

RETIREE (POST-MEDICARE)

SCHEDULE OF BENEFITS

Effective January 1, 2024

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All benefits are subject to eligibility, maximum Plan benefit, reasonable and customary determination (or negotiated fee amounts for PPO dental provider services, or Medicare-allowable fee limits for Medicare-eligible patients) and any special limits noted in the Plan. Charges that exceed the reasonable and customary amount or other Plan limitations will not be considered eligible in determining Plan benefits. Eligible expenses must be medically necessary and are subject to the Calendar Year deductible unless otherwise noted. Age limitations are applied as of the last day of the month in which the eligible dependent's birthday occurs. **Deductibles and out-of-pocket amounts satisfied under the Active Plan do not carry over to the Midwest Operating Engineers Retiree Welfare Plan (RWP). If you have a non-Medicare eligible dependent of the RWP, please refer to the Retiree (Pre-Medicare) Schedule of Benefits posted at www.local150.org/moe/benefits/retirement/retiree-welfare-plan/.**

Reasonable and Customary Charge

Actual charge for the service or supply is comparable to what is usually charged for the same service or supply in the provider's geographic area.

Medicare will be your primary health plan and the benefits below will be coordinated (reduced) to supplement Medicare's benefits. Once Medicare becomes your primary carrier, you must use a provider who participates in Medicare; no benefits will be paid for services provided outside of the Medicare network. **You must enroll in both Medicare Part A and Part B when you become entitled, or you will incur much higher out of pocket costs as the RWP will consider charges as if you were enrolled in Medicare.** There are no additional benefits available from the RWP if you enroll in a Medicare Advantage Plan.

ALWAYS PROVIDE YOUR HEALTHCARE PROVIDER A COPY OF BOTH YOUR MEDICARE CARD AS WELL AS YOUR MIDWEST OPERATING ENGINEERS RETIREE WELFARE PLAN MEDICAL ID CARD. CERTAIN EXPENSES MAY NOT BE COVERED BY MEDICARE.

COMPREHENSIVE MEDICAL EXPENSE BENEFITS

Local 150 Primary Medical Homes (Ages vary by location)	
Operators' Health Centers (OHC), Everside Health Centers & Midwest Coalition of Labor Health Centers (MCL Health Centers) Annual physical exam, preventive care/wellness visits, immunizations, sick visits, disease/condition management, clinical laboratory services, DOT physicals and specialty services where available. See a full list of services available at: https://local150.org/moe/local-150-primary-medical-homes-2/ Not subject to deductible	100%
CVS Minute Clinics	
Non-emergency, unscheduled acute illness, or injuries Additional "cash pay" services are available at a cost to the patient Not subject to the deductible	Most services covered at 100%
Medical Out-of-Pocket Expense Maximum	
The amount of money an individual pays toward covered hospital and medical expenses during any one Calendar Year, including the deductible; Does not include premiums, balance-billing charges, Family Supplemental Benefits, dental benefits, prescription drugs and health care not covered by the Plan	\$2,500 per individual \$6,000 per family

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Medical Benefits (Comprehensive Medical Benefit)	RWP Coverage
Annual Maximum Per Calendar Year	\$2,000,000
Individual Deductible Per person, per Calendar Year All benefits are subject to the deductible unless otherwise noted Three-month carryover applies	\$300
Family Deductible Per Calendar Year Three-month carryover does not apply	\$700
Network	You must use a provider that is enrolled in Medicare
Inpatient Hospital Services Room allowances based on the hospital's most common semi-private room rate Pre-admission testing is covered one time prior to surgery	80%
Hospital Emergency Room	80%
Skilled Nursing Facility If recommended by a physician and confinement begins within 30 days of a hospital confinement Maximum per disability: 45 days <i>Follows Medicare guidelines for breaks in skilled nursing facility care and 45 days begin after Medicare pays the first 20 days in full</i>	80%
Home Health Care If ordered by a physician Including Private Duty Nursing in limited NICU cases	80%
Outpatient Hospital Services Including licensed surgery centers	80%
Diagnostic X-rays/Lab X-rays and/or tests to diagnose a condition or to determine the progress of an illness or injury	80%
MRI/CT and PET Scans	80%
Outpatient Physical and Occupational Therapy Must be performed by a licensed provider	100% and not subject to the deductible if received at an ATI Physical Therapy Facility; otherwise, 80%
Outpatient Restorative Speech Therapy (Children and Adults) Must be performed by a licensed provider	80%
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases Individuals aged 2 – 18 years old Must be performed by a licensed provider	80%

