

## **IBEW LOCAL 292 HEALTH CARE BENEFITS AT A GLANCE**

### **PRE MEDICARE RETIREES**

**5100 Gamble Drive, Suite 430, St. Louis Park, MN 55416**

**(952)591-7733 or 1-800-368-9045**

**Web Site [www.ibew292benefits.org](http://www.ibew292benefits.org)**

**Delta Dental 651-406-5900 or 1-800-328-1188 Website: [www.mn.deltadental.org](http://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, & 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 forms)**

**-Group #: CV036 [www.MyRxHealth.com](http://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 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.

**Hearing Aids** One hearing aid per ear every 5 years \$400.00 deductible then we pay 80% up to a maximum of \$1500.00 per aid.

**TEAM (employee assistance program) 651-642-0182 or 1-800-634-7710**

-Effective 1/1/05 mandatory referral for mental health, chemical dependency and medication mgt.

### **MEDICAL BENEFITS**

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

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

Website: [www.bluecrossmn.com](http://www.bluecrossmn.com) Phone number nationwide 1-800-810-2583

**Group # = 5EW04650 Policy # = Member ID starts with PIB XZ**

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

**INPATIENT HOSPITAL = \$60.00 Plus 15% per hospitalization**

**CO-PAYMENTS= (Deductible Does Not Apply)**

Immunizations = \$2.00 **\$0.0 1-1-08 Injections (medical) Deductible & Coinsurance**

Emergency Room = \$60.00 + 10% 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 \$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**

-Inpatient Deductible = \$200.00

-Outpatient Deductible = \$50.00

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

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

**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%**

**Health Systems Management** – 1-877-961-1120 [www.hsminc.net](http://www.hsminc.net)

- **Patient advocacy and centers of excellence**

**Stop Smoking Program** through Blue Cross call **1-888-662-2583**

***This is a Benefit at a Glance, NOT A GUARANTEE OF BENEFITS.***

Updated 3-1-09