The Fund’s supplemental benefit pays for expenses Medicare doesn’t cover

- The Plan pays all of the Medicare Part A and Part B deductibles.
- It also pays the 20% coinsurance that Medicare doesn’t pay.

Need help? Call the Fund
(866) 686-0003

The Fund’s supplemental coverage

Medicare Part A Benefits

Medicare Part A usually covers:
- Inpatient hospital care
- Skilled nursing facility care
- Nursing home care (as long as custodial care isn’t the only care you need)
- Hospice
- Home health services

- Each year, you must pay a deductible before Medicare will pay for covered services. What Medicare pays varies by type of care.

Your health fund pays 100% for these services:
- Part A deductible per spell of illness
- Hospital charges for days 91-455
- First 3 pints of blood
- Medicare doesn’t cover
- Daily coinsurance for skilled nursing facility confinement on days 21-100
- Emergency hospital care when you’re out of the country

Effective 4/01/2021
# Medicare Part B Benefits

Medicare Part B covers 2 types of services:

- **Medically necessary services:** Services or supplies that are needed to diagnose or treat your medical condition and that meet accepted standards of medical practice.

- **Preventive services:** Healthcare to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

Each year, you must pay a deductible before Medicare will pay for covered services. After you pay this deductible, Medicare usually pays 80% of covered charges for the rest of the year.

Your health fund pays 100% for these services:

- Your annual Medicare Part B deductible
- Part B coinsurance for these services and supplies:
  - Doctor office and hospital visits and services
  - Chiropractic and non-routine podiatric services
  - Outpatient physical, occupational, and speech therapy
  - Kidney dialysis
  - Medical supplies and durable medical equipment
  - Prosthetic devices
  - Oxygen and anesthesia
  - Ambulance transportation
  - These immunizations:
    - Yearly flu shot
    - One-time hepatitis B inoculation if you’re at high risk
    - One-time pneumococcal shot, and, if you’re at high risk, a booster after 5 years

## Limited Medical Benefits

This benefit is in addition to the Fund’s supplemental coverage.

Each year, you must pay a $150 deductible before your health fund will pay for benefits. After you pay this deductible, your health fund pays 80% of the first $2,000 of covered charges in a calendar year. (You pay 20%.) Then your health fund pays 100% for the rest of the year. (You pay nothing.)

Annual Maximum Benefit per Person for the Limited Medical Benefits: $25,000

Lifetime Maximum Benefit per Person for the Limited Medical Benefits: $50,000

## Formulary Prescription Drug Benefits — Hospitality Rx

Available at network pharmacies (not covered at non-network pharmacies like CVS, Longs and Wal-Mart)

<table>
<thead>
<tr>
<th>Network Retail</th>
<th>Network Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Up to a 34-day supply</strong></td>
<td><strong>Up to a 60-day supply</strong></td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$16,600 per family</td>
</tr>
<tr>
<td>Preventive Healthcare Services Drugs (e.g. immunizations and certain smoking cessation products)</td>
<td>$0</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>$15 copay</td>
</tr>
<tr>
<td>Brand Name Drugs</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Select Specialty and Biosimilar Drugs</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

## Non-Formulary Prescription Drugs and Supplies

Not covered unless an exception is approved