

<b>Medical Benefits for eligible Pension Members &amp; their eligible dependents who are Eligible for Medicare effective 1/1/2014</b>		
<b>Services You May Need</b>	<b>The Fund Allows</b>	<b>Limitations</b>
<b>Acupuncture</b>	Up to \$4.00 per visit	For eligible members only; 16 visits per calendar year; 1 visit per day
<b>Ambulance</b>	Up to \$250	Per 90-day benefit period of non-facility related benefits
<b>Anesthesia</b>	Up to \$250	Per 90-day benefit period; services performed by a CRNA is not a covered expense
<b>Annual Physical</b>	100% through PEMG	See PEMG
<b>Assistant Surgeon</b>	Not Covered	
<b>Chemotherapy</b>	Up to \$12.00 per treatment	Up to a maximum of \$240 per 90 day benefit period
<b>Chiropractic</b>	Up to \$4.00 per visit	For eligible members only; 24 visits per calendar year; 1 visit per day
<b>Chiro X-rays</b>	Up to \$75.00	4 X-rays per calendar year. The Fund will pay at 20% of the Medicare-approved charge up to \$75 per calendar year overall maximum
<b>Deductible Medicare Part A</b>		The Fund covers the Medicare Part A deductible for covered inpatient (hospitalization) services every 60 days for each diagnosis
<b>Deductible Medicare Part B</b>		The Fund will reimburse up to the Medicare Part B amount for; Emergency room treatment in a hospital, Ambulatory surgery performed in a hospital, Diagnostic testing performed in or out of a hospital, Physician Visits in or out of a hospital, Surgery in or out of a hospital, Anesthesia benefits performed in or out of a hospital
<b>Diabetic Supplies</b>	Not Covered	
<b>Diabetic Education</b>	Not Covered	
<b>Diagnostic Testing Office, Independent Lab, Physicians and Facilities</b>	Up to \$75.00	The Fund will pay at 20% of the Medicare-approved charge up to \$75 per calendar year overall maximum
<b>Dialysis Treatment</b>	Not Covered	
<b>Dietician / Nutritionist</b>	Up to \$4.00 per visit	For eligible members only; 4 visits per calendar year for services performed by a licensed dietician
<b>DME / Medical Equipment</b>	Not Covered	
<b>ER Facility</b>	Up to \$10.00 per visit	
<b>Electroshock Benefits</b>	Up to \$15 per treatment	\$150 per calendar year maximum
<b>Gastric Bypass or Bariatric Benefits</b>	Up to \$300	Up to a maximum of \$300 in a 90-day benefit period; Prior approval through the fund is required
<b>Hearing Aid</b>	Not Covered	
<b>Home Health Care</b>	Not Covered	
<b>Hospice Care</b>	Not Covered	
<b>House Call</b>	Up to \$5.00 per visit	
<b>Infertility</b>	Not Covered	
<b>Inpatient Hospitalization</b>		
<b>Day 1-60</b>	Medicare Part A deductible	
<b>Day 61-90</b>	Medicare's co-insurance	
<b>Day 91-150</b>	Medicare's co-insurance	When using the 60 lifetime reserve days, the co-insurance amount
<b>Day 151 and after</b>	Not Covered	Not Covered
<b>Lasik Surgery Physician</b>	Up to \$300	Up to a maximum of \$300 in a 90-day benefit period; Prior approval through the Fund is required
<b>Lithotripsy</b>	Up to \$300	Up to a maximum of \$300 in a 90-day benefit period
<b>Maternity</b>	Not Covered	

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<b>Medical Equipment / Rentals and Purchases</b>	Not Covered	
<b>Mental Health / Substance Abuse Inpatient Hospitalization</b>		For eligible members only; prior approval through the Fund is required;
<b>Day 1-60</b>	Medicare Part A deductible	
<b>Day 61-90</b>	Medicare's co-insurance	
<b>Day 91-150</b>	Medicare's co-insurance	When using the 60 lifetime reserve days, the co-insurance amount
<b>Day 151 and after</b>	Not Covered	Not Covered
<b>Mental Health / Substance Abuse Physician charges</b>	Up to \$4.00 per visit	For eligible members only; prior approval through the Fund is required;
<b>Orthotics</b>	Not Covered	
<b>Orthotripsy</b>	Up to \$300	Up to a maximum of \$300 in a 90-day benefit period
<b>PEMG</b>	100%	Annual Physical and hearing exam
<b>Physical Therapy, Speech Therapy, Occupational Therapy</b>	Not Covered	
<b>Physician Benefits</b>		
<b>Inpatient Visits</b>	Up to \$4.00 per visit	Up to \$250 of non -facility related inpatient benefits per illness every 90 days
<b>Office Visits</b>	Up to \$4.00 per visit	Up to \$500 per illness every 90 days; combined with Home visits
<b>Home Visits</b>	Up to \$5.00 per visit	Up to \$500 per illness every 90 days; combined with office visits
<b>Podiatry Office Visit</b>	Up to \$4.00 per visit	For eligible member only; up to \$500 per illness every 90 days; combined with Office visits and Home visits
<b>Prosthetics</b>	Not Covered	
<b>Radiation Therapy</b>	Up to \$12.00 per treatment	Up to a maximum of \$240 per 90-day benefit period
<b>Respiratory Therapy, Cardiac Therapy, Cognitive Therapy</b>	Up to \$4.00 per visit	For eligible members only; up to \$500 per 90-day benefit period
<b>Skilled Nursing Facility</b>		
<b>Day 1-20</b>	Not Applicable	
<b>Day 21-100</b>	Medicare's co-insurance	
<b>Surgical Benefits</b>	Up to \$300	Up to \$300 per 90-day benefit period per diagnosis for all surgery, including organ transplants and reconstructive procedures; cosmetic services are not covered
<b>Urgent Care Centers</b>	Not Covered	
<b>Wig</b>	Not Covered	