

**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**

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

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

	Participating Provider	Non- Participating Provider	Limitations & Exceptions
<b>Infertility Pathology / Lab</b>	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)
<b>Infertility RX</b>	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)
<b>Infertility Physician</b>	\$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)
<b>Inpatient hospital illness / Room &amp; Board</b>	\$100.00 per stay co-payment / \$250.00 max per calendar year.	100% of the Fund's negotiated rate	There may be a patient responsibility when using a non-participating facility that will not negotiate.
<b>Lasik Surgery Left eye</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$1,600.00 global allowance; prior approval required;
<b>Lasik Surgery Right eye</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$1,600.00 global allowance; prior approval required;
<b>Lithotripsy Physician</b>	\$30.00 co-payment	75% of the Fund's fee schedule; deductible applies	
<b>Lithotripsy Facility</b>	\$50.00 co-payment	Not Covered	
<b>Maternity C Section</b>	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$4,000 max per delivery	
<b>Maternity Midwife</b>	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$3,200 max per delivery	
<b>Maternity Regular Delivery</b>	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies; \$3,600 max per delivery	
<b>Medical Equipment / Rentals and Purchases</b>	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies	See DME
<b>Medication Coverage Outside Of The RX Plan</b>	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.
<b>Mental Health / Substance Abuse Inpatient</b>	Not Applicable	100% of the Fund's negotiated rate; deductible applies	Prior approval through the fund is required
<b>Mental Health / Substance Abuse Outpatient (MD) (PhD) only</b>	Not Applicable	100% of Fund's fee schedule; deductible applies	\$125.00 per visit;
<b>Mental Health / Substance Abuse Outpatient Social Worker (LCSW) only</b>	Not Applicable	100% of Fund's fee schedule; deductible applies	\$85.00 per visit;
<b>Mental Health / Substance Abuse Outpatient Group Therapy (MD) (PhD) (LCSW) only</b>	Not Applicable	100% of Fund's fee schedule; deductible applies	\$55.00 per visit;
<b>Mental Health / Substance Abuse Outpatient Family Therapy (MD) (LCSW) only</b>	Not Applicable	100% of Fund's fee schedule; deductible applies	\$55.00 per visit;
<b>MRI's and MRA's</b>	\$40.00 co-payment	75% of the Fund's fee schedule; deductible applies	
<b>Newborn Hearing IP Physician charges</b>	Specialist \$30.00 co-payment. General Practitioner \$15.00 co-payment	100% of the Fund's Negotiated rate; deductible applies	
<b>Nerve Block Injections</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	up to 4 per Calendar Year;
<b>Neuropsychological Testing</b>	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
<b>Occupational Therapy</b>	\$10.00 co-payment	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
<b>Physical Therapy</b>	\$10.00 co-payment	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
<b>Speech Therapy</b>	\$10.00 co-payment	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
<b>Visual Therapy</b>	100% of the negotiated rate;	100% of the Fund's fee schedule; deductible applies	30 visits per Calendar Year; prior approval required
<b>Orthotics</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$1,000.00 Calendar Year maximum; prior approval required
<b>Orthotripsy</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$4,000.00 Global Calendar year maximum; prior approval required
<b>Office visit Specialist</b>	\$30.00 co-payment	75% of the Fund's fee schedule; deductible applies	
<b>Office visit General Practitioner</b>	\$15.00 co-payment	75% of the Fund's fee schedule; deductible applies	
<b>Office Surgery Physician charges</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	
<b>Outpatient Surgical Facility / Ambulatory Surgery</b>	\$50.00 co-payment	Not Covered	Non Participating Free Standing Surgical Centers / Ambulatory Surgical facility charges are not a covered expense
<b>Partial Hospitalization Inpatient or Out patient</b>	Not Covered	Not Covered	
<b>Pathology Physician IP</b>	\$30.00 co-payment	100% of the Fund's negotiated rate; deductible applies	
<b>Pathology Outpatient</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	
<b>PEMG</b>	Not Applicable	100% of the Fund's Negotiated rate; deductible waived	
<b>Pharmacogenetic</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	
<b>Podiatry</b>	\$30.00 co-payment	75% of the Fund's fee schedule; deductible applies	Prior approval through the fund is required for surgery. PT and strapping not covered.
<b>Private Duty Nursing</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$10,000.00 per Calendar year; Prior approval required;
<b>Pre-Surgical Testing</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	Must be performed within seven days of the surgical procedure.
<b>Prescription RX (OptumRX)</b>	20% co-payment, deductible applies	Not Covered	\$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, not to exceed a combined \$10,000.00 yearly max Medical / RX.
<b>Prosthetics</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	Prior approval required;
<b>Pulmonary Rehab</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	42 visits per Calendar year;
<b>Reconstructive Surgery</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	Prior approval is required.
<b>Sclerotherapy</b>	100% of the negotiated rate;	75% of the Fund's fee schedule; deductible applies	\$2,600 per Calendar year maximum both legs; Prior approval is required.
<b>Skilled Nursing Facility</b>	100% of the negotiated rate	100% of the Fund's negotiated rate	60 days per Calendar year;
<b>Sleep Study</b>	100% of the negotiated rate; up to a maximum of \$3,000.00	75% of the Fund's negotiated rate; deductible applies; up to a maximum of \$3,000.00	\$3,000 per Calendar year max;
<b>Surgical Center</b>	\$50.00 co-payment	Not Covered	Non Participating Free Standing Surgical Centers / Ambulatory Surgical facility charges are not a covered expense

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