

Schedule of Benefits for Active Employees and their Spouses and Dependents as of June 1, 2021

The following table highlights key features of the Health and Welfare Actives Plan benefits as of June 1, 2021. These benefits are described in detail in your Summary Plan Description/Plan Document booklet. All charges for medical expenses are subject to the Allowable Charges as adopted by the Fund.

Medical Benefits	PPO Provider	Non-PPO Provider
Calendar Year Maximum		None
Federally Mandated Department of Transportation (DOT) Certifying or Recertifying Physical Exam/Drug Test ¹	Plan pays a separate (additional) benefit of 100% up to \$125 per test; no Deductible Any covered expenses that exceed the DOT Exams maximum may be covered under the Plan's medical benefits and will be subject to the Plan's Calendar Year Deductible and Coinsurance provisions	
Calendar Year Deductible (Applies to all covered expenses, unless otherwise noted)	\$200 per person \$400 family maximum	\$400 per person \$800 family maximum
Calendar Year Out-of-Pocket Maximum (This amount includes the Calendar Year Deductible and Coinsurance)	\$3,000 per person \$6,000 family maximum	\$4,000 per person \$8,000 family maximum
Coinurance (Unless otherwise noted)	Plan pays 90% after Deductible	Plan pays 75% of Allowable Charges after Deductible
Health Reimbursement Account	While an Active Employee (not retired), once your HRA Account balance exceeds \$10,000, you may use the amount over \$10,000 to pay Deductibles, copayments, coinsurance, and other Qualified Medical Care Expenses for you and your Eligible Spouse and Dependents. The entire HRA Account balance will remain available for reimbursement of Qualified Medical Care Expenses to you or your Eligible Spouse and Dependents after you retire or die.	
Wellness Benefits/Preventive Screenings/Immunizations	Plan pays 100% Calendar Year Limit: No limit Plan pays for a Qualifying Coronavirus Preventive Service at 100%	Plan pays 100% Calendar Year Limit: No limit Plan pays for a Qualifying Coronavirus Preventive Service at 100% through the end of the COVID-19 Emergency Period in an amount that the Plan determines is reasonable, as determined in comparison to prevailing market rates for such services
Urgent Care	Plan pays 95%	Plan pays 90% of Allowable Charges
Prenatal and Postnatal Care Delivery related expenses are not covered for Dependents.	Plan pays 100%	Plan pays 90% of Allowable Charges
Breast Pump	Plan pays up to \$400 per year	Plan pays 75% of Allowable Charges up to \$400 per year, subject to deductible.
Weight Loss Programs	The Plan pays 100% up to 13 visits per year for physician-prescribed intensive behavioral counseling and weight management.	
Birth Control	The Plan covers birth control as provided or prescribed by a physician for the member and his or her spouse, and the Plan covers birth control for dependent children under the Prescription Drug Benefit.	

Medical Benefits	PPO Provider	Non-PPO Provider
Fertility Services	Plan pays 90%, after Deductible, to a \$25,000 Lifetime Maximum	Plan pays 75% of Allowable Charges after Deductible The Plan covers up to a \$25,000 Lifetime Maximum subject to the Plan's Deductible.
Midwives	Plan pays 90% after Deductible	Plan pays 75% of Allowable Charges after Deductible
Mental Health Treatment Benefits		
Inpatient Services	Plan pays 90%, no Deductible	Plan pays 75% of Allowable Charges after Deductible
Outpatient Services	Plan pays 90%, no Deductible	Plan pays 75% of Allowable Charges after Deductible
Substance Abuse Treatment Benefits		
Inpatient Services	Plan pays 90%, no Deductible	Plan pays 75% of Allowable Charges after Deductible
Outpatient Services	Plan pays 90%, no Deductible	Plan pays 75% of Allowable Charges after Deductible
Chiropractic Services	Plan pays 90% after Deductible	Plan pays 75% of Allowable Charges after Deductible
Calendar Year Maximum	50 visits (PPO and non-PPO combined)	50 visits (PPO and non-PPO combined)
Assistant Surgeon	Plan pays 90% after Deductible No limit on fees	Plan pays 75% of Allowable Charges after Deductible No limit on fees
Transplant Benefits ¹	Plan pays 90% after Deductible The Plan covers up to \$5,000 per transplant for out-of-pocket expenses for the transplant donor.	Not covered
Ambulance Services	Plan pays 90% after Deductible; subject to PPO Out-of-Pocket Maximum	Plan pays 90% of Allowable Charges after Deductible; subject to PPO Out-of-Pocket Maximum
Emergency Room	You pay \$75 per visit (waived if admitted), then after Deductible Plan pays 90%	You pay \$75 per visit (waived if admitted), then after Deductible Plan pays 90% of Allowable Charges
Speech Therapy for Developmental Delay	Plan pays 90% after Deductible	Plan pays 75% of Allowable Charges after Deductible

¹ In general, transplant benefits are covered the same as other medical benefits, which means they are subject to the Plan's Deductible and Coinsurance provisions. However, to be considered covered expenses under the Plan, you must contact the Fund Office for pre-authorization before any surgical procedures and you must use providers that participate in the BlueCross BlueShield of Illinois PPO network. Transplant expenses that are not pre-authorized will not be covered by the Plan.