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Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases Individuals through age 18 only Must be performed by a licensed provider	100% and not subject to the deductible if received at an ATI Physical Therapy Facility; otherwise, 80%
Orthoptic Training Dependent children up to age 10 only (in lieu of surgery) Training needs to be prescribed by a covered provider Lifetime maximum: 40 visits Not subject to the deductible or out-of-pocket maximums	50%
Physician's Medical/Surgical Care Office visits, hospital visits, surgery, assistant surgeon, etc.	80%
Preventive Care Most RWP Medicare PDP immunizations Routine physical exams, immunizations, employment physicals, routine hearing exams, mammograms Benefit for member, spouse, and covered dependents over 24 months Not subject to the deductible	100%
Well Baby Care Includes routine hospital visits, outpatient visits and immunizations, age limitation of birth to 24 months Not subject to the deductible	100%
Chiropractic Services Limited to 24 visits per year with a \$60 maximum per visit	100% and not subject to the deductible if received at an Everside Health Center that offers services; otherwise, 80%
Durable Medical Equipment (DME) Rental paid up to purchase price of the equipment, except for lifetime items that do not have a purchase price Includes necessary adjustments or repairs, or replacement, if more cost effective Not subject to the deductible or out-of-pocket maximums Electric wheelchair limited to \$15,000	80%
Foot Orthotics Custom fitted foot orthotics prescribed by a physician Calendar Year maximum: \$350 Lifetime maximum: \$2,000	80%
Prosthetic Devices Artificial devices to restore a normal body function	80%
Transplants Benefit begins five days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure Transportation and lodging maximum: \$10,000 Private duty nursing maximum: \$10,000	80%

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<p>Temporomandibular Joint Disease (TMJ) oral appliance Medicare does not cover this service Lifetime maximum: \$4,000 Not subject to the deductible or out-of-pocket maximums Requires approval by the Case Manager</p>	50%
<p>Cochlear Implants</p>	80%
<p>Medical Transportation Includes ground and air transport from the site of the injury, medical emergency, or acute illness to the nearest facility Includes ground non-emergency transfer from hospital to hospice care if home is less than 100 miles from hospital Inter-health-care-facility transfer maximum: \$5,000</p>	80%
<p>Acupuncture Services performed by a licensed provider within the scope of his or her license Maximum of 12 treatments per Calendar Year Up to \$125 allowable per visit</p>	80%
<p>Sleep Apnea Appliance When ordered by a physician and provided by a medical equipment supplier or dentist Appliance replacement once every five years if existing appliance is covered</p>	80%
Mental Illness and Substance Abuse (Subject to the medical deductible)	RWP Coverage
<p>Inpatient Care</p>	80%
<p>Outpatient Care</p>	80%
<p>Residential Facility</p>	80%
<p>Member Assistance Program (MAP) Administered by Employee Resource System (ERS)</p>	Provides members and covered dependents with up to five no-cost visits per episode per Calendar Year Additional counseling or treatment may require payment

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Dental Benefits (Medicare does not cover most dental care, dental procedures, or supplies, like cleanings, fillings, tooth extractions, dentures, dental plates, or other dental devices)	In-Network	Out-of-Network
PPO Network and Claims Administration	Delta Dental PPO	Not applicable If you use a non-network dentist, Delta Dental will pay you directly, leaving you responsible to pay the provider
Deductible	\$0	
Calendar Year Maximum No maximum for children under the age of 19	\$2,000 per adult (age 19 and older)	
Preventative	100%	
Basic and Restorative Fillings, crowns, root canal therapy, oral surgery, dentures, bridgework, and other covered dental services	70% coinsurance is based on Delta Dental's Allowable Fee You pay the full cost of services above the Allowable Fee if you use an Out-of-Network provider	
Orthodontia Dependent children through age 18 only Lifetime maximum: \$2,000	50% coinsurance is based on Delta Dental's Allowable Fee You pay the full cost of services above the Allowable Fee if you use an Out-of-Network provider	
Family Supplemental Benefit (FSB)	RWP Coverage	
<p>This benefit can be used for non-covered medically necessary and un-reimbursed medical, dental and pharmacy benefit expenses, including items such as hearing aids, glasses, etc.</p> <p>It cannot be used to reimburse expenses covered under the prescription drug program.</p> <p>Reimbursement for Plan maximums and items covered at 50% that are not subject to the out-of-pocket maximum are eligible.</p> <p>Other than stated above, this benefit cannot be used to reimburse the deductible, copayment, or amount over the reasonable and customary amount.</p> <p>For additional information regarding reimbursable and non-reimbursable FSB expenses, please visit https://local150.org/moe/family-supplemental-benefit/</p>	Maximum per family, per Calendar Year: \$1,500	

