Retiree Contributions:

None

**Benefit Description:** 

## COVERED SERVICES (RETIREES AND DEPENDENTS UNDER AGE 65)

**HOSPITAL COVERAGE** 

Hospital Room and Miscellaneous

Paid in full at the semi-private room rate for 90 days, less a \$100 copay.

Psychiatric

Paid in full for 30 days at the semi-private room rate per consecutive 12-month

period, less a \$100 copay

Hospital Outpatient

Paid UCR for injuries that require emergency hospital outpatient attention within

24 hours following an accident; less a \$100 copay (unless admitted)

MEDICAL COVERAGE

Ambulance Service

There is a \$75 maximum, including ALL medically necessary transport, following a covered serious injury/accident, including but not limited to

helicopter transport.

Anesthesia

Based on a specific charge but not more than \$400 per procedure

Chiropractic Care/ Physical,

Occupational and Speech Therapy

Up to 26 visits per calendar years at \$25 per visit and 2 corresponding x-rays per

year by a licensed chiropractor or therapy prescribed by a physician

X-Ray, Laboratory, Chemotherapy and Radiation

Payment based on reasonable and customary allowances up to \$750 per calendar year

Inpatient Hospital Doctor Visits

Maximum of \$25 per day

Doctor Office Visits

\$25 per visit to a maximum of 120 visits per calendar year

Outpatient Psychiatric Care

Maximum of \$25 per visit and 26 visits per calendar year.

Surgery

Payment based on reasonable and customary (R&C) allowance, up to a maximum of \$3,000 for a particular surgery. If 2 or more surgical procedures are performed through the same incision or bodily opening, payment is based on the R&C allowance, up to \$3,000 for the primary procedure, and 50% of the allowance for all secondary procedures, not to exceed \$1,500 per surgical procedure. The Plan will pay up to 25% of the allowance as payment toward a medically necessary assistant surgeon, up to a maximum of \$250 per procedure.

Plan Maximum

The combination of Hospital Expense Benefits and Medical Benefits are subject to a lifetime maximum payment of \$125,000 per person. Payments for prescription drug, dental, vision and hearing benefits are not included in this maximum, but once the lifetime maximum is met, all health benefits from this Fund will terminate. Retirees will keep their life insurance benefit.

## OTHER PRE-MEDICARE BENEFITS

Prescription Drug

Paid-in-full to an annual maximum of \$300 per participant or \$500 per family per year. Effective January 1, 2007, there will be a \$25 copay for all brand name prescription medications purchased. There will be no copay on generic prescription drugs.

Dental Care

Payment based on a scheduled dollar benefit for each covered dental service to an annual maximum of \$500 per person, per calendar year. Most services are covered in full if a panel dentist is used. Effective January 1, 2007, there will be a \$50 annual deductible for each covered individual. The deductible will not apply to preventative services, annual prophy, fluoride, exam, and x-rays.

Hearing Aid

The Fund will pay to a maximum of \$350 per person once every 24 months.

Vision

Reimbursement for new frames, lenses, repair or replacement of the glasses, not in excess of a sum of \$50 per calendar year; up to \$25 per year for an eye examination.

## COVERED SERVICES (RETIREES AND DEPENDENTS AGE 65 AND OVER AND DISABILITY RETIREES AFTER TWO YEARS)

Medicare Part A

Reimbursement of Part A deductible if enrolled in Medicare Part A; also, reimbursement of coinsurance days 61 through 90

Medicare Part B

Reimbursement of the Part B deductible and Medicare coinsurance amounts for medical and surgical services covered under Part B (must be enrolled and pay monthly premium)

Plan Maximum

Lifetime Maximum Benefit for Retirees Entitled (eligible and enrolled) in Medicare Part A and B: All covered medical services are subject to a lifetime maximum payment of \$50,000. Once the Lifetime maximum is met, all health benefits from this Fund will terminate. Retirees will keep their Life Insurance benefit.

## IV. COVERED SERVICES (RETIREES AT ALL AGES)

Death

\$2,500 upon death for eligible employees who retired on or after November 1, 1971 but before July 1, 1975 (including disability pensioners).

\$5,000 upon death from any cause for eligible employees who retired on or after July 1, 1975 (including disability pensioners). Must have thirty (30) credited years of service to be eligible for Life Insurance benefits under this Plan.

\$10,000 upon death for eligible employees that retired with a disability pension or after January 1, 1987 that die before age 65.