



## 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, 2026

#### 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 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.

#### 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**

