

**ELECTRICIANS HEALTH AND WELFARE PLAN, IBEW 995  
RULES AND REGULATIONS**

**SCHEDULE OF BENEFITS  
Effective January 1, 2022  
(Unless Otherwise Stated)**

<b>LIFE INSURANCE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	
<b>All Eligible Employees</b>	
Life Insurance	\$10,000.00
Accidental Death & Dismemberment (Active Employees only)	
Full Benefit	\$10,000.00
Half the Full Benefit	\$ 5,000.00
<b>All Eligible Dependents</b>	
Life Insurance:	
Dependent spouse during Employee's lifetime	\$ 5,000.00
Eligible surviving spouse following Employee's death	\$ 500.00
Dependent Children:	
14 days but less than 6 months	\$ 100.00
6 months but less than 26 years	\$ 1,000.00
<b>MAJOR MEDICAL EXPENSE BENEFITS</b>	
<b>All Eligible Employees and Dependents</b>	
Calendar Year Deductible	\$3,000.00 per person
Out-of-Pocket Limit	\$5,000.00 per Participant per calendar year and \$10,000.00 per family per calendar year
Hospital Room and Board for all Accommodations	Average semi-private rate of confining Hospital or the lowest private room rate in the confining Hospital in the absence of semi-private facilities
Co-Payment Percentages:	
Network Providers	70% of Covered Expenses after satisfy Calendar Year Deductible; 100% of Covered Expenses after satisfy Calendar Year Deductible and Out-of-Pocket Limit
Out-of-Network Providers	50%* of Covered Expenses after satisfy Calendar Year Deductible; 100% of Covered Expenses after satisfy Calendar Year Deductible and Out-of-Pocket Limit  *70% for certain Emergency Services, Non-Emergency Services in Network Facilities & Air Ambulance Services
Additional Accident Benefit (non-occupational)	100% of the first \$300.00 of Covered Expenses; Calendar Year Deductible waived
Preventive and Wellness Services	100% of Covered Expenses; Calendar Year Deductible waived

## SCHEDULE OF BENEFITS

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Prescription Drugs (for more information contact Sav-Rx at 1-866-233-4239)	For approved pharmacies: 75% of cost after satisfy Calendar Year Deductible; 100% of cost after satisfy Calendar Year Deductible and Out-of-Pocket Limit. For non-approved pharmacies: 20% of cost is excluded as penalty (does NOT count toward Calendar Year Deductible); 75% of cost minus 20% penalty (after satisfy Calendar Year Deductible); 100% of cost minus 20% penalty (after satisfy Calendar Year Deductible and Out-of-Pocket Limit)
Chiropractic Care: Outpatient treatment only	20 visits per person per calendar year
Skilled Nursing Care Facility	120 days of confinement per 12-month period; room & board charges limited to 50% of semi-private room rate at Hospital where patient was confined
Infertility Treatment: Lifetime Maximum	\$500.00 per couple
Speech Therapy	20 visits per person per calendar year
Occupational Therapy	15 visits per person per occurrence
Physical Therapy	15 visits per person per occurrence
Gastric Bypass Surgery/Vertical Sleeve Gastrectomy Procedure	\$35,000.00 per surgery/procedure (limited to one every 10 years and the conditions set forth in the Plan)
<p><b>Pre-Certification Requirements Effective July 1, 2021:</b></p> <p>All non-emergency inpatient hospital admissions except for childbirth (up to 48 hours after normal vaginal delivery &amp; 96 hours after C-Section); skilled nursing care in skilled nursing facilities; inpatient rehabilitation; long-term acute care; specialty drugs managed through medical benefit; coordinated home care (including nurse, social worker, physical therapy, occupational therapy &amp; speech therapy); non-emergent air ambulance (fixed wing); home infusion therapy; all inpatient mental health &amp; substance use treatment (inpatient acute, residential treatment &amp; partial hospitalization); intensive outpatient programs; applied behavior analysis; outpatient electroconvulsive therapy; repetitive transcranial magnetic stimulation; psychological/neuropsychological testing in limited situations (call for additional information); lipid apheresis; outpatient surgical procedures; outpatient gastroenterology; outpatient wound care services (hyperbaric oxygen therapy); outpatient neurology services (sacral nerve, vagus nerve &amp; deep brain stimulation); ear, nose &amp; throat services (nasal &amp; sinus surgery); surgical deactivation of headache trigger sites; orthopedic stem-cell therapy; and functional neuromuscular electrical stimulation. All emergency Hospital admissions must be certified within 48 hours of admission.</p> <p>All pre-certification and certification services are performed by the Plan's utilization review company. To obtain pre-certification or certification (or if you have any questions related thereto), you, a family member or your provider must contact Blue Cross Blue Shield of Illinois (BCBSIL) at 1-800-433-3232 or, if applicable, its successor.</p>	