Medical Benefits for eligible Pension Members and their eligible dependents who are not Eligible for Medicare effective 1/1/2023.

NOTE \$50,000.00 lifetime major medical maximum effective 1/1/2013

Out-of-network medical deductible is \$250.00 per calendar year

OptumRX-\$25.00 deductible with 20% co-payment. Maximum payable by the Fund per calendar year is a \$1,000.00

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
		100% of the Fund's negotiated	
Adoption	Not Applicable	rate; deductible applies	\$10,000.00 Calendar year max ;
		75% of the Fund's fee schedule;	
Acupuncture visit	\$30.00 co-payment	deductible applies	16 visits per Calendar Year; 1 visit per day;
		75% of the Fund's fee schedule:	
All Scans	\$40.00 co-payment	deductible applies	
7 0000	100% of the negotiated	75% of the Fund's fee schedule;	
Allergy Injections	rate:	deductible applies	
a mongy myo care	100% of the negotiated	75% of the Fund's fee schedule;	
Allergy Treatment	rate;	deductible applies	
gy	100% of the negotiated	100% of the negotiated rate;	
Ambulance True Emergent	rate;	deductible applies	
<u> </u>	,		
Ambulance Non Emergent	not covered	not covered	
Ambaiance Non Emergent	not covered	not develed	Non Participating Free Standing Surgical Centers /
			Ambulatory Surgical facility charges are not a
Ambulatory Surgery	\$50.00 co-payment	Not Covered	covered expense
zamanarery cangery	100% of the negotiated	75% of the Fund's fee schedule;	
Anesthesia	rate;	deductible applies	
7 410041100114	100% of the negotiated	75% of the Fund's fee schedule;	
Anesthesia Maternity	rate;	deductible applies	
,,,,,,	100% of the negotiated	75% of the Fund's fee schedule;	
Annual Physical	rate;	deductible applies	
z amidan i ii y elean	100% of the negotiated	75% of the Fund's fee schedule;	
Assistant Surgeon	rate;	deductible applies	
g	100% of the negotiated		
Birthing Center	rate;	Not Covered	
	100% of the negotiated	75% of Fund's fee schedule;	
Breast Sonogram	rate;	deductible applies	
3	100% of the negotiated	75% of the Fund's fee schedule;	
Cardiac Rehabilitation	rate;	deductible applies	36 visits per Calendar Year;
	100% of the negotiated	100% of the Fund's Negotiated	,
Chemotherapy	rate;	rate; deductible applies	
.,		100% of the Fund's fee	
Chiro	\$15.00 co-payment	schedule; deductible applies	1 visit per day; 24 visits per Calendar Year;
	100% of the negotiated	75% of the Fund's fee schedule;	
Chiro X-rays	rate;	deductible applies	4 x-rays per Calendar Year;
•	100% of the negotiated	75% of the Fund's fee schedule;	,
Diabetic Supplies	rate;	deductible applies	
	Specialist \$30.00 co-		
	payment.General		
Diabetic Education with	Practitioner \$15.00 co-	75% of the Fund's fee schedule;	
Dietician office visit	payment	deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Diagnostic Testing Office	rate;	deductible applies	
Diagnostic Independent lab /	100% of the negotiated	75% of the Fund's fee schedule;	
Professional charge	rate;	deductible applies	
Diagnostic Testing OP /		75% of the Fund's fee schedule;	
Hospital Charge	Not Applicable	deductible applies	
Diagnostic Testing OP in Free		75% of the Fund's fee schedule;	
Standing Facility	100% of negotiated rate;	deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Pulmonary Function Test	rate;	deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Tilt Table Testing	rate;	deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Electrophysiological Study	rate;	deductible applies	

