading Anthem BCBS' free app from the App Store® or Google Play®.

For LiveHealth Online: You can access LiveHealth Online from your Android or iOS mobile device using the native app. Simply visit the App Store® or Google Play® to download the app. Then follow the instructions to get started!

24/7 NurseLine: When You Just Need Answers

Health issues can crop up at the most inconvenient times and places. With the Anthem BCBS 24/7 NurseLine, you can call and speak with a knowledgeable, registered nurse regarding a variety of medical issues any time of the day or night, 365 days a year, from anywhere in the U.S. The qualified registered nurses can also:

- Help you find providers and specialists in your area.
- Give referrals to LiveHealth Online.
- Enroll you in valuable care management programs for certain health conditions.
- Help you decide where to go for care when your doctor, dentist or eye doctor isn't available.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics.

24/7 NurseLine is connected with Anthem's other health and wellness programs, so you have access to the best resources for the best health results.

Where to Go For Your Prescription Medications

As part of your benefits package, you automatically have prescription drug coverage through Sav-Rx for both retail pharmacy and mail order services. The prescription drug benefit program only pays for medications you purchase at a Sav-Rx retail pharmacy or through its mail order facility. **Medications received at out-of-network facilities are not covered**.

The Sav-Rx pharmacy network consists of thousands of locations nationwide, including most major chain stores. When you go to a network pharmacy and present your ID card, you receive *preferred* prices on your medications.

Q How can I find out if a pharmacy participates in the Sav-Rx network?

A To find a network pharmacy, and learn more about the mail order program, go to **www.savrx.com** or call (866) 91-BRICK (27425).

Prescription drug benefits are not subject to the PPO Plan's out-of-pocket maximum.

Get Your Long-Term Medications Filled Through the Mail Service

When you need a medication for a short time, it may be easier to have your prescription filled at a Sav-Rx retail pharmacy. However, if you are taking a medication on a long-term basis (like one to treat a chronic condition like arthritis, diabetes or high blood pressure), it's best to have your prescriptions filled through the Sav-Rx mail order facility because you can get a larger supply of your medication, at one time, and pay less than at retail. In addition, the mail order program provides a safe, convenient way for you to have your medications delivered right to your home.

If your physician prescribes a long-term medication for you that will be filled (or refilled) through the mail order program, ask your physician to write one prescription for you for a 30-day supply that you can get filled at a retail pharmacy. That way you'll have a supply of your medication until your mail order prescription is filled. It will take approximately 10-14 days from the time you send in your mail order until you receive your prescription. With each delivery, you will receive a new order form and a pre-addressed, postage paid envelope.

	Prescription Drug Benefits (In-Network Only)
	(You Pay)
Retail (30-day supply)	
• Generics*	$7
• Preferred Brands	$30
• Non-Preferred Brands	$50
• Brand with Generic	$7 plus Difference in Cost Between the Brand and the Generic Equivalent
Mail Order (90-day supply)	
• Generics*	$14
• Preferred Brands	$60
• Non-preferred Brands	Not Covered
• Brand with Generic	$14 plus Difference in Cost Between the Brand and the Generic Equivalent

* Ask your doctor if a generic equivalent is available, and appropriate, for any prescriptions you need filled. If you have a prescription filled for a brand name medication when there is a generic alternative available, you will have to pay a copay plus the difference in cost between the brand and the generic.

When You Need Dental Care

The Fund offers you and your family access to a dental network and dental care services through an arrangement with PrimeCare Benefits Group, using their Nevada Dental Benefits network.

You can see any dental provider that you choose. However, your level of benefits are higher when you receive your dental care from Nevada Dental Benefits network providers. If you choose to receive services from a dentist that is not a Nevada Dental Benefits participating network provider, you will be responsible for the difference between the dentist's usual and customary fee and the amount of expenses the Dental Plan covers.

Q How do I find a Nevada Dental Benefits network dentist in my area?

