

Your CLT&E Health and Welfare benefit program is designed to help you stay healthy and to protect you from significant financial loss. The Plan offers medical, dental and vision care coverage, and insurance benefits to protect you from the unexpected – such as illness, injury, or even death.

This brochure provides a brief overview of the benefits available to you through the CLT&E Health and Welfare Plan. For more information, call the CLT&E Benefit Office at (402) 491-3751 or visit our website at cltebenefits.com.



Benefits for Those That Build

YOUR CLT&E BENEFITS

Working Harder for You

Contractors, Laborers, Teamsters & Engineers
10334 Ellison Circle • Omaha, NE 68134
(402) 491-3751

2026

Medical Benefits

	In Network	Out of Network
Annual Deductible • Per person • Per family	\$750 \$1,500	\$1,500 \$3,000
Out-of-Pocket Maximum • Per person • Per family	\$5,000 \$10,000	\$10,000 \$20,000
Coinsurance	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%
Preventive Care	You pay \$0 Plan pays 100% (no deductible)	You pay 40% Plan pays 60% after deductible
Emergency Room Visits	\$500 coinsurance (waived if admitted)	\$500 coinsurance (waived if admitted)
Prescription Drugs At a Pharmacy (90-day supply) • Generic • Preferred name brand • Non-preferred name brand Mail order (90-day supply) Specialty Drugs	Greater of: \$20 or 10% \$80 or 10% \$120 or 10% Same as Pharmacy benefit 10% coinsurance after \$500 minimum copay	Not covered

Before Receiving Medical Care

There are times when you need get prior authorization from the insurance company before you receive medical treatment. For example, you must contact Blue Cross Blue Shield before you have any kind of surgery or treatment. As long as you receive care from in-network providers, the provider will coordinate this for you.

For information about in-network providers in your area, call 1 (888) 592-8961 or visit nebraskablue.com and click "Find a Doctor."

Additional Benefits

Dental

The dental plan will pay up to \$2,400 per person for in-network services for you and your covered dependents, or \$1,200 per person for out-of-network services. Blue Cross Blue Shield administers this benefit.

Vision

Our vision plan is simple. When you need vision care, the plan covers 100% of your expense up to \$400 per person for you and your covered dependents.

Life Insurance

Life insurance is an important part of the security provided by your CLT&E benefits program. When you enroll in the benefits program, you and your covered dependents will receive the following life insurance coverage:

For You	For Your Spouse	For Each Child
\$20,000	\$3,000	\$1,000*

**Please note, lesser amounts may apply to children less than 6 months of age and those older than age 65.*

Short-Term Disability

If you are unable to work because you are sick or injured, you may be eligible to receive short-term disability benefits. Benefits are only available if your sickness or injury is not work related. Work-related disabilities are covered by Workers' Compensation.

Short-Term Disability	
When benefits begin: • If you are injured • If you are sick	Immediately After one week
Amount you can receive	Up to \$250 per week
How long you can receive benefits	12 weeks per incident