NAME: **SS#:**
REGARDING:

Industry and Local 338 Welfare Fund

LOCAL: 338
STATUS: Full Time

ISSUE: Hospital/Medical – Out-of-Network Deductible #M14/103-1675

FUND RULE:
"**Summary of Benefits and Coverage:**

Deductible
In-Network: $500 Individual / $1,250 Family
Out-of-Network: $2,000 Individual / $5,000 Family

Common Medical Event
Emergency medical transportation
Your cost if you use an in-network provider……No charge
Your cost if you use an out-of-network provider…….40% coinsurance"
(Industry and Local 338 Welfare Fund Actives, Summary of Benefits and Coverage)

SUMMARY:

Date(s) of Service:	June 30, 2013
Claim Received:	December 18, 2013
Claim Processed:	December 18, 2013

The **participant's spouse** is appealing for reconsideration of charges related to ambulance services rendered June 30, 2013 as these services were rendered due to an emergency and must be considered as an in-network services.

Fund records indicate Mobile Life Support Services (an out-of-network provider) submitted a claim in the amount of $927.00 for a ground ambulance transport. The billed amount was allowed in full and applied to the participant's spouse's out-of-network $2,000 individual annual deductible. Therefore the participant's spouse was responsible for the full amount of the bill.

If the participant's spouse had satisfied the out-of-network deductible, the Fund would pay $556.20 (60% of the billed amount). The spouse's responsibility would be $370.80.

If the charge was considered in-network, the Fund would pay the full billed amount of $927.00.

After the appeal was received, Anthem verified with the Fund office that Mobile Life Support Services does not participate.

ACTION: **Approved** ☐ **Denied** ☐ **Tabled** ☐
COMMENTS: