



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 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 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: AllOne Health

Telephone No.: 800-292-2780

www.ers-cap.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, please contact the Benefit Fund Office.

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Last Updated 1/5/2026