



## 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, 2020

#### 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.

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

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

#### Imaging Provider: Future Diagnostics (CAT Scan/MRI/PET Scan/Ultrasound/Mammography/X-Ray/Nuclear Medicine)

To be paid at 100% - Patient MUST schedule directly through Futured Diagnostics (815-730-3344). Located in Joliet, IL and new location opening in New Lenox in early 2020. When making appointment, tell them you are a member of the Teamsters Local 731 Health Plan. If you live over 10 miles away, ask about the free gas card.

#### Hearing Aid Benefit

Call EPIC Hearing (866-956-5400) for preferred arrangement. Plan pays 100% up to \$1,250 per ear, every 48 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 – Out of Pocket Maximum does not apply.

#### 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, Residential with either HFAP, JCAHO, DNV, or CARF accreditation.

#### Substance Abuse

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

PRECERT REQUIRED for Inpatient.

#### TMJ Benefit

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

#### Sleep Apnea

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

Sleep Apnea Devices rental covered up to the purchase price.

#### 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.

**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](http://www.ibt731funds.org) or contact the Fund Office at 630-887-4150.

**There is NO Dental or Vision coverage available to Retirees**



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#### **Prescription Drug Benefit – MagellanRx**

##### **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)

*Specialty Drugs go through PaydHealth Program.*

##### **100-day Supply (MagellanRx Home Delivery) Co-Payments**

Generic: \$15

Formulary Brand Name: \$45

Non-Formulary Brand Name: \$95

Out of Pocket Maximum for prescriptions: \$4,750 per person / \$9,100 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 1-800-424-5961 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: MagellanRx**

Telephone No.: 800-424-5961

www.magellanrx.com

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

Telephone No.: 800-321-5040

www.absolutedx.com

##### **Imaging Provider (CAT Scan/MRI/PET Scan/Ultrasound/Mammography/X-Ray/Nuclear Medicine): Future Diagnostics**

Telephone No.: 815-730-3344 (Located in Joliet, IL. 2<sup>nd</sup> location opening in New Lenox, early 2020)

www.futurediagnosticgroup.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.**