Hearing Benefits	PPO Provider	Non-PPO Provider
Hearing Exam, Aids, and Related Expenses Coinsurance	Plan pays 90%, no Deductible	Plan pays 75% of Allowable Charges, no Deductible
Benefit Maximum (Aggregate)	\$2,000 per person once in every five year period	\$2,000 per person once in every five year period

Prescription Drug Benefits	Participating Pharmacy	Non-Participating Pharmacy
Retail Pharmacy ²	For up to a 90-day supply, Plan pays:	For up to a 90-day supply, Plan pays:
Generic	80%	75%, no Deductible
Brand Name ⁴	80%	75%, no Deductible

Prescription Drug Benefits	Participating Pharmacy	Non-Participating Pharmacy
Mail Order	For up to a 90-day supply, Plan pays:	Not available
Generic	85%	
Brand Name ³	80%	
Smoking Cessation Medications		80%

² Remember that you save money when you go to a participating pharmacy because you receive your prescriptions at discounted prices. Prescriptions obtained at Wal-Mart and Sam's Club are not covered. Certain prescription medications are subject to pre-authorization. If you do not obtain pre-authorization when it is required, the prescription medications will not be covered by the Plan. See your Summary Plan Description booklet for additional information.

³ If you request a brand-name medication when a generic equivalent is available and your prescription does not specify dispense as written (DAW), you pay 20% plus the difference in cost between the brand-name and generic medication.

Dental Benefits	Coverage
Calendar Year Maximum	The Plan covers up to \$2,000 per person (excluding orthodontia). There is no maximum for dependent children under age 19 for their dental exam and dental services.
Orthodontic Maximum	The Plan covers up to \$3,000 per person per lifetime (paid monthly as long as the Participant remains eligible under the Plan).
Dental Implants	The Plan pays 80% up to the \$2,000 Dental Benefit Calendar Year Maximum stated above.
Coinsurance	80% of Allowable Amount, no Deductible

Vision Benefits		
Benefit	In-Network	Out-of-Network
Exam	One exam covered in Full	Plan pays Allowance up to \$45
Frames		
Frame Allowance (Retail)	Up to \$200	Up to \$70
Additional Discounts	20% off amount over frame allowance	Not applicable
Lenses		
Single vision	Included in allowance / \$0 Copay	Allowance up to \$30
Lined Bi-focal	Included in allowance / \$0 Copay	Allowance up to \$50
Lined Tri-focal	Included in allowance / \$0 Copay	Allowance up to \$65
Polycarbonate Lenses for Children	Included in allowance / \$0 Copay	Allowance up to \$100
Lens Options - Copays		
Standard Progressive Lenses	\$55	Allowance up to \$50
Premium Progressive Lenses	\$95 - \$105	Not applicable
Custom Progressive Lenses	\$150 - \$175	Not applicable
Average Savings on Other Lens Enhancements	20-25%	Not applicable
Contact Lenses - Allowances		
Standard lenses in lieu of eyeglasses	Up to \$200 / \$0 Copay	Up to \$105
Contact Lens Exam (fitting and evaluation)	Up to \$60	Not applicable
Medically Necessary Lenses in lieu of eyeglasses	Covered in Full for Members who have specific conditions	Up to \$210

Disability & Death Benefits (Employee Only)	Benefit
Loss of Time Benefit	
Non-Occupational Benefit	\$400 per week (Monday through Friday), \$800 per week (Monday through Friday) in connection with a birth for six weeks for a traditional delivery and eight weeks for a cesarean section delivery. This benefit takes effect immediately upon the child's birth.
Occupational Benefit	\$100 per week (Monday through Friday)
Maximum Benefit	26 weeks
Death Benefit	\$50,000
Accidental Death Benefit	\$50,000

Disability & Death Benefits (Employee Only)	Benefit	
Accidental Dismemberment Benefit	<i>Under Age 70 Benefit</i> \$30,000	<i>Age 70 and Over Benefit</i> \$10,000
For loss of both hands, both feet, sight of both eyes, one hand and one foot, one hand and sight of one eye, one foot and sight of one eye, loss of speech and hearing, or quadriplegia:	\$10,000	\$5,000
For loss of one hand, one foot, sight of one eye, paraplegia, hemiplegia, loss of speech, or loss of hearing in both ears:	\$5,000	\$2,500
For loss of thumb and index finger of same hand:		

Hour Bank Coverage	Coverage
Coverage for Spouses and Dependent Children in the Event of an Active Fund Member Death	Spouses and dependent children may continue coverage by using the Active Member's remaining Hour Bank hours instead of immediately paying monthly COBRA premiums.

