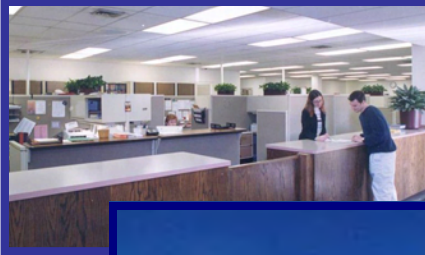


Plan Directory



Flexibility

Affordability



*Medical
Dental
Pharmacy
Customer Service*



*Enriching lives through
progressive benefits, compassionate care,
and exceptional service.*



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Introduction

Organization

Wisconsin Health Fund (WHF) is a not-for-profit, multi-employer, Taft-Hartley Trust Fund, governed by the U.S. Department of Labor under the Employee Retirement Income Security Act (ERISA).

Choices and Options

WHF has a long history of providing health and welfare benefits to the labor community. We have been meeting the needs of the collective bargaining process for over 50 years. In recent years healthcare has become the number one issue for unions and employers. WHF is responding with health plans and policies geared toward simplifying the process for union representatives and employers while simultaneously offering flexible options to help working men and women manage out-of-pocket costs.

Traditionally, Collective Bargaining Agreements (CBA) have guaranteed health and welfare contribution rates for up to three years, enabling employers to fix labor costs through the term of a CBA. Due to the unpredictability of rising healthcare costs many insurers have become unwilling to provide rates beyond one year. WHF has introduced group underwriting in an effort to reduce risk and continue to fulfill a need. Underwriting allows us to estimate the future cost of a group and set the contribution rates appropriately and in many cases guarantee rates for three years.

Introduction Continued

Recently, WHF has introduced two new leaner Medical Plans (B2 & C1) with higher deductibles and co-insurance amounts. These plans are being used to assist the organizing effort by providing a low cost option. Additionally, these plans are being offered along side some of the richer plans as a buy-down option for individual employees who would prefer to reduce or eliminate any payroll co-pay that an employer might insist on. These plans still include the affordable co-pay option of WHF's on-site facilities enabling members to avoid the effects of higher deductibles.

The buy-down option can be written into the health and welfare article of the CBA and appeals to employees who feel they will not use the medical benefits enough to justify a payroll deduction. Many employees have other coverage through a spouse and consider that to be adequate. The buy-down can reduce or eliminate payroll deductions while still providing other coverage like Dental, Vision, Loss-Of-Time, and Life Insurance. The Medical Plan would coordinate benefits with other coverage to reduce out-of-pocket costs. If the buy-down option does not satisfy the needs of the group, WHF will consider an opt-out provision for groups who insist on it or who already have this available under another plan. An opt-out provision allows employees to completely waive all coverage.

These plans and policies illustrate WHF's on-going commitment to addressing the ever-changing needs of the collective bargaining process. We value our long partnership with organized labor and welcome the opportunity to satisfy your healthcare needs.

Question and Answer

Can I customize a benefit package?

Yes. Please feel free to create a combination of benefits that best suite the needs of your members.

How do I get a quote?

WHF will require some items to enable us to provide the most competitive rate. Typically, we need claims experience or a completed health questionnaire from each member of the group and a group questionnaire completed by the current plan administrator. Please contact the WHF Field Relations Department at (414) 479-3682 or (800) 524-3538 extension 3682 for more information.

Will WHF meet with my members?

We welcome any opportunity to talk about our benefit plans. WHF will be happy to send a representative any time and place that is convenient for you and your members. We will work with you to deliver the information your members need.

