

IBEW LOCAL 292 HEALTH CARE BENEFITS AT A GLANCE

PRE MEDICARE RETIREES

6900 Wedgwood Road No., Suite 425, Maple Grove, MN 55311

(763)493-8830 or 1-800-368-9045

Web Site www.ibew292benefits.org

Delta Dental 651-406-5900 or 1-800-328-1188 Website: www.mn.deltadental.org

-Group # 6471 – Customer Service for Preferred Providers 651-406-5916

- Two exams per calendar year covered (6 month intervals)

-Restorative covered at 10% of discounted charges

-Annual max preventative & restorative \$500.00

Vision Service Plan 1-800-877-7195

-Exam, & most lenses & frames covered once every two years

Lasik Benefit 40-55% discount through Qualsight – Call 1-877-507-4448

Prime Therapeutics 1-877-357-7463 (for mail order forms)

-Group #: CV036 www.MyRxHealth.com

-Retail-Generic \$5.00 minimum co-pay or 20% of the cost over \$5.00 up to a maximum of \$25.00 total per Rx, 34 day maximum supply.

-Retail-Brand Name - \$9.00 minimum co-pay or 20% of the cost over \$9.00 up to a maximum of \$50.00 total per Rx, 34 day maximum supply.

Mail Order Generic – \$10.00 minimum co-pay or 10% of the cost over \$10.00 up to a maximum of \$50.00 per RX, for 90 day maximum supply.

Mail Order Brand - \$18.00 minimum co-pay or 10% of the cost over \$18.00 up to a maximum of \$100.00 per RX, 90 day maximum supply.

Hearing Aids One hearing aid per ear every 5 years \$400.00 deductible then we pay 80% up to a maximum of \$1500.00 per aid.

TEAM (employee assistance program) 651-642-0182 or 1-800-634-7710

MEDICAL BENEFITS

LIFETIME PLAN MAXIMUM = \$2,000,000 STOP LOSS = \$600,000

IN-NETWORK = BLUE CROSS/ BLUE SHIELD OF MN (AWARE)

Website: www.bluecrossmn.com Phone number nationwide 1-800-810-2583

Group # = 5EW04650 Policy # = Member ID starts with PIB XZ

DEDUCTIBLE= \$100.00 (Inpatient Hospital & Major Medical)

INPATIENT HOSPITAL = \$60.00 Plus 15% per hospitalization

CO-PAYMENTS= (Deductible Does Not Apply)

Immunizations = \$.00

Emergency Room = \$60.00 + 10%

Urgent Care = \$30.00

Specialist Care= \$20.00

Primary Care = \$20.00

COINSURANCE= 85% / 15%

MAXIMUM OUT-OF-POCKET= \$1,500 Per Person Per Calendar Year

MINUTE CLINIC/NOW CARE type clinics \$10.00 COPAY

OUT-OF-NETWORK

DEDUCTIBLE= \$400.00 (Inpatient Hospital & Major Medical)
CO-PAYMENTS= 75% After the \$400.00 Deductible
COINSURANCE= 75% / 25%
MAXIMUM OUT-OF-POCKET = \$3500.00 PMPY

Mental Health / Chemical Dependency

– Call TEAM 651-642-0182 to get a referral for all benefits

Durable Medical Equipment

Contact the Fund Office

Chiropractic Treatment/Acupuncture

-\$500.00 Calendar Year Maximum

IN-NETWORK

DEDUCTIBLE= \$100.00
CO-INSURANCE= 85% / 15%

OUT-OF-NETWORK

DEDUCTIBLE= \$400.00
CO-INSURANCE= 75% / 25%

Health Systems Management – 1-877-961-1120 www.hsminc.net

- Patient advocacy and centers of excellence

Stop Smoking Program through Blue Cross call 1-888-662-2583

Fitness Program to approved fitness centers for members and eligible dependents over the age of 18 years. Receive \$20.00 per month credit for up to 2 eligible persons.

This is a Benefit at a Glance, NOT A GUARANTEE OF BENEFITS.

Updated 7/23/10