

IBEW Local No. 150 Health & Welfare Fund
Benefits & Eligibility-at-a Glance
Effective: January 1, 2023

	In-Network BCBSIL	Out-of-Network
Deductible – deductible carries over to the following year if satisfied in the final 3 months of the calendar year	\$750 per person \$2,250 per family	\$750 per person \$2,250 per family
Deductible – Emergency Room	\$300 in addition to the \$750 yearly deductible for non-life threatening, not accidental and do not result in an in-patient admission	\$300 in addition to the \$750 yearly deductible for non-life threatening, not accidental and do not result in an in-patient admission
Co-payment Rates	80% of the approved amount	70% of the R & C amount
Out-of-Pocket Annual Maximum	\$3,000 per person \$9,000 per family ** (includes the deductible)	\$3,000 per person \$9,000 per family ** (includes the deductible)
True Out of Pocket Maximums (TROOP)	\$6,600 per person \$13,200 per family	\$6,600 per person \$13,200 per family
Preventive Care Services		
<u>Health Maintenance Exam</u> – includes chest X-ray, EKG, annual OBGYN exam, mammogram & select lab procedures	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
<u>Gynecological exam</u> – one per member, per calendar year	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
<u>Pap smear screening</u> – (laboratory & pathology services) – one per member, per calendar year	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
Voluntary sterilization for females	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
Contraceptive injections	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
<u>Prescription contraceptive devices</u> – includes insertion & removal of intrauterine device	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
<u>Mammography screening</u> – one per member per calendar year	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
<u>Colonoscopy</u> – routine or medically necessary; one per calendar year	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
<u>Well-baby & Child care visits</u> – up to & including age 6	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible

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<u>Immunizations</u> – Adult & childhood preventive services & immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSIL that are in compliance with the provisions of the Patient Protection and Affordable Care Act	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
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Fecal Occult Blood Screening	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
Flexible Sigmoidoscopy Exam	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
Prostate Specific Antigen (PSA) Screening	Covered at 100% (no deductible, no co pay; one per person per calendar)	70% of the R & C after the deductible
Major Medical		
Hospital Confinement, Surgery, Physician Services, etc.	80% of the approved amount after the deductible	70% of the R & C after the deductible
Physician Office Services		
Office Visits	80% of the approved amount after the deductible	70% of the R & C after the deductible
Outpatient and Home Visits	80% of the approved amount after the deductible	70% of the R & C after the deductible
Office Consultations	80% of the approved amount after the deductible	70% of the R & C after the deductible
Urgent Care Visits	80% of the approved amount after the deductible	70% of the R & C after the deductible
Emergency Medical Care		
Hospital Emergency Room – medically necessary	80% of the approved amount after the deductible	70% of the R & C after the deductible
Ambulance Services – medically necessary	80% of the approved amount after the deductible	70% of the R & C after the deductible
Diagnostic Services		
Laboratory & Pathology Tests	80% of the approved amount after the deductible	70% of the R & C after the deductible
Diagnostic Tests & X-rays	80% of the approved amount after the deductible	70% of the R & C after the deductible
Radiation Therapy	80% of the approved amount after the deductible	70% of the R & C after the deductible
Maternity Services Provided by a Physician		
Pre-Natal and Post-Natal Care	80% of the approved amount after the deductible	70% of the R & C after the deductible

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Delivery and Nursery Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	80% of the approved amount after the deductible	70% of the R & C after the deductible
Inpatient Consultations	80% of the approved amount after the deductible	70% of the R & C after the deductible

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Hospital Care		
Chemotherapy	80% of the approved amount after the deductible	70% of the R & C after the deductible
Alternatives to Hospital Care		
Skilled Nursing Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
Hospice Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
Surgical Services		
Surgery – includes related surgical services	80% of the approved amount after the deductible	70% of the R & C after the deductible
Human Organ Transplants		
Specified Organ Transplants	80% of the approved amount after the deductible	70% of the R & C after the deductible
Bone Marrow	80% of the approved amount after the deductible	70% of the R & C after the deductible
Kidney, Cornea & Skin	80% of the approved amount after the deductible	70% of the R & C after the deductible
Mental Health & Substance Abuse Treatment		
In-patient Mental Health Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
In-patient Substance Abuse Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
Out-patient Mental Health Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
Out-patient Substance Abuse Care	80% of the approved amount after the deductible	70% of the R & C after the deductible
Other Services (Not included in the Out-of-Pocket)		
Chiropractic & Naprapath	80% of the approved amount after the deductible, \$1,500 per calendar year maximum	80% of the R & C after the deductible \$1,500 per calendar year maximum

