

WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN

SCHEDULE OF BENEFITS

EFFECTIVE JANUARY 1, 2026

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 applied together 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	\$ 1,550	\$ 4,650
NON-PPO Covered Charges (FLAT 70% PAID)	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%
Nutritionist / Dietician (6 visits per person per calendar year)	90%	70%
Medical Benefits continued	<u>Subject to Deductible and Co-pay</u>	
	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 (pre-cert required)	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)		
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)	90%	70%
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 and all requirements satisfied)	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 over 50.	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%
LiveHealth Online: Video visit with a board-certified doctor using your smartphone, tablet or computer with a camera. Doctors available 24/7 and no appointment is needed. Can be used only for medical or behavioral health visits.	100% covered, no deductible or copay. In-Network only
SwordHealth – digital physical therapy program combined with a licensed physical therapist providing easy to use technology and at home convenience. SAV-RX – PRESCRIPTION DRUG COVERAGE	100% covered, no deductible or copay. In-Network only
Generic prescriptions	\$10 Participant Co-pay per fill of 30 days or \$15 Co-pay for 61-90 day fill
Brand Name prescriptions	\$50 Participant Co-pay per fill of 30 days or \$75 Copay for 61-90 day fill
Diabetic Supplies and Insulin	Plan pays 80%, not subject to co-pay or Calendar Year Maximum
Smoking Cessation Program	Maximum - Two 90-day supplies of stop smoking medications per calendar year if Physician prescribed - must follow tiers in smoking program
Specialty Drugs 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/does not apply to major medical out-of-pocket maximum.
ACA mandated Immunizations thru Network Pharmacy	100% paid
COVID vaccine in or out of Network Pharmacy	100% paid
HIA Enhancement	Medication filled at specialty pharmacy increased to 90-day supply.
Step-Therapy Program	New start prescription requires generic usage first.
Closed Specialty Drug Program	Prior approval required on select specialty medicine, however, requires Member to file under the Patient Assistance Program first, if denied, possible biosimilar medication may be available.

Annual Out-of-Pocket Maximum	\$7,350 (individual) \$12,850 (family)
Annual Maximum	\$10,000, then Plan pays 50% up to the annual Out-of-pocket maximum (does not apply towards Diabetic supplies, insulin or injectable drugs)

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