Medical Benefits for eligible Pension Members & their eligible dependents who are Eligible for Medicare effective 1/1/2022		
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 1/1/2021		
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;
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	