

Schedule of Benefits – Medicare-Eligible Retirees and Their Eligible Dependents

The following chart highlights key features of the Plan. These benefits are described in detail within this booklet.

Medical Benefits	Medicare Provider	
Fund annual Deductible	None	
Medicare Parts A and B Deductibles	Plan pays 100%	
Medicare Part A Hospital Stays: 1st to 60th Day 61st to 100th Day Skilled Nursing Facility 1st to 20th Day 21st to 100th Day Blood work, imaging, diagnostic testing	No charge Plan pays 100% of the per-day Coinsurance No charge Plan pays 100% of the per-day Coinsurance No charge if allowed by Medicare	
Medicare Part B Home Health Hospice services Durable Medical Equipment Emergency room care & transportation and urgent care Primary care/specialist office visits Outpatient mental health Preventive care/screenings/immunizations Rehabilitation services	Plan pays 20% of Medicare allowable No charge if allowed by Medicare No charge if allowed by Medicare No charge if allowed by Medicare No charge if allowed by Medicare Plan pays 50% of Medicare allowable No charge if allowed by Medicare No charge if allowed by Medicare	
Unless otherwise specified, when you receive services from a non-Medicare provider, you are responsible for paying the difference between the Medicare allowance and the billed amount.		
Prescription Drug Benefits	Through OptumRx	
Brand-name annual Deductible (retail and maintenance drug/mail-order programs)	\$100 per person; \$300 family maximum	
Retail program Generic medication Brand-name medication Single-source Multi-source Fill limit for maintenance (long-term) medications through the retail program	For up to a 30-day supply, you pay: \$10 per prescription After Deductible: \$20 per prescription \$20 per prescription plus the difference in cost between the generic and multi-source brand-name medication; with a minimum Copayment of \$40 Coverage is provided for up to 3 fills only	
Maintenance drugs at retail or through mail-order program Generic medication Brand-name medication Single-source Multi-source Fill limit for maintenance (long-term) medications through the retail program	For up to a 90-day supply, you pay: \$20 per prescription After Deductible, \$50 per prescription \$50 plus the difference in cost between the generic and multi-source brand-name medication; with a minimum Copayment of \$100 Maximum of 3 fills of maintenance medications through retail, which then should be filled through mail order or CVS90 retail	
Specialty drugs	Same copays as above for retail and mail-order prescriptions, depending on the type of specialty drug. Specialty drugs must be filled through OptumRx's preferred retail Pharmacy.	
Prescriptions filled at nonparticipating pharmacies, take-home prescriptions, and self-administered drugs provided by the Hospital, non-sedating prescription allergy medications, and proton pump inhibitors (stomach medication) are covered at 50%. The Deductible applies for brand-name medications only. Compound prescriptions not processed under your OptumRx Card will be covered at 50%.		
Death Benefit		
Retired Employee Spouse Dependent child	\$5,000 \$2,500 \$10,000	<i>At the end of the calendar year, each individual and/or designated Beneficiary will receive a tax document (1099R) from the Plan Office indicating the amount of Death Benefit received.</i>