

**Medical Benefits for eligible Pension
Members & their eligible
dependents who are Eligible for
Medicare effective 1/1/2020**

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

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| Medical Equipment / Rentals and Purchases | Not Covered | |
| Mental Health / Substance Abuse Inpatient Hospitalization | Not Covered | |
| Mental Health Physician charges | Up to \$4.00 per visit | For eligible members only; |
| Orthotics | Not Covered | |
| Orthotripsy | Up to \$300 | Up to a maximum of \$300 in a 90-day benefit period |
| PEMG | 100% | Annual Physical and hearing exam |
| Physical Therapy, Speech Therapy, Occupational Therapy | Not Covered | |
| Physician Benefits | | |
| Inpatient Visits | Up to \$4.00 per visit | Up to \$250 of non -facility related inpatient benefits per illness every 90 days |
| Office Visits | Up to \$4.00 per visit | Up to \$500 per illness every 90 days; combined with Home visits |
| Home Visits | Up to \$5.00 per visit | Up to \$500 per illness every 90 days; combined with office visits |
| Podiatry Office Visit | 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 |
| Prosthetics | Not Covered | |
| Radiation Therapy | Up to \$12.00 per treatment | Up to a maximum of \$240 per 90-day benefit period |
| Respiratory Therapy, Cardiac Therapy, Cognitive Therapy | Up to \$4.00 per visit | For eligible members only; up to \$500 per 90-day benefit period |
| Skilled Nursing Facility | | |
| Day 1-20 | Not Applicable | |
| Day 21-100 | Medicare's co-insurance | |
| Surgical Benefits | 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 |
| Urgent Care Centers | Not Covered | |
| Wig | Not Covered | |