

Have a question?
Need some help?



Call 1 (800) 527-4613 today!
Benefits Information Center

The purpose of the call center is to speed up phone call processing and reduce wait times for customer service. All of our customer service representatives in BIC have been trained to take care of all calls pertaining to claims, member records and employer accounts.

Questions on pension and annuity are forwarded to the Pension/Annuity department for handling.

All calls needing customer service are forwarded to the Benefits Information Center (BIC) where the members and/or the providers receive one-stop assistance for all of their benefit questions. In the event that your inquiry cannot be immediately resolved, a customer service request will be initiated on your behalf and forwarded to the appropriate department for handling.

Call us today and we will do our best to help you with your inquiries and questions. Be sure to have your medical ID number or your social security number handy for identification purposes.

If you call the Trust Office and need to leave a voicemail message, please remember to:

Speak slowly and clearly.

Include your name and phone number.

Include the reason for your call.

After the message, please repeat your name and phone number.

DISCLOSURE:

Any information contained in this brochure does not supersede any of the information contained in your **Summary Plan Description** and should be considered only as a tool for your use. This publication does not contain all of the rules and regulations pertaining to the subject discussed in this publication and are subject to change at any time. For full disclosure of all of the rules and regulations pertaining to any of your benefits, please refer to your **Summary Plan Description** and any accompanying **Rules and Regulations** and then contact the Trust Office with your questions.

**21st Century
MAC Procedures**
(Maximum Allowable Charges)
FOR CALIFORNIA MEMBERS ONLY



**Ironworker Employees'
Benefit Corporation**

I.E.B.C.
Administrator for

**California Field Ironworkers
Trust Funds**

Pension Trust • Welfare Plan
Vacation Trust • Annuity Trust
Apprenticeship Training &
Journeyman Retraining Fund
Ironworkers Workers'
Compensation Program (ADR)

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FOR CALIFORNIA MEMBERS ONLY

A "Maximum Allowable Charge" (MAC) is the amount on which payment is based for certain covered health care services. Any amount over that is the member's responsibility. You have the option of going to any provider but your cost will be significantly impacted without considering all of the rules and regulations associated with maximum allowable charges.

**MAXIMUM ALLOWABLE CHARGES (MAC)
For the following five procedures [*] ONLY:**

AT AN INPATIENT HOSPITAL

<i>Procedure</i>	<i>MAC</i>
[*] Total Hip Replacement Surgery	\$ 30,000
[*] Total Knee Replacement Surgery	\$ 30,000

"Value Based Sites" only applies to these two inpatient procedures and must be pre-certified by Anthem Blue Cross - not Pacific Health Alliance.

There are established "Value Based Sites" where you will pay your deductible and co-insurance and the Plan will pay the balance when you use those designated facilities for the above two procedures. These "Value Based Sites" have agreed to not exceed the MAC charges for these procedures. If you choose to use a facility that is not designated as a "Value Based Site" it will increase your financial responsibility significantly. You should check with the Trust Fund Office as to the consequences and verify your financial responsibility before proceeding with either of these procedures. There are close to 50 hospitals that have agreed to keep their costs at this level.

Call the Trust Fund Office to determine if the hospital you have chosen for your hip or knee replacement is on the list of designated "Value Based Sites" to ensure the lowest cost to you for your surgery. The Trust Fund Office will also be

able to discuss your other options in the event you choose another in-network facility or out-of-network facility.

Most contracted and free standing ambulatory surgery centers in the Anthem network are keeping their costs for arthroscopies, cataract surgeries and colonoscopies under the established thresholds for the three procedures listed below.

**AT AN OUTPATIENT HOSPITAL OR SURGERY CENTER
(Ambulatory Surgery Center)**

<i>Procedure</i>	<i>MAC</i>
[*] Arthroscopy	\$ 6,000
[*] Cataract Surgery (Per Eye)	\$ 2,000
[*] Colonoscopy	\$ 1,500

PLEASE NOTE: "Value Based Sites" do not apply to these three procedures.

A good word about colonoscopies!
Preventative colonoscopies are good things, even if it doesn't sound like it. This important procedure is covered at 100% by the Plan when you use a contracted surgery center.

WHO PAYS WHAT.....

When you are directed to and use a Value Based Site OR Contracted Ambulatory Surgery Center (Where Applicable)

1. You pay your deductible and co-insurance.
2. Plan pays the remaining balance.

Other In-Network Hospitals

1. You pay your deductible and co-insurance.
2. Plan pays the remaining to the MAC.
3. You are responsible for any balance due.

Out-Of-Network

1. You pay your deductible and 40% of the remaining MAC.
2. The Plan pays 60% of the remaining MAC.
3. You are responsible for the balance due.

There are hundreds of free standing (non-hospital based) ambulatory surgery centers (ASC's) that are keeping their costs for the above three procedures under the thresholds.

WHAT YOU SHOULD KNOW BEFORE YOU SCHEDULE YOUR PROCEDURE.....

To make sure you receive the **highest level of benefits**, take these **ACTIONS BEFORE** you schedule or receive your care:

AT AN OUTPATIENT HOSPITAL OR SURGERY CENTER

Pre-authorize your care through a Care Counselor at Pacific Health Alliance (PHA).
Call 1-855-754-7271 and discuss all of your options. Avoid any surprise billings from your providers.

Use the online **Anthem Blue Cross "Care Comparison"** tool to research providers whose average costs are at or below the maximum allowable charge.

Go online to www.anthem.com/ca

Plan any of your outpatient procedures at an in-network ambulatory surgery center and make sure your physician of choice is authorized to provide your services at that facility.

WARNING!

Scheduling any arthroscopy or cataract surgery or a colonoscopy at a hospital based outpatient surgery center is more expensive due to the overhead costs of maintaining and paying for a large medical facility that does more than just these procedures. You may incur higher out-of-pocket expenses even if the hospital is considered a Value Based Site. **Value Based Sites are only applicable for inpatient hip and knee replacement surgeries.** When utilizing an **outpatient - free standing - ambulatory surgery center** that is contracted with Anthem Blue Cross you will realize the highest level of benefits.