IUOE Local 14-14B Welfare Fund: Medicare Retirees

Coverage Period: 01/01/2017 - 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** Individual/Family | **Plan Type:** Medicare Supp

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by calling **1-718-939-1489**.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Medicare has an annual deductible which this plan reimburses.	See the chart starting on page 2 for your costs for services this plan covers..
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. In-Network: Medical: **$5,600** Individual/ **$11,200** Family; Prescription Drug: **$1,000** Individual/ **$2,000** Family; Out-of-Network Major Medical: **$2,000** individual/ **None** family.	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	In-Network and Out-of-Network: Balance billing and health care this plan does not cover; Out-of-Network does not include copayments, deductible and prescription drugs.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes *specific* coverage limits, such as limits on the number of office visits.
Does this plan use a network of providers?	Yes, there are providers who participate with Medicare and this Plan pays second to Medicare based on the Medicare approved amount. For a list of **Medicare providers**, see **www.medicare.gov.**	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services.

Questions: Call the **Fund Office at (718) 939-1489** or visit us at **www.local14funds.org.**
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at **www.local14funds.org** or call **the Fund Office at (718) 939-1489** to request a copy.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount.** If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use Medicare participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Service You May Need	Your Cost if You Use a Medicare Participating Provider	Your Cost if You Use a Medicare Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	Amounts over Medicare allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Specialist visit	No charge	Amounts over Medicare allowance	
	Other practitioner office visit	No charge	Amounts over Medicare allowance	
	Preventive care/ screening/immunization	No charge	Amounts over Medicare allowance	
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Amounts over Medicare allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Imaging (CT/PET scans, MRIs)	No charge	Amounts over Medicare allowance	

Common Medical Event	Service You May Need	Your Cost if You Use a Medicare Participating Provider	Your Cost if You Use a Medicare Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at **www.caremark.com or 1-800-966-5722**	Generic drugs	Retail: $5 copay/prescription Mail order: $10 copay/prescription	Retail only: $5 copay per prescription plus balances over allowed amount	Retail: 30-day supply; Mail order: 90 day supply. Certain drugs require prior authorization from Caremark. No copay for generic drugs for women's contraceptives and other ACA-required preventive services prescriptions. Any over-the-counter drugs that are payable under this provision require a prescription to be covered. You have Creditable Coverage under the Plan and you do not have to enroll in Medicare Part D. If you are enrolled in Medicare Part D, you cannot keep your prescription drug coverage under the Plan.
	Formulary Brand Drugs	Retail: $20 copay/prescription Mail order: $40 copay/prescription	Retail only: $20 copay/ prescription plus balances over allowed amount	
	Non-Formulary Drugs	Retail: $35 copay/prescription Mail order: $70 copay/prescription	Retail only: $35 copay/ prescription plus balances over allowed amount	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Amounts over Medicare Allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Physician/surgeon fees	No charge	Amounts over Medicare Allowance	
If you need immediate medical attention	Emergency room services	No charge	Amounts over Medicare Allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Emergency medical transportation	No charge	Amounts over Medicare Allowance	
	Urgent care	No charge	Amounts over Medicare Allowance	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Amounts over Medicare Allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Physician/surgeon fee	No charge	Amounts over Medicare Allowance	

Common Medical Event	Service You May Need	Your Cost if You Use a Medicare Participating Provider	Your Cost if You Use a Medicare Non-Participating Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No charge	Amounts over Medicare Allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Mental/Behavioral health inpatient services	No charge	Amounts over Medicare Allowance	
	Substance use disorder outpatient services	No charge	Amounts over Medicare Allowance	
	Substance use disorder inpatient services	No charge	Amounts over Medicare Allowance	
If you are pregnant	Prenatal and postnatal care	No charge	Amounts over Medicare Allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Delivery and all inpatient services	No charge	Amounts over Medicare Allowance	
If you need help recovering or have other special health needs	Home health care	No charge	Amounts over Medicare Allowance	Plan pays second to Medicare based on the Medicare approved amount. If you are not enrolled in Medicare, no benefits are payable. Plan does not cover providers who have opted out of Medicare (you pay 100% of these charges).
	Rehabilitation services	No charge	Amounts over Medicare Allowance	
	Habilitation services	No charge	Amounts over Medicare Allowance	
	Skilled nursing care	No charge	Amounts over Medicare Allowance	
	Durable medical equipment	No charge	Amounts over Medicare Allowance	
	Hospice service	No charge	Amounts over Medicare Allowance	
If your child needs dental or eye care	Eye exam	Not covered	Not covered	You pay 100% of these charges.
	Glasses	Not covered	Not covered	
	Dental check-up	Not covered	Not covered	You pay 100% of these charges.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover **(This is not a complete list. Check your policy or plan document for other excluded services.)**

- Acupuncture
- Dental care (Adult & Child)
- Cosmetic surgery
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult & Child)
- Routine foot care
- Weight loss programs

Other Covered Services **(This is not a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Bariatric surgery (to extent Medicare covers such services, this Plan will pay benefits up to Medicare allowance)
- Chiropractic care (to extent Medicare covers such services, this Plan will pay benefits up to Medicare allowance)

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.
For more information on your rights to continue coverage, contact the plan at (718) 939-1489. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the plan at 141-57 Northern Boulevard, Flushing, NY 11354; Telephone: (718) 939-1489; www.local14funds.org. You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). However, t**his standard is not applicable for indidivuals for individuals who have Medicare as their primary coverage.**

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al (718) 939-1489.
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (718) 939-1489.
CHINESE (中文): 如果需要中文的帮助，请拨打这个号码 (718) 939-1489.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Medicare and Plan pay** $7,380
- **Patient pays** $ 160

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Copays	$10
Coinsurance	$0
Limits or exclusions	$150
Total	**$160**

This example assumes that Medicare is the primary payer and that participant is enrolled in Parts A and B but not Part D. It also assumes that the amount owed to providers is equal to the amount allowed under Medicare. This Plan only pays the eligible portion that Medicare does not pay based on the Medicare allowed amount.

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Medicare and Plan pay** $5,060
- **Patient pays** $340

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Copays	$260
Coinsurance	$0
Limits or exclusions	$80
Total	**$340**

Assumes that Medicare is the primary payer and participant is enrolled in Parts A and B but not Part D and that the amount owed to providers is equal to the amount allowed under Medicare. Plan only pays the eligible portion that Medicare does not based on the Medicare allowed amount.

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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