



Employee Benefits Guide

2025 - 2026 Plan Year



Gallagher

Insurance | Risk Management | Consulting

Benefits That Work for You

IBEW Local Union 733 knows that it is important to provide quality benefit options for our employees and their dependents. This is your starting point to learn about your benefits - whether you're enrolling for the first time or reconsidering your benefits during the annual open enrollment period.

Enrollment Eligibility

Members of IBEW 733 who work at Ingalls are eligible for benefits on the first of the month after 4 weekly payments.

Many of the plans offer coverage for eligible dependents, including:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax- dependent status (including stepchildren, legally adopted children, children placed with you for adoption, or a children for whom you are the legal guardian)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

When To Enroll

Other than during the designated open enrollment period, you can enroll in benefits or change your elections at the following times:

- Before your hire date
- Up to 10 days after your hire date
- Within 30 days of experiencing a qualifying life event

Changing Benefits After Enrollment

You may pay your portion of your select coverages on a post-tax basis. Thus, due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event, and election changes must be consistent with that event.

To request a benefits change, notify IBEW 733 within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your child's eligibility for benefits
- Qualified medical child support order (QMCSO)



Dental Insurance – Basic Option

Carrier: Sun Life

- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at www.sunlife.com/findadentist
- Out-of-network providers can balance bill or bill you for the difference between the provider's charge and the allowed amount.
- Please refer to the official plan documents for additional information on coverage and exclusions.

Covered Benefits	In-Network	Dental Insurance Weekly Premium	
Calendar Year Deductible (waived for Preventive Care)	\$50 per person, \$150 per family	Employee Only	\$5.65
Annual Plan Benefit Maximum	\$1,000 per covered member (plus Preventive Rewards)	Employee + Spouse	\$11.89
Preventive Rewards	\$1,000	Employee + Child(ren)	\$15.33
Orthodontic Lifetime Maximum	\$1,000	Employee + Family	\$21.01
Preventive Care Oral exams, cleanings, and bite-wing X-rays.	100%		
Basic Services Fillings, root canals, gum disease, and extractions.	90%		
Major Services Bridges, crowns (inlays/outlays), and dentures.	60%		
Orthodontic Services Available to dependent child(ren) to age 26	50%		

Waiting Period: 12months Major and Orthodontic services.

Dental Insurance – Enhanced Option

Covered Benefits	In-Network	Dental Insurance Weekly Premium	
Calendar Year Deductible (waived for Preventive Care)	\$25 per person, \$75 per family	Employee Only	\$9.98
Annual Plan Benefit Maximum	\$2,000 per covered member (Plus Preventative Rewards)	Employee + Spouse	\$19.70
Preventive Rewards	\$1,500	Employee + Child(ren)	\$25.80
Orthodontic Lifetime Maximum	\$2,000	Employee + Family	\$35.51
Preventive Care Oral exams, cleanings, fluoride treatment (to age 14), sealants (to age 14), full mouth X-Rays, bite-wing X-Rays, and intraoral X-Rays, palliative treatment and space maintainers (under 19).	100%		
Basic Services Simple extractions, periodontal maintenance, amalgam restorations, composite and silicate restorations, oral surgery, general anesthesia, periodontics, surgical periodontics, and endodontics.	90%		
Major Services Inlays, onlays, crowns, crown build up, full or partial dentures, fixed bridges, surgical implants.	60%		
Orthodontic Services Available to both adults and dependent child(ren)	50%		

Waiting Period: 12 months Major and Orthodontic services.



Vision Insurance

Carrier: Sun Life Network: VSP

- You will pay less out-of-pocket when you choose an in-network provider.
- Locate an in-network provider at www.vsp.com
- You do not need an ID card to begin receiving network services after the effective date of your enrollment.
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

Covered Benefits	In-Network
Eye Exam (every 12 months)	\$10 copay
Lenses (every 12 months)	\$10 copay
Safety Lenses (every 12 months)	\$10 copay
Frames (every 12 months)	\$200 Allowance + 20% off balance
Safety Frames (every 24 months)	\$130 Allowance + 20% off balance
Contact Lenses (every 12 months in lieu of standard plastic lenses and frames)	
Elective	\$200 allowance

Vision Insurance Weekly Premium

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$2.33	\$3.92	\$4.00	\$6.33



Voluntary Life Insurance

Carrier: Ullico, The Union Labor Life Insurance Company

What is Voluntary Life Insurance?

