

MIDWEST OPERATING ENGINEERS
RETIREE WELFARE PLAN

Post-Medicare

SCHEDULE
OF BENEFITS

2026 CALENDAR YEAR



A Schedule of Benefits explains what services are covered, the associated costs like copays, deductibles, and coinsurance, and any limitations or exclusions that are included, to give you an idea of what you're going to pay for medical treatments and procedures.

Plans' benefits are subject to eligibility, maximum Plan benefits, reasonable and customary determinations (or negotiated fees for PPO dental services, or Medicare- allowable fees for Medicare-eligible patients) and any specific limits. 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).**

Reasonable and Customary means that the charge, fee, or expense is the smallest of:

- The actual charge for the service
- The provider's usual charge for that service
- Any negotiated rate (if applicable)
- The typical charge for the same service in your area by similar providers

Enrolling in Medicare
 You must enroll in both Medicare Part A and Part B when you become entitled by age or entitled early due to a disability. If you do not, the RWP will pay your claims as if you were enrolled in Part A and Part B, leaving you with significantly higher out-of-pocket expenses.

Once you are eligible for Medicare, Medicare becomes your primary health plan. The RWP becomes your secondary health plan which means that benefits will be coordinated to supplement Medicare's benefits. Once Medicare becomes your primary carrier, you must follow Medicare's guidelines which includes using a provider who participates in Medicare; no benefits will be paid for services provided outside of the Medicare

network. There are no additional benefits available from the RWP if you enroll in a Medicare Advantage Plan.

When receiving any medical services, be sure to always present a copy of your Medicare card AND your Medicare Primary Medical ID card. There may be certain expenses that are not covered by Medicare but may be covered by the RWP and vice versa.

| Comprehensive Medical Expense Benefits | |
|---|--|
| Local 150 Health Centers – Not subject to deductible | |
| Operators' Health Centers (OHC), Marathon Health Centers & Midwest Coalition of Labor Health Centers (MCL Health Centers) Services include annual physical exams, preventive care/wellness visits, immunizations, sick visits, disease/condition management, clinical laboratory services, DOT physicals, specialty services, and more. Patient age requirements and services vary by location. Visit https://local150.org/moe/local-150-health-centers/ . | 100% |
| MinuteClinic – Not subject to the deductible | |
| Located in select CVS and Target locations. Non-emergency, unscheduled acute illness, or injuries. Additional "cash pay" services are available at a cost to the patient. | 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, DME, orthoptic training, TMJ appliance, Family Supplemental Benefit, dental benefits, prescription drugs and health care not covered by the Plan. | \$2,500 per individual \$6,000 per family |



| Medical Benefits – Subject to the deductible, unless otherwise noted | 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 (4 th quarter) carryover applies – Covered Expenses applied against the Individual Deductible in the last three months of a Calendar Year may also be applied to the next Calendar Year. | \$300 |
| Family Deductible Per Calendar Year. Three-month (4 th quarter) carryover does not apply. | \$700 |
| Network | Must use a provider that participates 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% |
| Emergency Services in a Hospital or Independent Freestanding Emergency Department Facility charges. | 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. Services will be covered at 100% and not subject to the deductible if received at an ATI Physical Therapy Facility. Medicare guidelines must be followed. | 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 Must be performed by a licensed provider. | 80% |
| Orthoptic Training – Not subject to the deductible or out-of-pocket maximums. Training needs to be prescribed by a covered provider. | 50% |
| Physician’s Medical/Surgical Care Office visits, hospital visits, surgery, assistant surgeon, etc. | 80% |
| Preventive Care Benefit for Member and Spouse – Not subject to the deductible. Medicare Part B covered immunizations. Includes routine physical exams, routine labs, routine outpatient visits, routine hearing exams, mammograms, employment physicals, immunizations, and influenza shots. | 100% *Preventative services not covered by Medicare are subject to Reasonable and Customary |