Medical - A Plan

For Service at a Provider in the Network

Inpatient Pre-Certification Non-Compliance Penalty-20% **Non-Network Provider Penalty-30%

Annual Deductible..... \$350 Single
\$700 Family
Annual Out-of-Pocket Max.....\$2,500 Single
\$5,000 Family

After Deductible, Plan Pays.....80%
After Out-of-Pocket, Plan Pays.....100%

Examples of Services Covered by the Plan:

Physician Office Visit	Appliances and Prosthetics
Physician Inpatient Visit	Radiation Therapy
Hospital Inpatient Stay	Durable Medical Equipment
Hospice	Surgical Services
Home Health Care	Ambulance Transportations
Mental Health	Allergy Injections
Diagnostic Service	Chiropractic Care
Technical Service	Organ Transplant Benefit
Hospital Emergency Room	Alcoholism & Substance Abuse
Physical/Rehabilitation Therapy (\$5000 Max)	

For Service at the WHF On-Site Medical Center

\$10 Co-Payment per covered Person

Annual Benefit Maximum (Medical & Pharmacy combined)
\$1,000,000 per covered person

This is intended as a summary only; all benefits will be paid in accordance with the Benefit Plan Document

Pharmacy Option 1

Brand Name Prescription

Co-Payment Mail Order at WHF On-Site Pharmacy - 25%
30 day supply - Min. \$25/Max. \$75
60 day supply - Min. \$50/Max. \$150
90 day supply - Min. \$75/Max. \$225

Co-Payment at Fund-approved Pharmacy
30% (Min. \$30/Max. \$100)

Co-Payment Mail Order at Fund-approved Pharmacy
30% (Min. \$90/Max. \$300)

Generic Prescription

Co-Payment Mail Order at WHF On-Site Pharmacy - 10%
30 day supply - Min. \$10/Max. \$20
60 day supply - Min. \$20/Max. \$40
90 day supply - Min. \$30/Max. \$60

Co-Payment at Fund-approved Pharmacy
15% (Min. \$12/Max. \$25)

Co-Payment Mail Order at Fund-approved Pharmacy
15% (Min. \$36/Max. \$75)

This is intended as a summary only; all benefits will be paid in accordance with the Benefit Plan Document.

Pharmacy Option 2

Brand Name Prescription

Co-Payment Mail Order at WHF On-Site Pharmacy - 30%

30 day supply - Min. \$30/Max. \$75

60 day supply - Min. \$60/Max. \$150

90 day supply - Min. \$90/Max. \$225

Co-Payment at Fund-approved Pharmacy

35% (Min. \$35/Max. \$100)

Co-Payment Mail Order at Fund-approved Pharmacy

35% (Min. \$105/Max. \$300)

Generic Prescription

Co-Payment Mail Order at WHF On-Site Pharmacy - 15%

30 day supply - Min. \$12/Max. \$20

60 day supply - Min. \$24/Max. \$40

90 day supply - Min. \$36/Max. \$60

Co-Payment at Fund-approved Pharmacy

20% (Min. \$15/Max. \$25)

Co-Payment Mail Order at Fund-approved Pharmacy

20% (Min. \$45/Max. \$75)

This is intended as a summary only; all benefits will be paid in accordance with the Benefit Plan Document.

Dental Coverage

For Service at an Outside Provider - all three options

Preventative and Diagnostic Services* 90% covered
Basic Restorative Services 80% covered
Major Restorative Services..... 50% covered

Option 1

Annual Deductible..... \$50 single/\$100 Family
Annual Maximum Benefit \$1,500/calendar year per person
Orthodontic Services 100% covered up to \$1,000
(Maximum lifetime orthodontic benefit for dependent children to age 19 only)

Option 2

Annual Deductible..... \$75 single/\$150 Family
Annual Maximum Benefit \$1,250/calendar year per person
Orthodontic ServicesRider Available for Purchase

Option 3

Annual Deductible..... \$75 single/\$150 Family
Annual Maximum Benefit \$1,000/calendar year per person
Orthodontic ServicesRider Available for Purchase

*Preventative and Diagnostic services are not subject to deductible

For service at the WHF On-Site Dental Center - all three options

No Annual Deductible; No Limit on Annual Maximum Benefit; Preventative,
Diagnostic Services, and Basic Restorative Services - 100% covered, Major
Restorative Services - 50% covered

This is intended as a summary only; all benefits will be paid in accordance with the Benefit Plan Document.

