I.B.E.W. LOCAL 292 HEALTH CARE BENEFITS AT A GLANCE

6700 W. Broadway Ave N., Suite B, Brooklyn Park, MN 55421

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 • 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
NO CARD
	• Exam every 12 months w/ $10.00 copay, lenses & frames covered once during a 24-month period.
	• $300 Retail frame allowance or contact allowance.
	• KidsCare program dependents 0-18
	  ○ Two exams every year, $10 copay
	  ○ One frame and lenses every year and an additional pair of lenses if there is a prescription change.

Safety Eye Wear 763-493-8830 C.B.A. Members only – no dependents NO CARD	• One pair every 24 months • $125 towards safety eyewear for Member • Must be purchased through a Walman provider Contact the IBEW 292 Benefits Office for claim form and a participating provider list. ****must receive completed form prior to ordering safety eyewear ****

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 days 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
 	
Toll Free: 1-800-634-7710
Local: 651-642-0182 or 218-727-8589
 	
https://www.startwithteam.com/
 	
A TEAM Counselor is available by phone 24 hours a day, 7 days a week.
	Whatever issue you're facing, you don't have to face it alone. TEAM EAP professional counselors are here to help, even if just for resources and simple solutions. Whatever you need, start with TEAM today.
	TEAM EAP counselors work with a variety of issues. The most common issues include:
	  • Alcohol or Drug Problems
	  • Depression/Anxiety
	  • Behavioral Concerns
	  • Relationship Challenges
	  • Family/Parenting Issues
	  • Grief and Loss
	  • Stress Management
	  • Job-Related Difficulties
	
	Patient Advocacy – TEAM offers Patient Advocacy services to help participants with just about any healthcare need. Our team of professionals will help you navigate the health care system. We will advocate for you through your health journey, whether it be a complex medical condition or to simply improve or maintain your health and wellness.
	
	TEAM is proud to offer Nutrition and Wellness services, which can be provided on an individual basis or to any of the groups and organizations we serve. Are you ready to take control of your health and find a path to better eating? TEAM can get that ball rolling in the following ways:
	  • Nutrition and wellness assessments
	  • Nutrition counseling/education
	  • Customized workshop/trainings
	  • Weight loss management
	  • Individualized meal plans
	  • Tailored check-in regimens
	  • Internal referrals to TEAM nurse case managers and/or EAP clinicians

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 $10 copay
	Teladoc.com 1-800-TELADOC (835-2362)

Out of Network Medical	• Deductible: $400 per calendar year (Inpatient hospital, major medical) $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
Physician Telehealth Visits	In-network physician telehealth visits will be subject to in-network cost sharing. Out of network physician telehealth visits will be covered and subject to out of network office visit cost sharing (deductible and coinsurance)
Hearing Aids In network through UnitedHealthcare 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
Durable Medical Equipment	• In-Network: 85% of eligible expenses • Out-of-Network: 75% of eligible expenses • Subject to deductible
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	$3,000 per one pregnancy or per one pregnancy attempt per calendar year, limited to associated office visits outpatient Hospital services, laboratory tests, in-patient services, and artificial and intrauterine insemination procedures, but in no event covering prescription drugs. Coverage applies only if the Eligible Member has received a diagnosis from a Physician of an underlying cause of infertility.
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.
Maternity Safety Benefit	• Pregnant members receive 100% of pay starting 28 weeks gestation or later due to safety concerns during pregnancy. • 100% pay following delivery for 6-8 weeks depending on birth type. • Paid on the 1st and 15th of month

MISCELLANEOUS	
Adoption	• $1,500 for each child (as defined by the Plan)
Breast Pump	• This benefit is limited to one pump per birth. In the case of a birth resulting in multiple infants, only one breast pump is covered. • Coverage 100% up to $500.00
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.]

1/29/2026