

**SUMMARY OF BENEFITS: The City shall provide at a minimum the supplemental Health Care Benefits for retirees age 65 and older as listed below. It shall also provide for increase deductibles under the Federal Medicare Part A and B Program as they occur.**

*General Information*

<p><b>Coverage Levels</b></p>	<p>Medicare has two parts:  Part A (hospital) Medicare approved services will apply a \$792 deductible for hospital stay of 1-60 days, \$198 per day co-payment for days 61-90, and \$396 per day co-payment for lifetime reserve days of 91-150 for each benefit period.  Part B (medical) most Medicare eligible expenses are covered after an annual \$100 deductible at 80%* coverage for physicians who accept Medicare.</p> <p>*Unless otherwise noted</p>	<p><b>Plan 65</b> is a supplement to Medicare. If Medicare does not provide coverage for a specific service then Plan 65 does not allow either. Plan 65 pays the Part A and Part B Medicare deductibles and the 20% co-payments for most Medicare eligible expenses. Exceptions are noted below.  <b>Major Medical (M/M):</b> The major medical program provides coverage for some services (details are listed below). Most covered services are reimbursed after meeting a \$200 annual deductible at 80%* of RI allowance.</p> <p>*Unless otherwise noted</p>
<p><b>Participating Provider Network</b></p>	<p>Providers who agree to accept assignment accept Medicare-approved amounts as payment in full. Members may also choose a physician or supplier who does not accept Medicare or assignment, eligible expenses are covered up to the Medicare reimbursement levels (explained above) and the member is responsible for payment up to the physician charges.</p>	<p><b>Plan 65</b> Not Applicable. Unless otherwise noted below.  <b>M/M</b> Participating providers will accept RI allowance. Members will be responsible for the applicable deductible and/or co-payments for services covered under M/M. Members may also choose to receive treatment from a non-participating provider and still receive coverage at 80% of RI allowance, less any deductibles. The member is responsible for payment up to the physician charges.</p>
<p><b>Preauthorization</b></p>	<p>Not applicable</p>	<p>Not applicable</p>
<p><b>Annual Deductibles</b></p>	<p><b>Medicare Part A</b> \$792 deductible for eligible expenses per benefit period.  <b>Medicare Part B</b> \$100 annual deductible for eligible expenses.</p>	<p><b>Plan 65</b> Not Applicable.  <b>M/M</b> \$200 annual deductible for eligible expenses.</p>

<b>Out-of-pocket maximums</b>	Not applicable	<b>Plan 65</b> Not applicable <b>M/M</b> Not applicable
<b>Lifetime maximums</b>	No dollar maximums. Limitations listed below.	<b>Plan 65</b> Not applicable <b>M/M</b> \$1,000.00 maximum for services. Other limitations noted below.
<b><i>Preventive &amp; Outpatient Services</i></b>		
<b>Office Visits (Personal Physician)</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses. Routine physical exams are not covered.	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. Routine physical exams are not covered. <b>M/M</b> One routine exam per calendar year is covered after meeting the \$200 annual deductible at 80% of RI allowance.
<b>Office Visits (Specialists)</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses. Routine physical exams are not covered.	<b>Plan 65</b> pays the annual Part B deductible and 20% coverage for Medicare eligible expenses. Routine physical exams are not covered. <b>M/M</b> One routine exam per calendar year is covered after meeting the \$200 annual deductible at 80% of RI allowance.
<b>Eye Exams</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses for diagnosis and treatment for diseases and conditions of the eye. Routine eye exams are not covered.	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. Routine eye exams are not covered. <b>M/M</b> routine eye exam is not covered.
<b>Lab &amp; X-Ray</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses. 100% coverage for Medicare approved lab services.	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. <b>M/M</b> Medicare and Plan 65 pay in full. No balance due.

<b>Outpatient Surgery</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses for the doctor and outpatient facility charges.	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. M/M Medicare and Plan 65 pay in full. No balance due.
<b>Prescriptions</b>	Member is responsible for 100% of most prescription drugs.	<b>Plan 65</b> No coverage <b>M/M</b> \$200 annual deductible and a 20% co-payment at participating pharmacies for covered medications.
<b><i>Emergency and Urgent Care</i></b>		
<b>Emergency Room</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses for the facility and doctor charges (co-insurance/co-payment waived if admitted within 1-3 days of the emergency room visit). Not covered outside the United States except under limited circumstances.	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. M/M Medicare and Plan 65 pay in full. No balance due.
<b>Urgi-Centers</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses for the doctor charges. Not covered outside the United States except under limited circumstances (this is not emergency care, and in most cases, is out of the service area).	<b>Plan 65</b> pays the annual Part B deductible and 20% coverage for Medicare eligible expenses. M/M Medicare and Plan 65 pay in full. No balance due.