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Hearing Aid	50% of the charged amount (per ear) – maximum \$1,000 per person every 3 years.	50% of the charged amount (per ear) – maximum \$1,000 per person every 3 years.
Infertility Treatment	80% of the approved amount after the deductible. Lifetime maximum of \$12,000	70% of the approved amount after the deductible. Lifetime maximum of \$12,000
Impotence Treatment	80% of the approved amount after the deductible. Maximum of \$2,000/calendar year	70% of the approved amount after the deductible. Maximum of \$2,000/calendar year
Other Services (Not included in the Out-of-Pocket)		
<u>Prescription Drug Benefits</u> (includes contraceptives)	Generic: greater of 20% or \$10, but no more than \$35. Mail Order: greater of 20% or \$30 but no more than \$70 Brand: greater of 20% or \$25, but no more than \$100. Mail Order: greater of 20% or \$75 but no more than \$150 Specialty Drugs \$250.00	
Vision Benefits	<u>For Covered Persons age 19 and over:</u> vision exams paid at 90% of charges. One exam per year. Other vision Services paid at 50% of charges up to \$350 per person, per calendar year for lenses & frames <u>or</u> contacts <u>For Covered Persons under 19:</u> One vision exam per year permitted paid at 100% (no co-pay, no deductible) Frames/lenses or contacts every other calendar year with no co-pay or deductible, no annual maximum.	
Lasik Eye Surgery – Lifetime maximum per person \$600 per eye	50% of the UCR up to \$600, per eye in a lifetime	
Welfare Reimbursement Account (WRA)	Eligible expenses include self-payments and those defined as payable by the IRS. Participant must have money in his WRA to qualify. (Checks are only issued for benefits totaling at least \$50.00)	
Dental	<u>Preventive & Diagnostic</u> – 100% (no co-pay, no deductible) <u>Restorative</u> – 75% after the \$25 deductible <u>Prosthodontic</u> – 75% after the \$25 deductible Dental Implants are not covered under the plan Annual maximum of \$1,500 per person, per calendar year for the Preventive, Diagnostic, Restorative and Prosthodontic benefits. No annual dollar limit on non-orthodontic dental expenses for individuals under 18. Preventive & Essential benefits for dependents under 18. Four visits per year maximum. <u>Orthodontics</u> – 100% after the \$25 deductible \$1,500 lifetime maximum eligible dependents up to 19 years old calendar year maximum	
Early Retirees (Pre-Medicare)	Same benefits as the Active Participants	
Regular Retirees	Provides the same benefits as the Active participants with Medicare coverage as primary and the Fund paying 100% of the charges, both approved and non-approved, that Medicare does not pay.	

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Additional Benefits/Eligibility			
Initial	<p><u>Initial eligibility (Apprentices, Newly-Organized Employees and Clerical Workers)</u> – coverage begins the first day of the month following 60 days from the date of hire.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Contribution Quarter</u> Work performed during: January, February, March April, May, June July, August, September October, November, December</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Benefit Quarter</u> Determines eligibility for: May, June, July August, September, October November, December, January February, March, April</p> </td> </tr> </table> <p><u>Continuing</u> – 375 hours in prior contribution quarter, or 750 hours in two (2) contribution quarters or 1,125 hours in three (3) quarters or 1,500 hours in four (4) quarters.</p> <p><u>Reinstate</u> – 375 hours in 3 months, eligible the 1st day of the following month or an Employee whose medical expense benefits coverage ceased on account of his failure to meet the eligibility requirements may reinstate such coverage through self-payment, provided he has at least 299 hours in his hour bank at the time of such reinstatement. The amount of an Employee’s self-payment contributions for reinstatement purposes will be the difference between the number of hours the Employee was required to work to maintain coverage and the number of hours in his bank multiplied by the current contribution rate per hour.</p>	<p><u>Contribution Quarter</u> Work performed during: January, February, March April, May, June July, August, September October, November, December</p>	<p><u>Benefit Quarter</u> Determines eligibility for: May, June, July August, September, October November, December, January February, March, April</p>
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Disability Benefits – Loss of Time	<p>The lesser of 55% of the normal weekly compensation or \$475 for each full week of disability. If any period of disability is less than a full week, payment will be made at the rate of \$95 per day Benefits begin the 1st day when the accident occurs Benefits begin the 7th day when the disability is the result of an illness Disability credit is 29 hours per week. Maximum LOT is 26 weeks in any 12 month period or 39 weeks in any 24 month period Must have subrogation paperwork completed if disability is due to an accident</p>		
Death Benefit	Active Employee only - \$20,000		
Accidental Death & Dismemberment	Active Employee only (principal sum) - \$20,000		

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