Vision Coverage

Option 1

At Wisconsin Vision Centers*

- Single Field Lenses, Frames & Exam - \$86.00
- Bi-Focal Lenses, Frames & Exam - \$110.00
- Tri-Focal and Progressive Lenses, Frames & Exam - \$139.00
- Contact Lenses & Exam - \$99.00

At Any Optical Center

- Single Field Lenses, Frames & Exam - \$65.00
- Bi-Focal Lenses, Frames & Exam - \$88.00
- Tri-Focal and Progressive Lenses, Frames & Exam - \$88.00
- Contact Lenses & Exam - \$88.00

Option 2

At Wisconsin Vision Centers*

- Single Field Lenses, Frames & Exam - \$76.00
- Bi-Focal Lenses, Frames & Exam - \$100.00
- Tri-Focal and Progressive Lenses, Frames & Exam - \$129.00
- Contact Lenses & Exam - \$89.00

At Any Optical Center

- Single Field Lenses, Frames & Exam - \$59.00
- Bi-Focal Lenses, Frames & Exam - \$83.00
- Tri-Focal and Progressive Lenses, Frames & Exam - \$83.00
- Contact Lenses & Exam - \$83.00

*There is a co-pay benefit if you choose Wisconsin Vision, our preferred provider. A minimum co-pay combined with the above described WHF payment will enable you to select certain frames, lenses and in some cases contact lenses, with no additional out-of-pocket expenses. Please call customer service for further details or inquire at any Wisconsin Vision Location.

This is intended as a summary only; all benefits will be paid in accordance with the Benefit Plan Document.

Loss of Time Coverage

Option 1

Maximum Weekly Benefit \$300
Maximum Number of Weeks Per Disability 26

Option 2

Maximum Weekly Benefit \$300
Maximum Number of Weeks Per Disability 20

Option 3

Maximum Weekly Benefit \$250
Maximum Number of Weeks Per Disability 20

Option 4

Maximum Weekly Benefit \$200
Maximum Number of Weeks Per Disability 20

Option 5

Maximum Weekly Benefit \$150
Maximum Number of Weeks Per Disability 20

Total Loss of Time Benefits are payable when an active employee becomes totally disabled due to non-occupational injury or illness. Benefits begin on the first day for accidental injury and on the eighth day for illness. Proof of disability is required. Benefits may be limited for specific disabilities and covered conditions as indicated in the Plan Document.

Life Insurance Coverage

Option 1

For Employee.....	\$50,000
Accidental Death and Dismemberment for Employee	\$50,000
For Spouse.....	\$5,000
For Children (6 months - 19 years or up to 23 years if full-time student).....	\$2,500
For Children (14 days - 6 months).....	\$100

Option 2

For Employee.....	\$40,000
Accidental Death and Dismemberment for Employee	\$40,000

Dependent Life Insurance Rider Available for Purchase

Option 3

For Employee.....	\$20,000
Accidental Death and Dismemberment for Employee	\$20,000

Dependent Life Insurance Rider Available for Purchase

Life Insurance and Accidental Death and Dismemberment are insured
through Met Life Insurance Company

Retiree Coverage

Wisconsin Health Fund offers a choice of two Retiree Benefit Plans for qualified retirees. A pre-funding contribution can be added to any benefit package to enter a group into the program. Once a member meets the eligibility requirements of the retiree plan, he or she can choose the plan that is right for them.

At a time when many plans are dropping retiree coverage WHF remains committed to providing this benefit over the long term. We feel union members should not have to put off their retirement because they can't afford healthcare coverage.

Provider Networks

United HealthCare (UHC)

Wisconsin Health Fund members that reside in the eleven counties in and around Milwaukee participate in the UHC Preferred Provider Organization (PPO) Network. The eleven counties in the UHC network include:

Calumet	Ozaukee
Dodge	Racine
Fond du Lac	Sheboygan
Jefferson	Washington
Kenosha	Waukesha
Milwaukee	

HealthEOS (Multiplan, WPPN)

Wisconsin Health Fund members living outside of the counties listed above participate in the HealthEOS network.

Health Management Center (HMC)

HMC provides administrative services for all mental health and chemical dependency benefits for all members of Wisconsin Health Fund.

Contacts

For additional
benefit information
and a
competitive quote call:
(414) 479-3682

For a facilities tour call:
(414) 479-3693

For Claim Inquires call
Customer Service:
(888) 208-8808

For more information
visit our website at:
www.whfund.org

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Flexibility
&
Affordability