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 SEPARATE CARD FROM MEDICAL - Rx	• 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 • $2,500 annual maximum preventative, restorative, oral surgery & implants • Pediatric preventative 100%
Vision Service Plan 1-800-877-7195 www.vsp.com Qualsight – Lasik 1-877-507-4448 NO CARD	• Exam every 12 months w/ $10.00 copay, lenses & frames covered once during a 24 month period Low cost Lasik surgery with the ability to make payments.
Safety Eye Wear 763-493-8830 C.B.A. Members only – no dependents NO CARD	• One pair every 24 months • $60 towards safety eyewear for Member if purchased through a Walman • Contact the Fund Office for claim form and a participating provider list

Sav-Rx Prescription Services
866-233-IBEW
www.savrx.com
 	
RX Bin: 006558
RX Group: IBEWLU292
	• Retail:
	  • Brand Name - $9 minimum co-pay or 20% of the cost over $9 up to a maximum of $50 total per prescription, 34 day supply
	  • Generic - $5 minimum co-pay or 20% of the cost over $5 up to a maximum of $25 total per prescription, 34 day supply
	  • 90 day at participating retail pharmacies.
	• Mail Order:
	  • 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

TEAM for our Employee Assistance Program www.team-mn.com 651-642-0182	• Inpatient mental health services are coordinated & provided through TEAM • Outpatient referrals, workplace solutions, chemical dependency assessments, family counseling and more.
Healthcare Service Advisors Patient Advocate 1-877-961-1120 or 612-261-1660 advocacy@hcaresa.com	• Questions/problems with diagnosis, also to locate a Center of Excellence
MEDICAL BENEFITS	

In-Network
 	
UnitedHealthcare Choice Plus
www.welcometouhc.com/uhss
 	
Group #78-800205
	• 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):
	  • Immunizations - $0 Primary/Specialist Care - $20.
	  • Hospital Admission $60
	  • ER – $60 plus 25% coinsurance (unless hospitalized)
	  • Urgent Care - $30
	
	Teladoc $0 copay
	Teladoc.com 1-800-TELADOC (835-2362)

Physicals	• 100% of 1 office visit and items listed in the SPD. Specific Labs at deductible and co-insurance.
Physician Telehealth Visits ***NEW BENEFITS***	Effective April 1, 2020 through December 31, 2021, in-network physician telehealth visits will be covered at 100%. Out of network physician telehealth visits will be covered and subject to out of network office visit cost sharing (deductible and coinsurance)
Health Dynamics- Call the Fund Office for a list of providers 763-493-8830 or www.healthdynamics.com	• Preventative Health Screening @100% over & above the annual physical. Covered at 100% plus a $100 for single & $300 for member & spouse credit towards the following year's deductible

Hearing Aids In network through BCBS or Amplifon 1-855-644-0127	• Deductible plus Coinsurance. Plan pays 80% of covered expenses up to $1500.00 per ear every 5 calendar years as medically necessary by an audiogram. • Costco is considered in-network for hearing aids also
Out of Network Medical	• 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% • Maximum Out-of-Pocket Expense • $3,500.00 per person per calendar year • $10,500.00 family maximum per year
Chemical Dependency TEAM Case Manages	• In-Network 85% of eligible expenses • Out-of-Network 75% of eligible expenses
Durable Medical Equipment	• In-Network: 85% of eligible expenses • Out-of-Network: 75% of eligible expenses
Chiropractic Treatment/Acupuncture	• 85% In-Network of eligible expenses 75% Out-of-Network of eligible expenses Payment up to $500 per person per calendar year maximum
Infertility	• $1,500 per pregnancy but in no event covering prescription drugs
LOSS OF TIME BENEFITS C.B.A. Members only – no dependents	
Disability Period	• 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 7-52 100% of the current effective Minnesota unemployment compensation weekly rate for the Eligible Employee • 7 day waiting period unless hospitalized • Maximum of 52 weeks per occurrence of total disability and subject to a lifetime maximum of 104 weeks • Health Care and Pension credited during disability period
Work Related Disability Period	• 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	• $1,500 for each child (as defined by the Plan)
Life Insurance Benefits	• Member: $20,000 benefit • Spouse: $5,000 benefit • Eligible Dependent Child (Ages 14 days to up to 26 years old $5,000
Family Medical Leave Act	• 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.]

4.4.2022