Automobile Mechanics' Local #701 Welfare Fund
Pre-Medicare Retirees Plan Schedule of Benefits (2019 Edition)

Comprehensive Medical Benefit (Pre-Medicare Retirees and their Dependent Spouse)	
Deductibles	
• Calendar Year Deductible	$500 per person
• Non-PPO Hospital Deductible	$500 per non-Medicare eligible person for each non-emergency admission to a non-PPO Hospital
Calendar Year Out-of-Pocket Maximums for Pre-Medicare Retirees and their Dependent Spouse[1]	
• PPO Maximum – Major Medical – Prescription Drug[2]	 $2,500 per person; $5,000 per family $5,400 per person; $10,800 per family
• Additional Non-PPO Maximum	$1,000 person; $2,000 per family
Calendar Year Plan Maximums	
• Chiropractic/Spinal Care	12 visits per person
• Rehabilitative Speech Therapy (to restore normal speech)	30 visits per person
• Rehabilitative Physical Therapy	20 visits per person[3]
Special Benefit Maximums	
• Hospital Daily Room and Board	Semi-private room rate
• Non-PPO Hospital Intensive Care	Three times semi-private room rate (three times single room rate if semi-private rooms unavailable)
• Infertility Treatment[4]	$10,000 per person per lifetime

Comprehensive Medical Benefit (Pre-Medicare Retirees and their Dependent Spouse)		
Type of Service	**PPO Provider**	**Non-PPO Provider**
• Outpatient Pre-Admission Tests	Plan pays 100%; no deductible	Plan pays 100%; no deductible
• Inpatient Hospital Services	Plan pays 80%	Plan pays 70%
• Outpatient Hospital Services	Plan pays 70%	Plan pays 70%
• Surgical Benefits (Inpatient and Outpatient)	Plan pays 80% (including surgeries during office visits)	Plan pays 70%
• Preventive Services	Plan pays 100%; no deductible	Not covered
• Chiropractic/Spinal Care[5]	Plan pays 70% for up to 12 visits per person per calendar year	Plan pays 70% for up to 12 visits per person per calendar year
• Substance Abuse Treatment[6] – Inpatient – Outpatient	 Plan pays 80% Plan pays 80%	 Plan pays 70% Plan pays 70%
• Mental Health Treatment – Inpatient – Outpatient	 Plan pays 80% Plan pays 80%	 Plan pays 70% Plan pays 70%
• Ambulatory Surgical Center	Plan pays 80%	Not covered
• Other Covered Medical Expenses	Plan pays 70%	Plan pays 70%
• Overweight or Obesity Condition-Related Expenses	Plan pays 50%[7]	Not covered
• Telemedicine Services	Plan pays 100% for specifically contracted services with Plan's selected vendor; no deductible	Not covered
• Imaging Procedures	Plan pays 100% with no	Plan pays 70%

[1] Excludes amounts paid for non-covered expenses.

[2] The prescription drug calendar year out-of-pocket maximum will be adjusted annually so that the combined out-of-pocket maximums for prescription drugs and major medical equal the maximum permitted under the Affordable Care Act (ACA).

[3] Rehabilitative Physical Therapy will be approved in excess of the Calendar Year Plan Maximum if approved in advance by pre-certification, case management, and utilization review. To ensure you receive the maximum benefits available under the Plan, you should ask your Physician to contact MCM prior to receiving treatment.

[4] Expenses to determine Infertility are not included under the lifetime maximum.

[5] Chiropractic/spinal care includes all services and supplies for care of the back, neck, spine and vertebrae.

[6] Inpatient treatment is covered if it is provided by a Hospital or approved Residential Treatment Facility.

[7] Expenses for treatment rendered in connection with overweight or obesity conditions are covered in limited circumstances. Please see the full Summary Plan Description for further information about the circumstances in which such expenses are covered under the Plan.

(CT/PET scans, MRIs)	deductible if the Plan's designated imaging provider is used; Plan pays 80% for non-contracted providers	

Prescription Drug Benefits (Pre-Medicare Retirees and their Dependent Spouse)		
Calendar Year Out-of-Pocket Maximum for Prescription Drugs[8]	$5,400 per person; $10,800 per family	
Calendar Year Deductible	$250 per person	
Co-insurance[9]		
• Participating Retail Pharmacy (up to 30-day supply)	You pay 25% of actual drug cost up to $100 per 30-day supply; however, if you fill a maintenance medication at a retail pharmacy other than 90 day fills at Walgreens more than twice, you will pay 100% of the network-discounted drug cost each time you fill the prescription at retail (Walgreens Retail Pharmacies are the same as mail order – see below).	
• Mail Order Service or Walgreens Retail Pharmacies (preferred after two fills)		**For up to a 90-day supply, you pay:**
	Generics & Preferred Brand	25% of actual drug cost with $300 max
	Non-Preferred Brand	25% of actual drug cost with $300 max
• Specialty Drugs	30% co-insurance. If co-insurance assistance is unavailable for a drug, its co-insurance defaults to the tiered structure shown above	
• Diabetic Testing Supplies and Syringes	The Plan pays 100%	
• Immunizations administered through the Fund's pharmacy benefits manager	Plan pays 100% (please see SMM for a list of specific covered immunizations)	

Vision Care Discount Program (Pre-Medicare Retirees and their Dependent Spouse)[10]	**Network**	**Non-Network Provider**
Complete Eyeglass Exam (One per calendar year)	$50 with purchase of prescription eyeglasses; 20% off without purchase of prescription eyeglasses	Not covered
Lenses and Frames when a complete pair of glasses are purchased	Frames subject to 25% Discount, additional discounts for lenses available with frame purchase	Not covered
Contact Lens Exam (fitting and evaluation)	15% Discount, you pay 85%	Not covered

[8] The prescription drug calendar year out-of-pocket maximum will be adjusted annually so that the combined out-of-pocket maximums for prescription drugs and major medical equal the maximum permitted under the Affordable Care Act (ACA).

[9] Prescriptions will be filled with Generic Drugs. If you request a Brand Name Medication and a Generic Medication is available you will be required to pay the difference between the cost of the Generic Medication and the Brand Name Medication.

[10] The Plan does not pay vision benefits for Pre-Medicare Retirees or their Dependent spouse. The Plan offers you a discount program on vision expenses if you see a participating VSP provider.