Only the Board of Trustees has the authority to determine eligibility for, entitlement to, and the amount of Plan benefits, to construe and interpret the terms, and to exercise all the other powers specified in the Health and Welfare Fund Trust Agreement, the Plan, the Plan Documents, and the procedures of the Fund and Plan. The Trustees may, in their sole discretion, modify, amend, or terminate the Plan in any manner or at any time.

Important Contact Information

The Plan is sponsored by the Board of Trustees of the Local Union No. 9, IBEW and Outside Contractors Health and Welfare Fund, consisting of Union and Employer representatives. If you wish to contact the Board of Trustees, you may use the address and telephone number below:

Local Union No. 9, IBEW and Outside Contractors Active Employee Health and Welfare Plan
18670 Graphics Drive, Suite 201
Tinley Park, IL 60477
708-449-9004
www.myfundoffice.com

BOARD OF TRUSTEES

The Trustees of this Plan are:

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ADMINISTRATION

The Board of Trustees has named BeneSys as Fund Administrator. It is BeneSys' responsibility to see that your questions are answered, that eligibility and contribution records are maintained, that benefits are properly figured and paid promptly, and that the Plan is operated in accordance with the legal documents governing it. You may write BeneSys at the address of the Fund Office.

The Board of Trustees has also delegated administrative responsibilities to specified administrators, as follows:

- ▲ Medical Benefits;
- ▲ BlueCross BlueShield of Illinois administers the Plan's Preferred Provider Organization (PPO) network for all Participants.
- ▲ Employee Resource Systems (ERS) is the Plan's Member Assistance Program provider for mental health and substance abuse benefits.
- ▲ Concentra administers the Plan's network for DOT exams for Employees.
- ▲ Case Management Specialists is the Plan's Utilization Management and Case Management administrator for medical benefits (including mental health and substance abuse benefits).

- ▲ BeneSys is the Plan's Eligibility and Claims Administrator.
- ▲ SavRx Prescription Services administers the Plan's retail and mail order Prescription Drug Benefits.
- ▲ DNOA administers the Plan's network Dental Benefits.
- ▲ VSP administers the Plan's network Vision Benefits.
- ▲ Life and AD&D Insurance Benefits are provided through an insurance contract with Blue Cross Blue Shield.
- ▲ The Fund's legal counsel is Georges and Synowiecki, Ltd.
- ▲ The Fund's Certified Public Account is Calibre CPA Group, PLLC.
- ▲ The Fund's consultant is Segal.

The table that follows shows the contact information for the various organizations that provide services under the Health and Welfare Fund.

If You Have a Question or Need Information About:	Contact:	Contact Information:
Eligibility and Updating Personal Information	BeneSys/Fund Office	18670 Graphics Drive, Suite 201 Tinley Park, IL 60477 708-449-9004 www.myfundoffice.com
Medical PPO Providers	BlueCross BlueShield of Illinois	PO Box 805107 Chicago, IL 60680-4112 800-810-2583 www.bcbsil.com Click on "Find a Doctor or Hospital" Search as Guest Enter your Zip Code Select the Plan "Participating Provider Organization (PPO)"
Member Assistance Program (MAP) Services	Employee Resource Systems (ERS)	800-292-2780 www.ers-eap.com
Prescription Drug Benefit	SavRx Prescription Services	800-228-3108, 866-233-4239 224 North Park Avenue Fremont, NE 68025 www.savrx.com
Dental Network Providers	DNOA	866-522-6758 www.dnoa.com
Vision Network Providers	VSP	800-877-7195 www.vsp.com
Benefits and Claims Questions and Processing	BeneSys/Fund Office	IBEW9 P.O. Box 50 Pewaukee, WI 53072-0050 866-661-1021 www.myfundoffice.com
Pre-Authorization	Case Management Specialists	800-861-8744
DOT Exams	Concentra	866-944-6046 www.concentra.com Click on "Location Finder" at the top of the page and find a convenient location by entering the street name, city name or zip code, and you will be provided with directions to the nearest location.
Life Insurance and Accidental Death and Dismemberment Insurance Benefits and Claims Questions and Processing	Benesys/Fund Office	18670 Graphics Drive, Suite 201 Tinley Park, IL 60477 708-449-9004 www.myfundoffice.com