A To find a network dentist, go to **www.nevadadentalbenefits.com**, click on **Members**, and select **Find a Dentist.** You can also call customer service at (702) 478-2014 (out of area, call (866) 998-3944 toll free) for help with eligibility, cost estimates, and other dental plan questions.

	Nevada Dental Benefits Coverage	
	In-Network (You Pay)	**Out-of-Network (Plan Pays)**
Plan Year Deductible	None	$50 per person $150 per family
Plan Year Maximum	None	$2,000.00
Preventive Dentistry	**Copayment**	**Plan Pays**
Periodical oral evaluations	$0	$32
Full-mouth x-rays (including bite-wings)	$0	$56
Bitewing x-rays	$0	$10-$20
Teeth cleaning	$0 (2 per year) $0 (adult)/$0 (child)	(2 per year) $55 (adult)/$40 (child)
Topical application of fluoride	$0	$15
Sealants	$0	$16
Basic Dentistry	**Copayment**	**Plan Pays**
Fillings	$0	$42-$87
Extractions (erupted tooth or surgical)	$0	$45-$67
Oral surgery (impacted tooth)	$17-$31	$92-$168
Root canals (initial)	$0-$60	$118-$269
Root planing/scaling	$0	$17-$64
Osseous surgery	$37-$56	$88-$336
Soft tissue graft	$0-$61	$134
Major Dentistry	**Copayment**	**Plan Pays**
Crown (porcelain fused to base, noble and high noble metal)	$66-$73	$269-$370
Bridges (porcelain fused to base, noble and high noble metal)	$69-$73	$269-$395
Dentures	$93	$420
Partial Dentures	$63-$77	$168-$420
Orthodontics*	**Copayment**	**Plan Pays**
Child	$1,350	Not Covered
Adult	Not Covered	Not Covered

* Orthodontic services do not apply to Plan Year Maximum. Some orthodontic services are not covered under the program, including (but not limited to) the loss or broken appliances, retreatment of orthodontic cases, extraction of teeth or surgical procedures, and orthodontics for TMJ problems.

When You Need Vision Care

Your vision care benefits are provided through Prime Care Benefits Group, using their SuperiorVision provider network. (VSP). You and your eligible dependents can see any eye care professional that you choose and still receive Vision Plan benefits. However, when you receive your eye care from a SuperiorVision provider, you'll not only have an extensive choice in eyewear, from classic styles to the latest designer frames, but your out-of-pocket costs will be lower. And, with SuperiorVision, there are no claim forms to complete when you see a network provider.

Visit **www.superiorvision.com**, where you can search for and find a network provider, and review your Vision Plan coverage.

Q How can I find a SuperiorVision care provider in my area?

A It's easy to find a SuperiorVision care provider that's right for you and your family. Just visit **www.superiorvision.com**, click on **Members** and select **Find a Provider**. You can also call customer service toll free at (800) 507-3800 with vision plan questions.

	SuperiorVision Care Benefits *	
	Benefit (Once Every 12 Months)	**In-Network (You Pay)**
Wellvision Exam	• One exam	$10
Prescription Glasses		$10
– Frames	• $160 allowance • $180 allowance for featured brands • 20% off amount over allowance	Included in prescription glasses
– Eyeglass Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	
Eyeglass Lens Options	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Avg. 20-25% off other options	$55 $95 - $105 $150 - $175
Contacts (Instead of Glasses)	• $130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation)	$0

	Out-of-Network Coverage (Once Every 12 Months) (Plan Pays)
Exam	Up to $45
Frames	Up to $70
Single Vision Lenses	Up to $30
Lined Bifocal & Progressive Lenses	Up to $50
Lined Trifocal Lenses	Up to $65
Contacts	Up to $105

* SuperiorVision offers a Diabetic Eyecare Plus Program, which provides services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMO), and retinal screening for eligible members with diabetes (you pay a $20 copay). SuperiorVision also offers extra savings and discounts for sunglasses, routine retinal screening and laser vision correction.

