



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.MyIBXTPAbenefits.com](http://www.MyIBXTPAbenefits.com)