*Inpatient Services*

<p><b>Hospitalization</b></p>	<p>Member must pay the inpatient hospital deductible and co-payment for each benefit period for Medicare eligible expenses. A benefit period begins the day the member is admitted into a hospital or skilled nursing facility. The benefit period ends when member has not received hospital or skilled nursing care for 60 days in a row. If member goes into hospital after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods a member can have.</p> <p>Days 1-60: an initial deductible of \$792 (inpatient deductible).  Days 61-90: \$198 co-payment each day.  Days 91-150 (reserve days): \$396 co-payment each day. (The 60 lifetime reserve days can only be used once.)</p>	<p><b>Plan 65</b> will pay for the inpatient hospital deductible and the co-payment for Medicare eligible expenses. Upon exhaustion of all Medicare Hospital inpatient coverage including the lifetime reserve days, member is covered up to 90% of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days. Skilled Nursing Care and custodial care are not covered.</p> <p>Days 1-60: an initial deductible of \$792 (inpatient deductible).  Days 61-90: \$198 co-payment each day.  Days 91-150: (reserve days): \$396 co-payment each day. (The 60 lifetime reserve days can only be used once.)  <b>M/M</b> Not applicable.</p>
<p><b>Skilled Nursing</b></p>	<p>Member is responsible for each hospitalization benefit period, following at least 3-day covered hospital stay. There is a limit of 100 days for each benefit period. Must be a Medicare certified skilled nursing facility to receive the following coverage:  Days 1-20: 100% coverage for each day  Days 21-100: \$97 for each day</p>	<p><b>Plan 65</b> and <b>M/M</b> Skilled nursing facilities are not covered. The member is responsible for all deductibles, co-payments, and non-covered services.</p>
<p><b>Inpatient Rehab Facility</b></p>	<p>Considered a hospitalization – Please refer to Hospitalization summary (above).</p>	<p>Considered a hospitalization – Please refer to Hospitalization summary (above).</p>

<b>Organ Transplant</b>	Considered a hospitalization – Please refer to Hospitalization summary (above). Medicare Part B helps pay for heart, lung, kidney, pancreas, and liver transplants under certain conditions.	Considered a hospitalization – Please refer to Hospitalization summary (above).
<i>Behavioral Health Care (Subject to Change)</i>		
<b>Inpatient Mental Health Care</b>	Considered a hospitalization – Please refer to Hospitalization summary (above). There is a 190-day lifetime limit in a psychiatric hospital.	Considered a hospitalization – Please refer to Hospitalization summary (above).
<b>Outpatient/Office Mental Health Care</b>	After annual Part B deductible – 50% coverage of Medicare eligible expenses	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. <b>M/M</b> will provide coverage for the remaining co-payment of Medicare eligible expenses after meeting the \$200 annual deductible.
<b>Inpatient Chemical Dependency</b>	Considered a hospitalization – Please refer to Hospitalization summary (above).	<b>Plan 65</b> and <b>M/M</b> Chemical Dependency services are not covered. The member is responsible for all deductibles, co-payments, and non-covered services.
<b>Outpatient Chemical Dependency</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses.	<b>Plan 65</b> and <b>M/M</b> Chemical Dependency services are not covered. The member is responsible for all deductibles, co-payments, and non-covered services.
<i>Additional Services</i>		
<b>Physical, Speech &amp; Occupational Therapy - Outpatient</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses	<b>Plan 65</b> Pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses <b>M/M</b> Medicare and Plan 65 pay in full. No balance due.

<b>Chiropractic Medicine</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses for manual manipulation of the spine (to correct subluxation, provided by chiropractors or qualified other providers). Routine chiropractic services are not covered.	<b>Plan 65</b> pays the Annual Part B deductible and 20% coverage for Medicare eligible expenses. <b>M/M</b> Routine chiropractic services are covered after meeting the \$200 annual deductible.
<b>Ambulance</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses. (Medically necessary ambulance service.) Air ambulances not covered.	<b>Plan 65</b> pays the annual Part B deductible and 20% coverage for Medicare eligible expenses. Air ambulance not covered. <b>M/M</b> No balance as Medicare and Plan 65 pays in full.
<b>Durable Medical Equipment</b>	After annual Part B deductible – 80% coverage of Medicare eligible expenses	<b>Plan 65</b> pays the annual Part B deductible and 20% coverage for Medicare eligible expenses. <b>M/M</b> No balance as Medicare and Plan 65 pay in full.
<b>Home Health &amp; Hospice Care</b>	Hospice – Member is responsible for part of the cost of outpatient drugs and inpatient respite care. Must receive care from any Medicare certified hospice. Home Health Care – 100% coverage for all covered home health visits. Includes medically intermittent skilled nursing care, home health aid services, and rehabilitation services, etc.	<b>Hospice</b> <b>Plan 65</b> Medicare pays eligible expenses at 100% except limited coinsurance for outpatient drugs and inpatient respite care. <b>M/M</b> will pay for FDA approved prescriptions after \$200 annual deductible and 80%. <b>Home Health Care</b> <b>Plan 65</b> No balance as Medicare pays in full <b>M/M</b> No balance as Medicare pays in full
<b>Eyeglasses &amp; Contact Lenses</b>	Member is covered for one pair of eyeglasses or contact lenses after each cataract surgery (annual deductible applies) otherwise not covered.	<b>Plan 65</b> no coverage <b>M/M</b> no coverage

<p><b>Hearing Aids</b></p>	<p>Routine hearing exams and hearing aids are not covered. After annual Part B deductible – 80% coverage of Medicare eligible expenses for diagnostic hearing exams.</p>	<p><b>Plan 65</b> Hearing aids are not covered. Plan 65 pays the annual Part B deductible and 20% for Medicare eligible expenses for diagnostic hearing exams. <b>M/M</b> Hearing aids are not covered</p>
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