

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

**SCHEDULE OF BENEFITS
Effective January 1, 2026**

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (Subject to terms of Insurance Policy through which benefits are provided)	
All Eligible Employees	
Life Insurance	\$10,000.00
Accidental Death & Dismemberment (Active Employees only) Loss of: life, both feet, one hand & one foot, quadriplegia Loss of: one hand, entire sight of one eye, loss of hearing (both ears) Loss of: thumb & index finger on same hand Seat Belt Benefit (with loss of life) Air Bag Benefit (with loss of life) Repatriation Benefit (with loss of life) Education Benefit (with loss of life)	\$10,000.00 (Full Benefit) \$ 5,000.00 (50% of Full Benefit) \$ 2,500.00 (25% of Full Benefit) \$1,000.00 \$500.00 Actual costs up to \$5,000.00 maximum \$300.00 (maximum of 4 years) Special Child Education Benefit of \$1,000.00
All Eligible Dependents	
Life Insurance: Dependent spouse during Employee's lifetime	\$ 5,000.00
Eligible surviving spouse following Employee's death (self-insured by Fund)	\$ 500.00
Dependent Children: Age live birth to 14 days Age 15 days but less than 6 months Age 6 months but less than 26 years	\$0.00 \$100.00 \$1,000.00
CONPREHENSIVE MEDICAL BENEFITS	
All Eligible Employees and Dependents	
Calendar Year Deductible	\$1,500.00 per Participant per calendar year
Out-of-Pocket Limit	\$2,500.00 per Participant per calendar year and \$5,000.00 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	After Participant satisfies Calendar Year Deductible, Plan pays 70% of Covered Charges and Participant pays 30% of Covered Charges; after Participant satisfies Calendar Year Deductible and Out-of-Pocket Limit, Plan pays 100% of Covered Charges
Out-of-Network Providers	After Participant satisfies Calendar Year Deductible, Plan pays 50%* of Covered Charges and Participant pays 50%* of Covered Charges; after Participant satisfies Calendar Year

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	<p>Deductible and Out-of-Pocket Limit, Plan pays 100% of Covered Charges</p> <p>*To the extent required by federal law, cost sharing for Emergency Services, Non-Emergency Services in Network Hospitals & Air Ambulance Services, and for up to 90 days of continued treatment for Continuing Care Patients who qualify, will be at the Network Provider levels.</p>
Additional Accident Expense Benefit (non-occupational)	Plan pays 100% of the first \$300.00 of Covered Charges; Calendar Year Deductible waived
Preventive and Wellness Services Benefit- Network Providers only	Plan pays 100% of Covered Expenses; Calendar Year Deductible waived
<p>Prescription Drugs:</p> <p>All specialty drugs require pre-authorization; For more information, contact Sav-Rx at 1-866-233-4239.</p>	Coverage is provided for Network Pharmacies only: After Participant satisfies Calendar Year Deductible, Plan reimburses Participant for 75% of cost; after Participant satisfies Calendar Year Deductible and Out-of-Pocket Limit, Plan reimburses Participant for 100% of cost.
<p>Chiropractic Care:</p> <p>Outpatient treatment only</p>	20 visits per Participant 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 Participant was an inpatient prior to admission to Skilled Nursing Care Facility
<p>Infertility Treatment:</p> <p>Lifetime Maximum</p>	\$500.00 per couple
Speech Therapy	20 visits per Participant per calendar year
Occupational Therapy	30 visits per Participant per calendar year
Physical Therapy	30 visits per Participant per calendar year
Bariatric Surgery for Treatment of Morbid Obesity when covered	\$35,000.00 per covered surgical treatment limited to one every 10 years
<p>Pre-Certification Required</p> <p>All non-emergency inpatient hospital admissions (except for childbirth up to 48 hours after normal vaginal delivery & 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; non-emergent air ambulance; home infusion therapy; non-emergency inpatient mental health & substance use treatment; intensive outpatient programs; applied behavior analysis; outpatient electroconvulsive therapy; repetitive transcranial magnetic stimulation; psychological/neuropsychological testing in limited situations; lipid apheresis; outpatient surgical procedures; outpatient gastroenterology; outpatient wound care services (hyperbaric oxygen therapy); outpatient neurology services (sacral nerve, vagus nerve & deep brain stimulation); ear, nose & throat services (nasal & 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. To obtain pre-certification, contact Blue Cross Blue Shield of Illinois (BCBSIL) at 1-800-433-3232.</p>	