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 - ACTIVE MEMBERS ONLY
EFFECTIVE JANUARY 1, 2026

Life Insurance $25,000 per Member

AD&D $10,000 per Member / $2,000 per Dependent

Disability Benefit $400 per Week, Maximum of 26 weeks
Benefit begins on 1st day for Non-Occupational Accidental Injury OR on 8th day for an Illness

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%
(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.

Infertility
PRECERT REQUIRED (for related injectables and reproduction procedures only) – Paid at PPO* or NON-PPO** benefit levels, with a Maximum of $10,000 per Lifetime for all services related to infertility – Out-of-Pocket Maximum does not apply

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%

Child Wellness Benefit
Deductible is waived. Includes all related labs, immunizations and x-rays – PPO & NON-PPO: Paid at 100%

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% - To be paid at 100% - Patient MUST schedule directly through Future 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.

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.

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TMJ Benefit
Maximum therapy visits per Calendar Year: 20 – Paid at PPO*(80%) or NON-PPO**(70%) 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.

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.

Dental – Delta Dental
Annual Deductible: $25 per family – Annual Maximum of $3,000 per calendar year.
Diagnostic and Preventative Care: Maximum of 2 per calendar year – Deductible Waived
(For dependent children under age 19, Diagnostic and Preventative Care is in addition to Annual Maximum – 2 visit limit does apply)
Three Benefit Levels: PPO, Premier, Non-Contracted.
PPO covers 100% on diagnostic and preventative, Premier and Non-Contracted covers 80% on diagnostic and preventative.
PPO covers 80% for all other services, and Premier and Non-Contracted covers 80% of U&C for all other services.
(Premier providers will waive amount above U&C – Non-Contracted providers will not.)
To locate a Delta Dental provider, request Dental claim forms, or to check Dental claim status, call 1-800-323-1743.

Orthodontia – Delta Dental
Plan Pays up to $4,000 per person / per lifetime – No deductible – No age limit – Also follows Delta Benefit Levels.

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.

Vision Benefit – Davis Vision
In-Network covers 1 exam Every Calendar Year ***and***
EITHER $300 towards Contact Lenses and one Contact Lens Fitting and Evaluation Fees Every Other Calendar Year
OR Prescription Glasses: Single Vision, Lined Bifocal, Lined Trifocal or Progressive Lenses (Lens options additional cost) *plus* $225 allowance for Frame Every Other Calendar Year.
Out-Of-Network covers $250 for materials Every Other Calendar Year **and** $50 for an eye exam Every Calendar Year.

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Vision Benefit – Davis Vision (continued)

Children up to age 19 can get frame and lenses every 12 months, rather than 24 months, if they have a prescription change of .50 diopter or more.

ALL Vision claims must go through Davis Vision, whether In-Network or Out-Of-Network – The Fund Office cannot pay vision claims in-house, or forward receipts to Davis Vision on the members behalf, as Out-Of-Network claims MUST be submitted to Davis Vision with a signed claim form and copies of the Fully Itemized, Paid in Full receipts.

Members cannot utilize both In-Network and Out-Of-Network services during the same benefit period.

For all dependent children under age 19, there is no limit on routine spectacle exams.

For all vision inquiries, please contact Davis Vision at 1(877)923-2847. Reference Client Code: 2175

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

Dental Plan Provider: Delta Dental of Illinois
Telephone No.: 800-323-1743
www.deltadentalil.com

Vision Plan: Davis Vision
Telephone No.: 877-923-2847
davisvision.com
Client Code: 2175

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: AllOne Health
Telephone No.: 800-292-2780
www.ers-eap.com (Company Code: ibt731)

Wellness Program: CHC Wellbeing
Telephone No.: 866-373-4242
app.chcw.com (2026 Program Code: 7137Tea154)

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