| Medical Benefits – Subject to the deductible, unless otherwise noted | RWP Coverage |
|---|--|
| <p>Preventive Care Benefit for Dependents Over 24 months – Not subject to the deductible. Medicare Part B covered immunizations. Includes routine physical exams, routine labs, routine outpatient visits, routine hearing exams, mammograms, employment physicals, immunizations, and influenza shots.</p> | <p>100% *BCBS PPO in-network coverage only for preventative services not covered by Medicare</p> |
| <p>Well Baby Care – Not subject to the deductible. Includes routine hospital visits, outpatient visits, and immunizations. Age limitation of birth to 24 months.</p> | <p>100% *Preventative services not covered by Medicare are subject to Reasonable and Customary</p> |
| <p>Chiropractic Services Limited to 24 visits per year with a \$60 maximum per visit. Services will be covered at 100% and not subject to the deductible if received at a Local 150 Health Center that offers services.</p> | <p>80%</p> |
| <p>Durable Medical Equipment (DME) – Not subject to the deductible or out-of-pocket maximums. 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. Electric wheelchair including accessories are limited to \$15,000.</p> | <p>80%</p> |
| <p>Foot Orthotics Custom fitted foot orthotics prescribed by a physician. Lifetime maximum: \$2,000.</p> | <p>80%</p> |
| <p>Prosthetic Devices Artificial devices to restore a normal body function.</p> | <p>80%</p> |
| <p>Transplants Benefit begins five days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure. Private duty nursing maximum: \$10,000.</p> | <p>80%</p> |
| <p>Transplant Lodging – Not subject to the deductible. No copayments or coinsurance are applicable. Transportation and lodging maximum: \$10,000 within the 18-month transplant period for the initial transplant.</p> | <p>100% (network not applicable for this benefit)</p> |
| <p>Temporomandibular Joint Disease (TMJ) oral appliance – Not subject to the deductible or out-of-pocket maximums. Lifetime maximum: \$4,000.</p> | <p>50%</p> |
| <p>Cochlear Implants</p> | <p>80%</p> |
| <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> | <p>80%</p> |
| <p>Acupuncture Services performed by a licensed provider within the scope of their license. Maximum of 12 treatments per Calendar Year. Up to \$125 allowable per visit.</p> | <p>80%</p> |
| <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> | <p>80%</p> |



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| Mental Health and Substance Use – Subject to the deductible | | RWP Coverage |
| Inpatient Care | | 80% |
| Outpatient Care | | 80% |
| Residential Facility | | 80% |
| Member Assistance Program (MAP) Administered by All One Health (formerly ERS). | | Provides members and covered dependents with up to five no-cost visits per episode per Calendar Year. Additional counseling or treatment may require payment. |
| 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 |
| 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. | |



Prescription Drug Coverage

The RWP provides Medicare-eligible retired members of Local 150, and their Medicare-eligible dependents, prescription drug benefits through SilverScript, a Medicare Part D plan sponsored by the Midwest Operating Engineers.

SilverScript combines a standard Medicare Part D prescription drug plan with additional coverage provided by the RWP. This additional coverage wraps around the standard Medicare Part D plan and provides coverage for certain drugs that are not on the SilverScript Digital Formulary.

RWP prescription drug coverage is offered in conjunction with RWP medical and dental coverage. If you are disenrolled from SilverScript, 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 SilverScript, the RWP prescription drug coverage in the future. If you are subsequently disenrolled, you will not be able to re-enroll in SilverScript, the 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, you will be automatically disenrolled from SilverScript.

Some covered medications may require a Prior Authorization, Step Therapy, or may have Quantity Limits. To find out if your medication has any additional requirements or limits, refer to the SilverScript Digital Formulary.

The copays outlined in the 4-tier copay structure chart below are applicable for medications on the Plan’s formulary and additional coverage.

If the cost of the medication is less than the copay listed, you will only be responsible for paying the lower amount.

This section contains general information. For the specific provisions, refer to the Evidence of Coverage (EOC), which is provided by the plan’s PBM after you are enrolled into the Medicare Part D 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 review the EOC to learn what the plan’s rules are and what coverage is available to you.

| | In-Network | | Out-of-Network |
|---|---|--|---|
| | SilverScript’s Retail Pharmacy Network (up to a 30-day supply) | SilverScript’s Retail Pharmacy Network 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. These medications can be reimbursed through SilverScript in a few special situations. Please call SilverScript Customer Service at 833-252-6641 for more information. |
| Generic Drug (Tier 1) | \$5 copay | \$15 copay | |
| Preferred Brand Name Drug (Tier 2) | \$10 copay | \$30 copay | |
| Non-Preferred Brand Name Drug (Tier 3) | \$25 copay | \$45 copay | |
| Specialty/ High-Cost Drug (Tier 4) Requires a prior authorization | \$100 copay | \$300 ¹ copay | |
| ¹ Specialty medications are limited to a 30-day supply. Copay applies only for medications that must be dispensed in 90-day supplies due to packaging. | | | |
| Multi-Ingredient Compound (MIC) | Please call SilverScript Customer Service at 833-252-6641 for more information. | | |
| Long-Term Care Facility (Convalescent or Nursing Home) | 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 PBM’s network. To find out if the facility’s pharmacy is part of the network, please call SilverScript Customer Service at 833-252-6641. If the facility’s pharmacy is part of the 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. | | |
| If you have any questions regarding SilverScript, please call SilverScript Customer Service at 833-252-6641. You can also call the Fund Office Pharmacy Benefit Department at 708-937-1740. | | | |