Your Employee Assistance Program

Everyone has problems and issues they deal with from time to time. You may have family, friends and coworkers you talk to about your troubles. But, that's not the same as getting professional help and guidance. That's where the Anthem Employee Assistance Program (EAP) comes in.

We encourage you and your family members to take advantage of the EAP. Regardless of the type of life challenges you face—be they big or small—it can help to talk them out with an Anthem EAP counselor. What you discuss with the EAP counselor will be kept confidential.

Call the EAP when you need help to deal with:

- Stress, anxiety, depression
- Personal and/or emotional challenges
- Marital, relationship and family issues
- Grief or loss
- Financial pressures
- Child and adolescent concerns
- Alcoholism, drug use and other addictions

Q Do I have to pay to see an EAP counselor?

A No. You and each of your eligible family members receive up to three ***FREE*** counseling visits (face-to-face or video sessions) per type of issue per year with a professional counselor. Call (800) 999-7222 or visit **www.anthemeap.com**. Enter code "BAC Local 13."

Q Will matters I discuss with an EAP counselor be shared with my employer?

A No. What you discuss with an EAP counselor will be kept confidential.

Need help with an extremely stressful situation?

Dealing with matters like child or elder care, legal and financial situations, identity theft, work-life balance, or any other life challenge? Call the EAP at (800) 999-7222, 24 hours a day, 7 days a week.

EAP Website

The EAP's website has many resources for you. From healthy recipes and well-being articles to budgeting tools and legal forms. Go to **www.anthemeap.com** to take advantage of the tools and resources available. You can also use the live chat feature to talk with a work-life representative about your specific needs.

Your Life and Accident Insurance Benefit

The Bricklayers & Allied Craftworkers Local 13 Health Benefits Fund pays a $15,000 life benefit for members only through the Union Labor Life Insurance Company. To learn more about your life and AD&D benefits, call Zenith American Solutions at (725) 238-5768.

Contact Information

For Information About:	Contact	Telephone	Website
Plan Administration	Zenith American Solutions	(725) 238-5768	**www.bac13benefits.org**
Hospital Care Outside of Southern Nevada, and All Other Medical Care	Zenith American Solutions Anthem BlueCross BlueShield	(725) 238-5768	**www.anthem.com**
Hospital Care in Southern Nevada	Zenith American Solutions Southern Nevada Health Services Coalition (HSC)	(725) 238-5768	**www.bac13benefits.org** **www.lvhsc.org**
Prior Authorization, Case Management, and Health Care Advocacy	Nevada Health Solutions (NHS)	(855) 392-0778	**www.nevadahealthsolutions.org**
Tele Medicine	LiveHealth Online	(888) 548-3432	**www.livehealthonline.com**
24-Hour NurseLine	24/7 NurseLine	(800) 337-4770	**N/A**
Urgent Care	Zenith American Solutions Anthem BlueCross BlueShield	(725) 238-5768	**www.anthem.com**
Mobile Urgent Care	IncrediCare Pediatrics LLC Doctoroo	(725) 867-8144 (702) 664-8401	**www.incredicarepediatrics.com** **www.doctoroo.com**
Wellness and Primary Care Clinic	Marathon Health	(702) 757-1781	**www.marathon.health**
Prescription Drug Coverage	Sav-Rx	(866) 912-7425	**www.savrx.com**
Dental Coverage	PrimeCare Benefits Group Nevada Dental Benefits	Nevada: (702) 478-2014 Out of Area: (866) 998-3944	**www.nevadadentalbenefits.com**
Vision Coverage	PrimeCare Benefits Group SuperiorVision	(800) 507-3800	**www.superiorvision.com**
Employee Assistance Program (EAP)	Anthem BlueCross BlueShield	(800) 999-7222	**www.anthemeap.com**
Life and Accident Insurance Plans	Zenith American Solutions Union Labor Life Insurance Company	(725) 238-5768	**www.bac13benefits.org**