

WESTERN TEAMSTERS WELFARE TRUST RETIREE PLAN FOR RETIREES COVERED BY MEDICARE

Summary of Benefits

The following worksheet is for illustrative purposes only and is **NOT** intended to be construed as an all inclusive description of the Plan benefits or any limitations/exclusions that may apply. It is not to be used for general distribution purposes or in lieu of a Plan booklet. Every effort has been made to ensure that the following information is accurate as of the date of issue, however, in all cases the applicable Plan booklet (inclusive of all revisions or modifications made subsequent to the latest printed editions) shall govern the eligibility for the benefits payable. The Board of Trustees or plan sponsor retains the right of final determination in questions of interpretation.

Benefits/Service	Medicare Pays	WTWT Medicare Plan
Calendar Year Deductible		\$100 per person
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD		
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.		
First 60 Days	All but \$876.00 ²	Not subject to the annual plan deductible, the plan will pay 70% of Medicare's inpatient deductible (\$876.00 Part A Deductible @ 70% = \$613.20)
61st Thru 90th Day	All but \$219.00 ² per day.	Not subject to the annual plan deductible, the plan will pay 70% of Medicare's co-payment from the 61 st day through the 90 th day (\$219.00 per day @ 70% = \$153.50)
91st Day and After: • While using 60 lifetime reserve days • Once lifetime reserve days are used: – Additional 365 days – Beyond the additional 365 days	All but \$438.00 ² per day. \$0.00 \$0.00	Not subject to the annual plan deductible, the plan will pay 70% of the eligible hospital expenses after the 90 th day of confinement for each benefit period (\$438.00 per day @ 70% = \$306.60) Not subject to the annual plan deductible, the plan will pay 70% of the eligible hospital expenses. Not subject to the annual plan deductible, the plan will pay 70% of the eligible hospital expenses.
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 15 days after leaving the hospital.		
First 20 Days	All allowable amounts.	\$0.00
21st Thru 100th Day	All but \$109.50 ² per day.	Skilled Nursing Co-payment of \$76.65 per day. Benefits are limited to 60 days for all care due to same or related causes.
101st Day and After	\$0.00	\$0.00
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care.	The plan will pay 20% of the charges incurred for one period of care in the hospice care program up to the maximum Hospice benefit of \$5,000.
Eligible Dependents		Spouse and dependent children as defined by the plan.
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR		
Medical Expenses – In or Out of the Hospital and Outpatient Hospital Treatment Such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.		
First \$100 of Medicare Allowable Amounts ³	\$0.00	The Plan pays 20% of Medicare's allowable on eligible expenses after satisfaction of the \$100.00 annual plan deductible. Total benefits paid by Plan and Medicare shall not exceed the Medicare allowable charge for that service or supply for remainder of calendar year.
Remainder of Medicare Allowable Amounts	Generally 80%.	20% of Medicare allowable subject to eligible plan expenses.
Part B Excess Charges (Above Medicare allowable amounts.)	\$0.00	20% of Medicare allowable subject to eligible plan expenses.

Benefits/Service	Medicare Pays	WTWT Medicare Plan
<i>CONTINUED - MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YR</i>		
Home Health Care – Medicare Allowable Services		
Medically Necessary Skilled Care Services and Medical Supplies	100%	20% of Medicare allowable subject to eligible plan expenses. Benefits are limited to 130 visits per person per calendar year.
Durable Medical Equipment First \$100 of Medicare Allowable Amounts ³	\$0.00	20% of Medicare allowable subject to eligible plan expenses
Remainder of Medicare Allowable Amounts	80%	20% of Medicare allowable subject to eligible plan expenses
Private Duty Nursing – Not Covered by Medicare Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan.		If services are not covered by Medicare, benefits are not available under this plan.
Benefit for Each Visit	\$0.00	
Number of Visits Covered (Must be received within 8 weeks of last Medicare approved visit.)	\$0.00	
Calendar Year Maximum	\$0.00	\$1,000,000 with not more than \$50,000 to be paid for all treatment of mental psychoneurotic or personality disorders.
OTHER BENEFITS NOT COVERED BY MEDICARE		
Foreign Travel – Not Covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	\$0.00	Covered if services would have been covered under Plan in USA. 20% of UCR after satisfaction of the \$100.00 annual plan deductible.
Basic Outpatient Prescription Drugs – Not Covered by Medicare	\$0.00	No annual deductible. Annual maximum benefit of \$1,500 per person per year. <u>Retail Network Pharmacy</u> Generic – 100% after \$8 co-pay Brand – 60% of discounted charge <u>Retail Non-Network Pharmacy</u> Generic – 100% after \$12 co-pay Brand – Plan pays 50% <u>Retail Dispensing Allowances</u> Maximum days supply available at retail pharmacies is 34 days. <u>Mail Order Network Pharmacy*</u> Generic– 100% after a \$15 co-pay Brand – 100% after a \$30 co-pay <u>Mail Order Dispensing Allowances</u> Maximum days supply available at the mail order pharmacy is 100 Days. All prescriptions filled after the annual maximum has been met will be covered at 50%
Dental	None	None
Vision	None	None

- 1 A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- 2 These amounts change annually. These are based on current Medicare rates.
- 3 Once you have been billed \$100 of Medicare allowable amounts for covered services, your Part B Medicare deductible will have been met for the calendar year.