

I.B.E.W. LOCAL 292 HEALTH CARE BENEFITS AT A GLANCE
6900 Wedgwood Road No. Suite 425, Maple Grove, MN 55311
763-493-8830 or 1-800-368-9045 fax 763-416-6196
www.ibew292benefits.org

ACTIVE PARTICIPANTS	
Delta Dental 651-406-5900 or 1-800-328-1188 www.deltadental.com Group # 6471	<ul style="list-style-type: none"> • Two exams per calendar year covered at 6 month intervals • Restorative covered with \$50 deductible, then 60% or 80% • \$2,000 orthodontic benefit for children 8-19 years • \$1,500 annual maximum preventative and restorative • \$1,000 oral surgery benefit done by an oral surgeon in a oral surgery setting
Vision Service Plan 1-800-877-7195 www.vsp.com Qualsight – Lasik 1-877-507-4448	<ul style="list-style-type: none"> • Exam, lenses & frames covered once during a 24 month period <p>Low cost Lasik surgery with the ability to make payments.</p>
Safety Eye Wear 952-591-7733 C.B.A.Members only – no dependents	<ul style="list-style-type: none"> • One pair every 24 months • \$60 towards safety eyewear for Member if purchased through a Walman Optical provider • Contact the Fund Office for claim form and a participating provider list
Prime Therapeutics 1-877-357-7463 www.MyRxHealth.com Group # CV036	<ul style="list-style-type: none"> • Retail: <ul style="list-style-type: none"> • Brand Name - \$9 minimum co-pay or 20% of the cost over \$9 up to a maximum of \$50 total per prescription, 34 day maximum supply • Generic - \$5 minimum co-pay or 20% of the cost over \$5 up to a maximum of \$25 total per prescription, 34 day maximum supply • Participants pay 100% of prescriptions obtained at CVS Pharmacies • Mail Order: <ul style="list-style-type: none"> • Brand Name - \$18 minimum co-pay or 10% of the cost over \$18 up to a maximum of \$100 total per prescription, 90 day maximum supply • Generic - \$10 minimum co-pay or 10% of the cost over \$10 up to a maximum of \$50 total per prescription, 90 day maximum supply
T.E.A.M. Employee Assistance Program 651-642-0182 or 1-800-634-7710 Health Systems Management Patient Advocate 1-877-961-1120	<ul style="list-style-type: none"> • Inpatient & outpatient mental health services are coordinated & provided through T.E.A.M. • Inpatient & outpatient chemical dependency services are coordinated & provided through T.E.A.M. • Questions/problems with diagnosis' also to locate a Center of Excellence
MEDICAL BENEFITS	
Lifetime Maximum Plan Benefit	<ul style="list-style-type: none"> • \$2,000,000
In-Network In-Network Provider: Blue Cross Blue Shield Network 1-800-810-2583 www.bluecrossmn.com Group # 5EW04650	<ul style="list-style-type: none"> • Deductible: \$100 per calendar year - \$300.00 per family • Coinsurance: Plan pays 85% / you pay 15% • Maximum Out-of-Pocket Expense: \$1,500 per person per calendar year - \$4,500 per family • Copayments (deductibles do not apply): <ul style="list-style-type: none"> • Immunizations - \$0 Primary/Specialist Care - \$20. • Hospital Admission \$60 • ER – \$60 plus 10% (unless hospitalized) • Urgent Care - \$30 Minute Clinic - \$10.
Physicals	<ul style="list-style-type: none"> • 100% of 1 office visit and items listed in the SPD

Out-of-Network	<ul style="list-style-type: none"> • Deductible: \$400 per calendar year (Inpatient hospital, major medical & hearing aids) \$1,200.00 family maximum per year • Coinsurance: Plan pays 75% / you pay 25% <ul style="list-style-type: none"> • Maximum Out-of-Pocket Expense • \$3,500.00 per person per calendar year • \$10,500.00 family maximum per year
Maternity Benefits	<ul style="list-style-type: none"> • 85% if expectant mother utilizes "A Healthy Start" program • 75% if expectant mother does not utilize program
Chemical Dependency	<ul style="list-style-type: none"> • Inpatient Deductible: \$200 • Outpatient Deductible: \$50 • Outpatient Day Treatment Maximum: 15 hours per week
Durable Medical Equipment	<ul style="list-style-type: none"> • In-Network: 85% of eligible expense • Out-of-Network: 75% of eligible expenses
Chiropractic Treatment/Acupuncture	<ul style="list-style-type: none"> • \$500 per person per calendar year maximum
Smoking Cessation	<ul style="list-style-type: none"> • Eligible individuals must actively participate in the Blue Cross Blue Shield of Minnesota Blue Print for Health Stop Smoking Program[®] for prescription drugs for smoking cessation to be covered under the Plan's prescription drug benefit
Infertility	<ul style="list-style-type: none"> • \$1,500 per pregnancy but in no event covering prescription drugs
LOSS OF TIME BENEFITS C.B.A. Members only – no dependents	
Disability Period	<ul style="list-style-type: none"> • Weeks 1-6 paid at the lesser of 65% of the Employee's actual weekly wage or 65% of current average journeyman wireman's weekly wage • Weeks 7-72 paid at 65% of Employee's actual weekly wage to a maximum of the current effective MN unemployment compensation weekly rate • 7 day waiting period unless hospitalized • Maximum of 72 weeks per occurrence of total disability and subject to a maximum of 144 weeks (Exception: 72 weeks lifetime maximum for chemical dependency) • Health Care and Pension credited during disability period
Work Related Disability Period	<ul style="list-style-type: none"> • 2nd & 3rd days of 1st week are reimbursed at the current MN unemployment weekly rate provided they are not paid under Workers' Compensation. • Health Care and Pension credited with a copy of the 1st report of injury along with copies of check stubs.
MISCELLANEOUS	
Adoption	<ul style="list-style-type: none"> • \$1,500 for each child (as defined by the Plan)
Life Insurance Benefits	<ul style="list-style-type: none"> • Member: \$20,000 benefit • Spouse: \$5,000 benefit • Eligible Dependent Child (Ages 14 days to 19 years (or 25th birthday if in school)): \$5,000
Family Medical Leave Act	<ul style="list-style-type: none"> • Up to 12 weeks for time off needed after childbirth, adoption or to care for an ill relative • Up to 26 weeks in a single 12 months period (when applicable)

[This is a summary of benefits designed to provide an overview of the I.B.E.W. 292 Health Care Plan and is subject to the terms and conditions of the actual plan. In case of conflict between this summary and the plan, the terms and conditions of the plan govern. Employees and dependents who do not seek services from a network provider will receive services at the Out-of-Network benefit level.]