| Medical Benefits for eligible Pension Members & their eligible dependents who are Eligible for Medicare effective 1/1/2016 | | |
|---|---|---|
| **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, Indepndent 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-certificationthrough the Fund is required |
| **Lithotripsy** | Up to $300 | Up to a maximum of $300 in a 90-day benefit period |
| **Maternity** | Not Covered | |

| Medical Benefits for eligible Pension Members & their eligible dependents who are Eligible for Medicare effective 1/1/2016 | | |
|---|---|---|
| **Services You May Need** | **The Fund Allows** | **Limitations** |
| **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; pre-certification through the Fund is required; |
| **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 illiness 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 | |