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
	100% of the negotiated	75% of the Fund's fee schedule;	
Video EEG	rate;	deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Mammogram	rate; 100% of the negotiated	deductible applies 100% of the Fund's Negotiated	
Dialysis Office	rate;	rate; deductible applies	
Dialysis Office	100% of the negotiated	100% of the Fund's Negotiated	
Dialysis OP Facility	rate:	rate; deductible applies	
	Specialist \$30.00 co-		
	payment.General		
	Practitioner \$15.00 co-	75% of the Fund's Negotiated	
Dialysis OP Physician visit	payment	rate; deductible applies	
	Specialist \$30.00 co-		
5	payment.General		
Dietician / Nutritionist office	Practitioner \$15.00 co-	75% of the Fund's fee schedule;	
visit	payment	deductible applies	6 visits per Calendar Year;
DME / Medical Equipment	100% of the negotiated	75% of the Fund's fee schedule; deductible applies	Prior approval by the Fund is required;
DIVIE / Medical Equipment	rate;	75% of the Fund's fee schedule;	Frior approval by the Fund is required,
ER Non Emergent Facility	Not Covered	deductible applies	
Livinon Emergent racinty	\$200.00 co-payment /	100% of the negotiated rate;	
ER Emergent Facility	waived if admitted	deductible waived	
	Specialist \$30.00 co-		
	payment.General		
	Practitioner \$15.00 co-	75% of the Fund's fee schedule;	
ER Non Emergent Physician	payment	deductible applies	
	Specialist \$30.00 co-		
	payment.General		
	Practitioner \$15.00 co-	100% of the negotiated rate;	
ER Emergent Physician	payment	deductible applies	
Gastric Bypass, Lap Band,	100% of the negotiated		\$4000.00 Calendar year max combined physician
Sleeve Surgery	rate;	deductible applies;	charges; Prior approval required;
Gastric Assistant Surgery	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$4000.00 Calendar year max combined physician charges; Prior approval required;
	· ·	''	Charges, Filor approvar required,
Genetic Testing -independent	100% of the negotiated	75% of the Fund's fee schedule;	0
lab	rate;	deductible applies	. Genetic Counciling not covered.
		75% of the Fund's fee schedule;	
Genetic Testing-OP Hospital	Not Applicable	deductible applies	Genetic Counciling not covered.
Halfway House	Not Covered	Not Covered	
Hearing Aid Dight	Not Applicable	100% of the Fund's fee	\$2000.00 per Ear; Once Every Five Years; Applies to
Hearing Aid Right	Not Applicable	schedule; deductible applies 100% of the Fund's fee	lifetime maximum
Hearing Aid Left	Not Applicable	schedule; deductible applies	\$2000.00 per Ear; Once Every Five Years; Applies to lifetime maximum
ricaring Aid Left	100% of the negotiated	100% of the Fund's fee	200 visits per Calendar Year; Combined with
Home Health Care	rate;	schedule; deductible applies;	Private Duty Nursing;
	100% of the negotiated	100% of the Fund's fee	
Hospice Care IP	rate;	schedule; deductible applies	
-	100% of the negotiated	100% of the Fund's fee	
Hospice Care home	rate;	schedule; deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Immunizations	rate;	deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
IUD supplies	rate;	deductible applies	
			\$5,000.00 Calendar year max; combined all
	100% of the negotiated	75% of the Fund's fee schedule;	infertility medical services; (NOTE: not to exceed a
Infertility Anesthesia	rate;	deductible applies	combined \$10,000.00 yearly max Medical / RX)
			©5 000 00 Calandarusan
	100% of the possible		\$5,000.00 Calendar year max; combined all
Infortility Eacility	100% of the negotiated	Not Covered	infertility medical services; (NOTE: not to exceed a
Infertility Facility	rate;	Not Covered	combined \$10,000.00 yearly max Medical / RX)

