

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 1 every year, most lenses & frames covered once every two years

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

Prime Therapeutics 1-877-357-7463 (for mail order form) www.myprime.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.

90 day supply at participating retail pharmacies.

*****Hearing Aids** One hearing aid per ear every 5 years, \$100.00 deductible In Network \$400.00 deductible Out of Network then we pay 80% up to a maximum of \$1500.00 per aid. Amplifon is our preferred provider and COSTCO is now considered In Network for the purchase of hearing aids.

MEDICAL BENEFITS

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

Website: www.bluecrossmnonline.com

Group # = 10279610 Policy # = Member ID starts with PIB

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

INPATIENT HOSPITAL = \$60.00 Plus per hospitalization

CO-PAYMENTS= (Deductible Does Not Apply)

Immunizations = \$.00

Emergency Room = \$60.00 + 25% coinsurance unless hospitalized

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

DOCTOR ON DEMAND www.doctorondemand.com \$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 inpatient treatment. Outpatient treatment does not need a referral.

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%

*****Healthcare Service Advisors** – 1-877-961-1120 or 612-361-7180
hcaresa.com or info@hcaresa.com

- Patient advocacy and centers of excellence

Health Dynamics – “Super Physical” paid at 100% over and above your routine physical. \$100 for single & \$300 for member & spouse credit towards following year’s deductible. www.healthdynamics.com or call us at 763-493-8830 for locations and phone numbers to make your appointment.

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.

***** APPLIES TO MEDICARE RETIREES ALSO**

Updated 7/1/18