



New York City District Council of Carpenters

BENEFIT FUNDS

MEDICAL PLAN AT A GLANCE

Offered through Independence Administrators PPO or POS Network

Independence 

Independence Administrators

The CO-PAYMENT is a fixed amount that you pay for a covered healthcare service. Your co-payments are:

- \$20 for Primary Care visits
- \$25 for Specialist visits
- \$200 Emergency Room co-pay (waived if admitted)

The CO-INSURANCE is your share (a calculated percentage) of the costs of a covered healthcare service. Your co-insurances are:

In-Network:
10% co-insurance

Out-of-Network:
30% co-insurance

The DEDUCTIBLE is the amount you owe for healthcare services before your health insurance begins to pay. Your deductibles are:

In-Network:
\$200 per person
or \$500 per family

Out-of-Network:
\$750 per person
or \$1875 per family



To learn more, contact Independence Administrators
at (833) 242-3330 or visit www.MylBXTPAbenefits.com