

IBEW LOCAL 292 HEALTH CARE BENEFITS AT A GLANCE
5100 GAMBLE DRIVE, SUITE 430, ST LOUIS PARK MN 55416
(952)591-7733 OR 1-800-368-9045, www.ibew292benefits.org

ACTIVE PARTICIPANTS

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

- Group # 6471-Two exams per calendar year covered (6 month intervals)
- Restorative covered with \$50.00 deductible then 60% or 80%
- Orthodontic benefit = \$2000.00 (children 8-19 years)
- Annual maximum preventative & restorative \$1500. + Oral Surgery \$1000.

Vision Service Plan 1-800-877-7195 www.vsp.com

- Exam, lenses & frames covered once every two years

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

Safety Eye Wear 952-591-7733

- One pair every two years for Collective Bargaining Members only.
- Call the Fund Office for a form

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

TEAM (employee assistance program) 651-642-0182 or 1-800-634-7710
Effective 1/1/05 mandatory referral for benefits including med/management.

MEDICAL BENEFITS

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

IN-NETWORK = BLUECROSS/BLUESHIELD NATIONWIDE COVERAGE

Website for MN BCBS: www.bluecrossmn.com Phone for nationwide 1-800-810-2583

Group #5EW04650 Policy (ID) # Starts with PIB XZ on your Medical Card

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

COINSURANCE = 85% / 15% Each Inpatient Hospital stay is a \$60.00 co-pay plus 15%

MAXIMUM OUT-OF-POCKET = \$1500. Per Person per Calendar Year

CO-PAYMENTS = (Deductible Does Not Apply)

Immunizations = \$0 as of 1-1-08 **Injections (medical) Ded. & Coinsurance**

Primary Care = \$20.00 Specialist Care = \$20.00

Emergency Room = \$60.00 plus 10% (unless hospitalized)

Urgent Care = \$30.00

**MATERNITY BENEFIT MUST USE HEALTHY START PROGRAM FOR PAYMENT
@ 85% OF ELIGIBLE CHARGES WITHOUT HEALTHY START WE PAY @ 75%
CALL 651-662-1818 TO FIND OUT MORE INFORMATION.**

MINUTE CLINIC = \$10.00 co-pay

OUT OF NETWORK

DEDUCTIBLE = \$400.00 (Inpatient Hospital, Major Medical & Hearings Aids)

COINSURANCE = 75% / 25% after the \$400.00 Deductible

MAXIMUM OUT OF POCKET = \$3500. Per Person per Calendar Year

Mental Health / Chemical Dependency

\$1500.00 Mental Health Out of Pocket Max – No Maximum for Chemical Dependency

-Inpatient Deductible = \$200.00 -Outpatient Deductible = \$50.00-

Day and Hour maximums – Call TEAM 651-642-0182 to get referral for benefits

Durable Medical Equipment

Contact the Fund Office for Benefits

Chiropractic Treatment/Acupuncture

-\$500.00 per Person per Calendar Year Maximum

Loss of Time Benefits

Disability Period = Week 1 through 6, payable @ 65% of the Members actual weekly wage or 65% of the current Journeyman Wireman's weekly wage, whichever is less. Members with a qualifying SUB Fund balance may collect a weekly benefit starting the 7th week of disability.

Weeks 7 through 72, payable at 65% of the Members actual weekly wage to a maximum of the current effective Minnesota Unemployment Compensation Weekly Rate.

- There is a 7 day waiting period before benefits begin unless you are hospitalized overnight.
- We will credit the member's Health Care Plan and Pension hours while out of work due to a disability to a maximum of 72 weeks.
- This benefit is subject to a 144 week lifetime maximum benefit except for mental health and chemical dependency benefits, which are subject to a 72 week total lifetime maximum.

Work Related Disability Period = Second and Third days of first week if out less than 10 are reimbursed at the effective Minnesota Unemployment rate provided they are not payable under workers compensation.

- We will credit the member's Health Care Plan and Pension hours while out of work due to a work related injury/accident for a maximum of 72 weeks provided we receive a copy of the First Report of Injury and copies of the Worker's Compensation pay stubs.

Family Medical Leave Act – Up to 12 weeks health care credit for time off needed to care for critically ill relative or a leave after childbirth. Call the Fund Office for eligibility.

Life Insurance Benefits

Member's Benefit = \$20,000. **Dependent's Benefit** = Spouse \$5000.00

Each eligible dependent child ages 14 days to 19 years (25 if in school) = \$5000.

HEALTH SYSTEMS MANAGEMENT – PATIENT ADVOCATE 1-877-961-1120

Also Centers of Excellence WEB Site www.hsminc.net

STOP SMOKING PROGRAM 1-888-662-2583 Blue Cross Blue Shield

Adoption Assistance = Up to \$1500. Per legal adoption (Call the Fund Office)

Infertility Assistance = Up to \$1500. Per pregnancy (after deductible & coinsurance)

THIS IS BENEFITS AT A GLANCE, NOT A GUARANTEE OF BENEFITS.

Updated 3/01/09