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
Infertility Pathology / Lab	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year maximum; combined all infertility medical services; (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
	15.50		, , , , , , , , , , , , , , , , , , , ,
Infertility RX	OptumRX 20% co-payment, deductible applies	75% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year maximum; combined all infertility RX services; prior approval required for certain medication. (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
Infertility Physician	\$30.00 co-payment	75% of the Fund's fee schedule; deductible applies	\$5,000.00 Calendar year maximum; combined all infertility medical services; (NOTE: not to exceed a combined \$10,000.00 yearly max Medical / RX)
intertinty r flysician	\$100.00 per stay co-	deductible applies	combined \$10,000.00 yearly max wedicar/ (XX)
Inpatient hospital Illness / Room & Board	payment / \$250.00 max per calender year.	100% of the Fund's negotiated rate	There may be a patient responsibility when using a non-participating facility that will not negotiate.
1 1 - 0 1 - 6	100% of the negotiated		\$1,600.00 global allowance; prior approval
Lasik Surgery Left eye	rate; 100% of the negotiated	deductible applies	required; \$1,600.00 global allowance; prior approval
Lasik Surgery Right eye	rate;	deductible applies 75% of the Fund's fee schedule;	required;
Lithotripsy Physician	\$30.00 co-payment	deductible applies	
Lithotripsy Facility	\$50.00 co-payment	Not Covered	
Maternity C Section	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$4,000 max per delivery	
		100% of the Fund's fee	
	100% of the negotiated	schedule; deductible applies;	
Maternity Midwife	rate;	\$3,200 max per delivery	
	100% of the negotiated	100% of the Fund's fee schedule; deductible applies;	
Maternity Regular Delivery	rate;	\$3,600 max per delivery	
Medical Equipment / Rentals	100% of the negotiated	100% of the Fund's fee	
and Purchases	rate;	schedule; deductible applies	See DME
Medication Coverage Outside Of The RX Plan	Not Applicable	100% of the Fund's negotiated rate; deductible applies	J codes for Hep C, Cancer , MS, HIV/AIDS, Epilepsy, Crohn's Disease and Diabetes; Arthritis; prior approval through the Fund is required.
Mental Health / Substance	140t Applicable	100% of the Fund's negotiated	prior approvar unough the r unu is required.
Abuse Inpatient	Not Applicable	rate; deductible applies	Prior approval through the fund is required
Mental Health / Substance			
Abuse Outpatient (MD) (PhD)	N A P I.	100% of Fund's fee schedule;	0405.00
only Mental Health / Substance	Not Applicable	deductible applies	\$125.00 per visit;
Abuse Outpatient Social		100% of Fund's fee schedule;	
Worker (LCSW) only Mental Health / Substance	Not Applicable	deductible applies	\$85.00 per visit;
Abuse Outpatient Group			
Therapy (MD) (PhD) (LCSW)	Not Applicable	100% of Fund's fee schedule;	CEE 00 parvioit
only Mental Health / Substance	Not Applicable	deductible applies	\$55.00 per visit;
Abuse Outpatient Family		100% of Fund's fee schedule;	
Therapy (MD) (LCSW) only	Not Applicable	deductible applies	\$55.00 per visit;
, , , ,		750/ of the Eundia for cahadala	
MRI's and MRA's	\$40.00 co-payment	75% of the Fund's fee schedule; deductible applies	
o una mitro	Specialist \$30.00 co-	ассионо аррнос	
	payment.General		
Newborn Hearing IP Physician	Practitioner \$15.00 co-	100% of the Fund's Negotiated	
charges	payment	rate; deductible applies	
Names Black Ind. 2	100% of the negotiated	75% of the Fund's fee schedule;	and the America Order of the Versi
Nerve Block Injections	rate;	deductible applies	up to 4 per Calendar Year;
Neuropsychological Testing	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	12 units per test per Calendar Year; prior approval required