Voluntary Life Insurance is offered through your union but is paid by the members. As a member of the IBEW Local Union 733, you are eligible to enroll in a \$5,000 benefit amount.

Why purchase voluntary life insurance?

- This type of life insurance has limited underwriting required. This allows for people with health conditions or lifestyles that might otherwise disqualify them to qualify for life insurance.
- The group rates are lower than what you could purchase on your own.
- [Please refer to the official plan documents for additional information on coverage and exclusions.](#)

Voluntary Life Insurance Monthly Premium

Employee Only

\$8.35

REMINDER

Review your beneficiary designations. If you need to make changes, please contact IBEW 733 for a Beneficiary Designation Form.

Address: 2510 Market St. Pascagoula, MS 39567

Important Contacts

Benefit	Carrier	Phone	Website/Email
Dental Insurance	Sun Life	800-942-0278	www.sunlife.com/findadentist
Vision Insurance	Sun Life / VSP	800-877-7195	www.vsp.com
Voluntary Life Insurance	Ullico	228-762-2155	office@ibewlocal733.org
Employer Contact	IBEW Local 733	228-762-2155	office@ibewlocal733.org

Glossary

Beneficiary: The person or persons you name to receive benefits in the event of your death. You can change your beneficiary designations at any time.

Primary Beneficiary: The entire death benefit will be paid in equal shares to the primary beneficiary or beneficiaries who survive you.

Contingent Beneficiary: If no primary beneficiary survives you, the entire death benefit will be paid to the contingent beneficiaries. A contingent beneficiary will only receive a benefit if ALL primary beneficiaries predecease the participant.

Coinsurance: The percentage of a covered expense that you must pay after you meet your deductible. The remaining percentage is paid by the plan.

Copay: A fixed amount that an individual must pay for covered healthcare services at the time of service or purchase.

Deductible: The amount you must pay each year before the plan begins to pay benefits.

Employee Contribution: The per pay period amount you pay for your insurance coverage.

Explanation of Benefits (EOB) / Personal Health Statement (PHS): A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

In-Network: In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.

Out-of-Network: Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate and your cost sharing (deductibles and coinsurance) will increase.

Out-of-Network Providers: Providers (e.g., doctors, hospitals) that are not part of your plan's network of providers.



ID Cards are NOT Needed

The following ID card images are for your convenience but not required for services.

Let Sun Life help you discover the true benefit of benefits anytime, anywhere.

DENTAL ID CARD



Group ID Number Issued to International Brotherhood
933333 of Electrical Workers Union 733

Member Signature

Insurance products are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

Sunlife Dental Network®

(Includes Aetna Dental® Administrators)

To locate a network dentist- visit www.sunlife.com/findadentist. Input your Group ID and hit search.

Dental Coverage: Benefits are subject to group provisions and limitations including coordination of benefits. This card is NOT a guarantee of payment. Please call to verify benefits. If services are to exceed \$300, please submit a pre-estimate.

For Benefit and Claim Information: **Electronic Claims:** Payor 70408
Sun Life Financial 800.442.7742
PO BOX 2940
Clinton, IA 52733

VISION ID CARD



Visit vsp.com
Answers anytime, anywhere

Using Your Vision Plan

1. Review your plan information
2. Choose a VSP doctor online or by phone 24 hrs. a day
3. Make an appointment and let the office know you are a VSP member

That's it! Your doctor will take care of the rest

Doctor's Name: _____

Office Number: _____

To find a VSP doctor, visit vsp.com or call 800.877.7195.

- Choose a VSP Provider
- View your personal eye care coverage
- Find the latest eye health information
- Try our Eyewear Advisor to find lenses that are right for you
- Learn about special discounts and promotions



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www.slrf.com/ls

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