

## Medicare Coverage Summary of Benefits

The following information summarizes your Medicare benefits under the Plan as of January 1, 2025.

Medical Benefits <sup>1</sup>		
Medicare Part B Premium Reimbursement	100% of the standard Part B premium	
Annual Deductible	None	
Coinsurance (unless noted otherwise)	Plan pays 100%	
Hospital Services (including semi-private room and board, surgical, anesthesiology and other medical services)	Plan pays 100%	
Outpatient Surgery	Plan pays 100%	
Office Visits	Plan pays 100%	
Preventive Care/Wellness Services	Plan pays 100%	
Emergency Medical Care	Plan pays 100%	
Annual Out-of-Pocket Maximum	Not Applicable	
Chiropractic Care		
Initial Care	Up to 10 visits for first 30 days or 20 visits for first 60 days	
Continuing Care	Up to 1 visit per month	
Recurrence of Acute Condition	Up to 8 visits for first 30 days; up to 10 for next 60 days; 1 per month thereafter	
Home Care Services	Limited to 100 visits per calendar year	
Mental Health Benefits		
Inpatient days		
Maximum per calendar year	60 days	
Outpatient visits		
Maximum per calendar year	25 visits	
Substance Abuse Benefits		
Inpatient maximum days per confinement	28 days for rehabilitation and 5 days for detoxification	
Outpatient Services	Not covered	
Lifetime limit	2 Inpatient rehabilitation programs	
Fitness Benefit	\$250 per Participant per year	
Hearing Benefit	Up to \$4,000 per Participant every 3 years	
Health Reimbursement Account	\$750 Single; \$1,500 Family	
Prescription Drug Benefits <sup>2,3</sup>		
Maximum Supply	30-day supply (retail or mail)	90-day supply (retail or mail)
Type of Medication		
Generic	For up to a 30-day supply, you pay: \$2 per prescription	For up to a 90-day supply, you pay: \$4 per prescription
Preferred Brand	\$15 per prescription	\$30 per prescription
Non-Preferred Brand	\$24 per prescription	\$48 per prescription

<sup>1</sup>Covered Services are paid based on Usual and Customary Charges. Participants are responsible for an additional amount if using a Provider that does not accept Medicare assignment.

<sup>2</sup>See page 48 of the booklet for information about prescription drugs that require prior approval.

<sup>3</sup>Any medications eligible for the mail order program may be obtained at retail for the same copayment as at mail order.

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<b>Dental Benefits</b>	
Dental Annual Maximum	\$4,000
Coinurance – Diagnostic/Preventive	100% for participating dentists
Coinurance – Basic Services (e.g., fillings, root canals, crowns)	100% for participating dentists
Coinurance – Major Services (e.g., bridges, implants, dentures)	100% for participating dentists
<b>Vision Benefits</b>	
Annual exam	\$0 copay for network providers
Frames (once/calendar year)	\$0 copay for network providers up to \$300 allowance
Standard lenses (once/calendar year)	\$0 copay for network providers
Contact lenses (once/calendar year)	\$0 copay for network providers up to \$200 allowance
<b>Life Insurance Benefits</b>	
<i><b>Retiree Life Insurance Benefit</b></i>	
<i>Benefit payable to Retiree's Beneficiary</i>	\$20,000
<i><b>Spouse Life Insurance Benefit</b></i>	
<i>Benefit payable to Spouse's Beneficiary</i>	\$12,500