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
		100% of the Fund's fee	
Occupational Therapy	\$10.00 co-payment	schedule; deductible applies	30 visits per Calendar Year; prior approval required
		100% of the Fund's fee	
Physical Therapy	\$10.00 co-payment	schedule; deductible applies	30 visits per Calendar Year; prior approval required
Consola Thomas	#40.00 as a sum and	100% of the Fund's fee	20 . inite and Color day Vanuarian and a second and in a
Speech Therapy	\$10.00 co-payment 100% of the negotiated	schedule; deductible applies 100% of the Fund's fee	30 visits per Calendar Year; prior approval required
Visual Therapy	rate;	schedule; deductible applies	30 visits per Calendar Year; prior approval required
visual Therapy	100% of the negotiated		
Orthotics	rate;	deductible applies	required
O tilotios	100% of the negotiated	75% of the Fund's fee schedule;	\$4,000.00 Global Calendar year maximum; prior
Orthotripsy	rate;	deductible applies	approval required
		75% of the Fund's fee schedule;	approximate demon
Office visit Specialist	\$30.00 co-payment	deductible applies	
		75% of the Fund's fee schedule;	
Office visit General Practitioner	\$15.00 co-payment	deductible applies	
Office Surgery Physician	100% of the negotiated	75% of the Fund's fee schedule;	
charges	rate;	deductible applies	
-			Non Participating Free Standing Surgical Centers /
Outpatient Surgical Facility /			Ambulatory Surgical facility charges are not a
Ambulatory Surgery	\$50.00 co-payment	Not Covered	covered expense
Partial Hospitalization Inpatient	разнения при	1101 0010100	outside superior
or Out patient	Not Covered	Not Covered	
•		100% of the Fund's negotiated	
Pathology Physician IP	\$30.00 co-payment	rate; deductible applies	
	100% of the negotiated	75% of the Fund's fee schedule;	
Pathology Outpatient	rate;	deductible applies	
		100% of the Fund's Negotiated	
PEMG	Not Applicable	rate; deductible waived	
	100% of the negotiated	75% of the Fund's fee schedule;	
Pharmocogenetic	rate;	deductible applies	
		The state of the s	Prior approval through the fund is required for
Podiatry	\$30.00 co-payment	deductible applies	surgery. PT and strapping not covered.
	100% of the negotiated		\$10,000.00 per Calendar year; Prior approval
Private Duty Nursing	rate;	deductible applies	required;
	100% of the negotiated	75% of the Fund's fee schedule;	·
Pre-Surgical Testing	rate;	deductible applies	surgical procedure.
			\$25.00 deductible per person per Calendar year.
			Prior approval required for certain medications.
			NOTE: There is a Calendar year maximum of
			\$5,000.00 combined for all infertility RX services,
	20% co-payment,		not to exceed a combined \$10,000.00 yearly max
Prescription RX (OptumRX)	deductible applies	Not Covered	Medical / RX.
	100% of the negotiated	75% of the Fund's fee schedule;	
Prosthetics	rate;	deductible applies	Prior approval required;
	100% of the negotiated	75% of the Fund's fee schedule;	
Pulmonary Rehab	rate;	deductible applies	42 visits per Calendar year;
	100% of the negotiated	75% of the Fund's fee schedule;	
Reconstructive Surgery	rate;	deductible applies	Prior approval is required.
	100% of the negotiated	75% of the Fund's fee schedule;	1
Sclerotherapy	rate;	deductible applies	Prior approval is required.
Okilla d Namain a Francis	100% of the negotiated	100% of the Fund's negotiated	CO deve a en Colon den va e
Skilled Nursing Facility	rate	rate	60 days per Calendar year;
	100% of the negotiated	75% of the Fund's negotiated	
Sloop Study	rate; up to a maximum of	rate; deductible applies; up to a	\$3,000 per Calendar year may:
Sleep Study	\$3,000.00	maximum of \$3,000.00	\$3,000 per Calendar year max;
			Non Participating Free Standing Surgical Centers /
Summing! Comton	¢50.00	Not Covered	Ambulatory Surgical facility charges are not a
Surgical Center	\$50.00 co-payment	Not Covered	covered expense

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
		100% of the Fund's negotiated	
Swift MD	Not Applicable	rate	
	100% of the negotiated	75% of the Fund's fee schedule;	
Synagis injections	rate;	deductible applies	
Ultrasound Pregnancy first	100% of the negotiated	75% of the Fund's fee schedule;	
three	rate;	deductible applies	
Ultrasound Pregnancy after the	100% of the negotiated	75% of the Fund's fee schedule;	
three limit	rate;	deductible applies	Prior approval required;
Urgent Care Clinics	\$30.00 co-payment	Not Covered	
	100% of the negotiated	75% of the Fund's fee schedule;	
Wig	rate	deductible applies	