



## 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, 2025

#### 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 (Joliet, IL: 815-730-3344 / New Lenox, IL: 815-390-7500). When making appointment, tell them you are a member of the Teamsters Local 731 Health Plan.

#### 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\*(80%) or NON-PPO\*\*(70%) benefit levels with a Maximum of 25 treatments per calendar year.

#### Member Assistance Program (MAP)

Call 1-800-292-2780 (Company Code: ibt731) 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\*(80%) or NON-PPO\*\* benefit levels. (For NON-PPO, please contact the Fund Office.)

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 Pre-Certified by Valenz.

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 – EmpiRx Health**

##### **Up to 30-day Supply (Participating Pharmacy) Co-Payments**

Generic: \$10                      Formulary Brand Name: \$15                      Non-Formulary Brand Name: \$40  
(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 and/or Benecard Central Fill..*

##### **100-day Supply- (Participating Pharmacy or Benecard Central Fill (Mail-Order) Co-Payments**

Generic: \$25                      Formulary Brand Name: \$50                      Non-Formulary Brand Name: \$125

Out-of-Pocket Maximum for prescriptions: \$5,700 per person / \$11,000 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 1-888-723-6001 and request a "prior authorization".

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

#### **Specialty Drug Advocacy Program - PaydHealth**

PaydHealth may contact you regarding Specialty Drugs administered in a provider setting or prescribed to obtain from a specialty pharmacy.

#### **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.: 630-887-4150

##### **Medical Pre-certification: Valenz**

Telephone No.: 800-367-1934

##### **Prescription Drug Plan: EmpiRx Health**

Telephone No.: 877-241-7123

www.empirxhealth.com

##### **Specialty Drug Advocacy Program: PaydHealth**

Telephone No.: 877-869-7772

##### **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.: Joliet, IL: 815-730-3344 / New Lenox, IL: 815-390-7500

www.futurediagnosticgroup.com

##### **Hearing Aid Benefit Provider: Epic Hearing**

Telephone No.: 866-956-5400

www.epichearing.com

##### **Physical Therapy Provider: Hinge Health**

Telephone No.: 855-902-2777

hinge.health/ibt731funds-enroll

##### **Skin Cancer Screening Provider: SkinIO**

Telephone No.: 470-664-5172

https://go.skinio.com/731fund/start

##### **Sleep Apnea / Equipment Coordinator (Pre-Cert Required): Valenz**

Telephone No.: 800-367-1934

##### **Member Assistance Program: Employee Resource Systems, Inc.**

Telephone No.: 800-292-2780

www.ers-cap.com (Company Code: ibt731)

##### **Wellness Program: CHC Wellbeing**

Telephone No.: 866-373-4242 app.chcw.com (2025 Program Code: 6775Tea154)

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

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Last Updated 12/19/2024