

(WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN)**SCHEDULE OF BENEFITS****EFFECTIVE JANUARY 1, 2025****BENEFITS**

Death Benefits, Loss of Two Limbs and Accidental Death and Dismemberment (Member only):		
Under Age 65		\$ 10,000
Age 65-69		\$ 6,500
Age 70 & Over		\$ 5,000
Loss of Limb (Member Only):		
Under Age 65		\$ 5,000
Age 65-69		\$ 3,250
Age 70 & Over		\$ 2,500
Short Term Disability (Member Only)		\$500 per week for 26 weeks
Long Term Disability (Transitional – Member Only)		
(two years disabled own occupation for the next three years, after five years must be unable to perform two daily living activities)		\$100 minimum/\$2,000 maximum per month, up to possibly 5 years.
Medical Benefits Deductible/OOP/Coinsurance		<u>PPO & NON-PPO</u>
Major Medical Calendar Year Deductible (PPO charges and NON-PPO charges are combined to satisfy deductible)		
Individual		\$ 500
Family		\$ 1,500
Co-Pay Amount	<u>Plan Pays</u>	<u>Participant Pays</u>
PPO Covered Charges	90%	10%
NON-PPO Covered Charges	70%	30%
Medical Maximum Out of Pocket Expense Per Calendar Year (After Calendar Year Deductible) PPO Out-of-Pocket maximum is separate than Non-PPO Out-Of-Pocket maximum)	<u>Individual</u>	<u>Family</u>
PPO Covered Charges	\$ 1,350	\$ 4,050
NON-PPO Covered Charges (no OOP Maximum)	N/A	N/A
Medical Benefits		<u>Subject to Deductible and Co-pay</u>
	<u>PPO</u>	<u>NON-PPO</u>
Outpatient Hospital Benefits	90%	70%
Inpatient Hospital (must be pre-certified)	90%	70%
Skilled Nursing (60 days maximum per confinement)	90%	70%
Surgery (precertification required)	90%	70%
Anesthesia (subject to Usual and Customary Fee	90%	70%
Emergency Room	90%	90%
Urgent Care	90%	70%
Oral Surgery - see page 17 for list of approved surgeries	90%	70%
Diagnostic X-Ray and Laboratory	90%	70%
Imaging (CT/PET scans, MRIs)	90%	70%
Physical, Occupational and Speech Therapy	90%	70%
Gene Therapy (must be pre-certified)	90%	70%
Dietary and/or Nutritional Counseling (6 visits per person per year)	90%	70%

Medical Benefits continued			Subject to Deductible and Co-pay	
			PPO	NON-PPO
Doctors Inpatient, Outpatient, Office Visits			90%	70%
Virtual/Telehealth/Teleconference Visits (after June 1, 2020)			90%	70%
Prenatal Care, Postnatal Care and Delivery Services			90%	70%
Certified Nurse Midwife			90%	70%
Home Health Care (limited to four hours/day)			90%	70%
Rehabilitation Services (limitations apply)			90%	70%
Orthotics to \$10,000 aggregate			90%	70%
Orthotics after \$10,000 aggregate			50%	50%
Orthotics (\$500 maximum per five years for excluded diagnosis)			90%	70%
Durable Medical Equipment (prior approval required)			90%	70%
Hospice Care (life expectancy of six months)			90%	70%
Inpatient M/N and Substance Abuse Counseling			90%	70%
Outpatient M/N and Substance Abuse Counseling			90%	70%
Ambulance (Air)			90%	90%
Ambulance (Ground)			90%	70%
Chiropractic Benefits (30 visits per person, per calendar year (back related adjustments only; must be over age 10)			90%	70%
Initial Visit			90%	70%
Manipulation - one per visit, per person			90%	70%
Therapy only - one per visit, per person			90%	70%
Diagnostic X-rays (one per person per calendar year)				
Transplants (Cornea, Kidney/Pancreas, Liver, Autologous or Allogenic Bone Marrow, Kidney, Heart, or a Heart/Lung Human to Human) (MUST be performed at a Provider Transplant Network Facility)			90%	0%
Gastric Bypass Surgery (prior approval required, subject to Usual and Customary Fee)			One procedure per lifetime	
Prosthetic Devices			One device per limb, per 60-month period, plus any adjustments	
Hearing Benefit			No deductible or co-pay Maximum of \$1,500 paid at 100% per person, per three calendar years	
Routine Physical Exams (including Routine Well Baby Check-ups and Immunizations and care visits, COVID-19 test and supplies as per ACA guidelines, note the Plan pays for either a colonoscopy OR a cologuard kit under the preventive care for participants age 45 and over.			No deductible or co-pay	
PPO			100% paid, no maximum	
NON-PPO			Plan pays 100% up to \$450 maximum per person, per calendar year; after \$450, Plan pays 10%	
Prescription	Drug	Expense		
Sav-Rx (Prescription Card Service)			\$10 Participant Co-pay per fill of 30 days or \$15 Co- pay for 61-90 day fill	
Generic				
Brand Name			\$50 Participant Co-pay per fill of 30 days or \$75 Copay for 61-90 day fill	

Diabetic Supplies and Insulin Smoking Cessation Program	Plan pays 80%, not subject to co-pay or Calendar Year Maximum Maximum - Two 90-day supplies of stop smoking medications per calendar year if Physician prescribed - must follow tiers in smoking program
Specialty Drug Program must be prior approved by Prescription Card Service or obtained through Plan's specialty medication pharmacy where Covered Drugs that have manufacturers coupons available, otherwise not covered by the Plan.	After Plan pays \$10,000, Plan pays 50% per calendar year of PPO prescription drug costs up to prescription drug out-of-pocket maximum listed below/does not apply to major medical out-of-pocket maximum.
Closed Specialty Drug List	Therapeutic class drugs not covered – contact PBM On list and prior authorization
ACA mandated Immunizations thru Network Pharmacy	100% paid
COVID vaccine in or out of Network Pharmacy	100% paid
Maximum Out-of-Pocket Expense Per Calendar Year	Out-of-pocket maximum for Covered Drugs received from a PPO Provider is \$7,350 (individual) and \$12,850 (family) as adjusted each January 1 as permitted by federal law.

Updated February 17, 2025