

TEAMSTERS LOCAL UNION NO. 856 HEALTH & WELFARE PLAN FOR RETIREES COVERED UNDER THE DIRECT PAY MEDICARE PLAN

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.

Please Note: This Plan coordinates benefits with Medicare. Providers should submit claims to Medicare for processing then Medicare will forward payment information to the Fund office for secondary coordination.

Benefits/Service	Medicare Pays	Teamsters 856 Medicare Plan
Calendar Year Deductible		\$250 per person \$500 per family
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 \$1,556.00.	After coordinating benefits with Medicare, this plan will pay the patient responsibility of the Medicare Part A Deductible of \$1,556.00 up to 80% of UCR for eligible expenses, subject to the calendar year deductible.
61st Thru 90th Day	All but \$389.00 ² per day.	After coordinating benefits with Medicare, this plan will pay the patient responsibility of the Medicare 61 st through 90 th day Co-payment of \$389.00 per day, up to 80% of UCR for eligible expenses, subject to the calendar year deductible.
91st Day and After: <ul style="list-style-type: none"> While using 60 lifetime reserve days 	All but \$778.00 ² per day.	After coordinating benefits with Medicare, this plan will pay the patient responsibility after the 90 th day of confinement co-payment of \$778.00 per day for each benefit period up to 80% of UCR for eligible expenses for each benefit period, subject to the calendar year deductible.
<ul style="list-style-type: none"> Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days 	\$0.00	This plan will pay the eligible hospital expenses up to 80% of UCR, subject to the calendar year deductible.
<ul style="list-style-type: none"> – Beyond the additional 365 days 	\$0.00	This plan will pay the eligible hospital expenses up to 80% of UCR, subject to the calendar year deductible.
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 \$194.50 ² per day.	After coordinating benefits with Medicare, this plan will pay the patient responsibility of the Medicare 21 st through 100 th day Co-payment of \$194.50 per day, up to 80% of UCR for eligible expenses, subject to the calendar year deductible.
101st Day and After	\$0.00	This plan will pay the eligible hospital expenses up to 80% of UCR, subject to the calendar year deductible.
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.	After coordinating benefits with Medicare, this plan will pay the patient responsibility of eligible hospice expenses up to 80% of UCR, subject to the calendar year deductible.
Eligible Dependents		Spouse and dependent children as defined by the plan.

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.

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 \$233 of Medicare Allowable Amounts ³	\$0.00	Does not apply.
Remainder of Medicare Allowable Amounts	Generally 80%.	After coordinating benefits with Medicare, this plan will pay the patient responsibility of eligible expenses up to 80% of UCR, subject to the calendar year deductible.
Part B Excess Charges (Above Medicare allowable amounts.)	\$0.00	After coordinating benefits with Medicare, this plan will pay the patient responsibility of eligible expenses up to 80% of UCR, subject to the calendar year deductible.
Home Health Care – Medicare Allowable Services		
Medically Necessary Skilled Care Services and Medical Supplies	100%	After coordinating benefits with Medicare, this plan will pay the patient responsibility of eligible Home Health Care expenses up to 80% of UCR, subject to the calendar year deductible. There is a maximum of 100 Home Health Care visits per calendar year.
Durable Medical Equipment First \$100 of Medicare Allowable Amounts ³ Remainder of Medicare Allowable Amounts	\$0.00 80%	Does not apply. After coordinating benefits with Medicare, this plan will pay the patient responsibility of eligible Durable Medical Equipment expenses up to 80% of UCR, subject to the calendar year deductible.
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.		Not covered.
Benefit for Each Visit	\$0.00	Does not apply.
MEDICARE (PART D) – PRESCRIPTION DRUGS – PER CALENDAR YEAR		
Basic Outpatient Prescription Drugs – Not Covered by Medicare	Covered under the Teamstar Prescription Drug Program	You pay a \$10 Co-payment for generic drugs and a \$20 Co-payment for brand drugs; the plan will pay the balance of covered expenses.
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. After coordinating benefits with Medicare, the plan will pay the patient responsibility of eligible expenses up to 80% of UCR, subject to the calendar year deductible.
Dental	None	None
Vision	None	None

³ Once you have been billed \$250 of Medicare allowable amounts for covered services, your Part B Medicare deductible will have been met for the calendar year.