



LOCAL 731, I.B. OF T. WELFARE FUNDS

1000 Burr Ridge Parkway, Suite 301 ▪ Burr Ridge, IL 60527 ▪ (630) 887-4150 ▪ Fax (630) 887-4155

BENEFIT SUMMARY – INSURED RETIREES ONLY EFFECTIVE JANUARY 1, 2017

Medical

Annual Deductible: \$400 per person

Annual Family Deductible: \$1,200

Annual Out-Of-Pocket Maximum (Including Deductible): \$3,400 per person / \$7,200 per family

Benefit Payment Levels: BCBS PPO*: Plan pays at 80% NON-PPO**: Plan pays at 70% of U&C
(BASED ON MEDICALLY NECESSARY COVERED BENEFITS ONLY – SOME EXCLUSIONS APPLY)

Hospital Benefits (In-Patient)

PRECERT REQUIRED - Paid at PPO* or NON-PPO** benefit levels.

Outpatient Surgery

PRECERT REQUIRED – Surgical Facilities in the BCBS PPO* network Paid at 80%.

NON-PPO Surgical Facilities are **NOT** covered.

Wellness Physicals (Member and Spouse)

Deductible is waived. Includes all related labs and x-rays. BCBS PPO: Plan pays 100% - Non-PPO**: Plan pays 70%

Other Office Visits, Labs, Diagnostic Testing...

Paid at PPO* or NON-PPO** benefit levels. Some services may require Pre-Cert. Please check with Fund Office.

Diagnostic Imaging (CAT Scan/MRI/PET Scan) by an Absolute Solutions Provider

To be Paid at 100% - Patient MUST schedule through Absolute Solutions (1-800-321-5040) – NOT affiliated with Blue Cross Blue Shield.

Hearing Aid Benefit

Call EPIC Hearing (866-956-5400) for preferred arrangement. Plan pays 100% up to \$750 every 36 months - Deductible waived

Home Health Care

PRECERT REQUIRED – No limit – Paid at PPO* or NON-PPO** benefit levels.

Hospice Care

Paid at 100% - Lifetime Maximum: Inpatient 30 days / Home Hospice 62 days – Deductible is waived

Chiropractic Care

Paid at PPO* or NON-PPO** benefit levels with a Maximum of 25 treatments per calendar year.

Member Assistance Program (MAP)

Call 1-800-292-2780 for any substance abuse, chemical dependency, mental health, or any emotional issue.

Mental Health

All services Paid at PPO* or NON-PPO** benefit levels

PRECERT REQUIRED for Inpatient, Partial and Intensive Outpatient

Substance Abuse

All services Paid at PPO* or NON-PPO** benefit levels.

PRECERT REQUIRED for Inpatient, Partial and Intensive Outpatient. Must complete full course of treatment.

Sleep Apnea

Sleep Apnea Device maximum coverage: \$1,500 per C-Pap device and \$2,000 per Bi-Pap device – PRECERT REQUIRED

Sleep Study and Sleep Apnea Devices & Supplies covered at 100% when negotiated and Pre-Certified by Med-Care Management.

Durable Medical Equipment (DME)

Paid at PPO* or NON-PPO** benefit levels. Based on Medical Necessity. PRECERT REQUIRED for all DME over \$500 or \$250 penalty.

Prosthetics / Appliances

Paid at PPO* or NON-PPO** benefit levels – PRECERT REQUIRED.

TMJ Benefit

Maximum therapy visits per Calendar Year: 20 - Paid at PPO* or NON-PPO** benefit levels

PLEASE NOTE: The Board of Trustees may improve or reduce benefits at any time. Please refer to the Fund Office website at www.ibt731funds.org or contact the Fund Office at 630-887-4150.

There is NO Dental or Vision coverage available to Retirees

(OVER)

Last Updated 02/02/2017



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Prescription Drug Benefit – OptumRx

Up to 100-day Supply (Participating Pharmacy) Co-Payments

Generic: Greater of \$7 or 20% of discounted price (Not to exceed the cost of the drug)

Formulary Brand Name: 20% of discounted price

Non-Formulary Brand Name: 40% of discounted price

(If Generic is available, co-payment is that of the Generic PLUS the difference between the cost of the Generic and the cost of the Brand Name)

100-day Supply (OptumRx Home Delivery) Co-Payments

Generic: \$15

Formulary Brand Name: \$45

Non-Formulary Brand Name: \$95

Out of Pocket Maximum for prescriptions: \$3,200 per person / \$6,000 per family

STEP THERAPY REQUIREMENT

Step 1 Drugs – Patient must try generic drugs first

Step 2 Drugs – Brand-Name drugs

If you've already tried a Step 1 drug, or your doctor decides one of these drugs isn't appropriate for you, then

Your doctor can prescribe a Step 2 drug. Ask your doctor to call 1-800-626-0072 and request a "prior authorization".

If prior authorization is not given, you will have to pay the full price of the drug.

Appeals

You have the right to appeal any determination made by the Fund. Please refer to the Summary Plan Description (SPD) or call the Fund office at 630-887-4150 for more information.

Benefit Providers

Medical Coverage: Blue Cross / Blue Shield of Illinois

Telephone No: 800-810-2583 – *To locate PPO providers only (Contact the Fund Office for Benefit & Eligibility information)*

www.bcbsil.com

Claims Status Tel.: 630-920-1939

Medical Pre-certification: Med-Care Management

Telephone No.: 800-367-1934

Prescription Drug Plan: OptumRx (Formerly known as Catamaran)

Telephone No.: 800-880-1188

www.mycatamaranrx.com

Imaging Provider (CAT Scan/MRI/PET Scan): Absolute Solutions

Telephone No.: 800-321-5040

www.absolutedx.com

Hearing Aid Benefit Provider: Epic Hearing

Telephone No.: 866-956-5400

www.epichearing.com

Sleep Apnea / Equipment Coordinator (Pre-Cert Required): Med-Care Management

Telephone No.: 800-367-1934

Member Assistance Program: Employee Resource Systems, Inc.

Telephone No.: 800-292-2780

www.ers-eap.com (User Name: ibt731 / Password: teamsters)

Wellness Program: Interactive Health

Telephone No.: 800-840-6100

<https://myinteractivehealth.com>

**To obtain information concerning benefits not listed in this summary,
kindly contact the Benefit Fund Office.**

Last Updated 02/02/2017