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Prescription Drug Program – Retiree Welfare Plan Medicare Prescription Drug Plan (RWP Medicare PDP)			
<ul style="list-style-type: none"> The RWP Medicare PDP is administered by the Midwest Operating Engineers Welfare Fund along with OptumRx, the plan’s current Pharmacy Benefit Manager. The following information is intended to provide general information relating to the RWP Medicare PDP. For the specific provisions of the RWP Medicare PDP, refer to the Evidence of Coverage (EOC) booklet mailed to you by OptumRx once you are enrolled into the plan. The EOC explains your rights and responsibilities, what is covered, and what you pay as a member of the plan. We encourage you to set aside some time to look through this booklet to learn what the plan’s rules are and what coverage is available to you. Please note: The Fund Office must have your Medicare Beneficiary Identifier (MBI) and correct mailing address to enroll you into the RWP Medicare PDP. The RWP Medicare PDP is a group Medicare Part D plan which combines a standard Medicare Part D prescription drug plan with the additional coverage provided by the RWP. This additional coverage is referred to as a wrap plan because it wraps around the standard Medicare Part D plan and provides coverage for certain Part D drugs that are not on the OptumRx formulary or not covered by Medicare Part D. This prescription drug coverage is offered in conjunction with your medical coverage. If you are disenrolled from the RWP Medicare PDP, you will lose your RWP prescription drug coverage. You will continue to have your RWP medical and dental coverage, but you will pay the full RWP premium amount. You will be allowed one opportunity to re-enroll in prescription drug coverage in the future. If you are subsequently disenrolled from the RWP Medicare PDP, you will not be able to re-enroll in RWP prescription drug coverage in the future. You cannot be enrolled in more than one Medicare Part D plan at a time. If you enroll in another Medicare Part D plan while enrolled in the RWP Medicare PDP, you will be automatically disenrolled from the RWP Medicare PDP. The copays outlined in the 4-tier copay structure chart below are applicable for medications obtained on the Plan’s formulary and wrap plan. Medications used to treat cancer and transplant medications billed by OptumRx are subject to the 4-tier copay structure outlined below. 			
	In-Network		Out-of-Network
	OptumRx Network Retail Pharmacy (30-day supply)	OptumRx Network Retail Pharmacy or Home Delivery (up to a 90-day supply)	If you utilize an out-of-network pharmacy, you will have to pay the full cost of your prescription.
Generic Drug (Tier 1)	\$5 copayment ⁽¹⁾ for a 30-day supply	\$15 copayment ⁽¹⁾ for a 90-day supply	These medications can be reimbursed through OptumRx in a few special situations. Please call OptumRx Member Services for more information at (866) 868-2493.
Preferred Brand Name Drug (Tier 2)	\$10 copayment ⁽¹⁾ for a 30-day supply	\$30 copayment ⁽¹⁾ for a 90-day supply	
Non-Preferred Brand Name Drug (Tier 3)	\$25 copayment ⁽¹⁾ for a 30-day supply	\$45 copayment ⁽¹⁾ for a 90-day supply	
Specialty/ High-Cost Drug (Tier 4) Requires prior authorization	\$100 copayment ⁽¹⁾ for a 30-day supply	Not covered	
Multi-Ingredient Compound (MIC)	Please call OptumRx Member Services at (866) 868-2493 for more information.		
Long-Term Care Facility (Convalescent or Nursing Home)	<p>If you are a resident of a long-term care facility, you may get your prescription drugs through the facility’s pharmacy if it is part of the OptumRx network. To find out if the facility’s pharmacy is part of the network, contact OptumRx Member Services at (866) 868-2493.</p> <p>If the facility’s pharmacy is part of the OptumRx network, then you are responsible for paying a copay for all medication obtained through that pharmacy, as outlined in the 4-tier copay structure chart above.</p>		
(1) Copayments listed are the Plan’s basic copayment schedule; if the cost of the medication is less than the copayment listed, you will be responsible for paying the lower cost.			
If you have any questions regarding the RWP Medicare PDP, contact OptumRx Member Services at (866) 868-2493.			