

This pamphlet provides only a brief outline of the benefits that will be provided to the eligible pensioned members and their eligible dependents who are also entitled to receive Medicare benefits.

A detailed description of the eligibility requirements as well as the benefits you are entitled to receive are outlined in the gold section of the Welfare Fund Summary Plan Description booklet titled "Pension - Medicare".

Participants are reminded:

- That the level of coverage that is provided does not cover the 20% Medicare co-insurance payment that you are responsible to pay.
- That the levels of benefits are limited and subject to change.
- That future health and welfare benefits are not guaranteed.
- That in order for your claims to be adjudicated an itemized bill must be accompanied by the Medicare explanation of benefits statement.
- To read the eligibility requirements outlined within the aforementioned section of the book.
- To take advantage of the Funds Medigap Supplemental Reimbursement Program, the Part D Pharmacy Supplemental Benefit Program & the Work and Family Benefit Referral Program as well as the House Call referral program.

**SUMMARY PAMPHLET
OF
THE MEDICAL BENEFITS
THAT ARE PROVIDED TO
THE ELIGIBLE PARTICIPANTS
OF THE WELFARE FUND
OF THE
INTERNATIONAL UNION OF
OPERATING ENGINEERS
LOCAL 15, 15A, 15C AND 15D
WHO ARE ALSO ELIGIBLE
TO RECEIVE
MEDICARE BENEFITS**



Benefits Chart Plan C

	Medicare Deductible-Part B	Medicare Deductible-Part A	Not Covered	Limited Benefit	Member	Prior Approval	Spouse
Acupuncture	•	N/A		•	•		
Ambulance	•	N/A		•	•		•
Anesthesia	•	N/A		•	•		•
Annual Physicals	•	N/A		•	•		•
Assistant Surgeons			•				
Cardiac/Respiratory Rehabilitation	•	N/A		•	•		
Chemotherapy	•	•		•	•		•
Chiropractic Benefits	•	N/A		•	•		
Co-Surgeons			•				
Death Benefits				•	•		
Dental				•	•		•
Diagnostic Testing/X-ray and Lab	•	N/A		•	•		•
Dietician	•	N/A		•	•		
Durable Medical Equipment			•				
Electroshock	•	N/A		•	•		•
Emergency Room Care	•	N/A		•	•		•
Gastric Bypass	•	•		•	•		•
Hearing Aid			•				
Home Health Care			•				
Hospice Care			•				
Hospitalization	•	•		•	•		•
LASIK	•	N/A		•	•		•
Lithotripsy	•	•		•	•		•
*Medicare Plan D Supplemental				•	•		•
*Medigap Supplemental Program				•	•		•

	Medicare Deductible-Part B	Medicare Deductible-Part A	Not Covered	Limited Benefit	Member	Prior Approval	Spouse
Mental Health	See Below						
inpatient care			•				
outpatient care	•			•	•	•	
Nutritionist	•	N/A		•	•		
Orthodontics			•				
Orthotics			•				
Orthotripsy	•	N/A		•	•		•
Pharmacy			•				
Physical/Occupational Rehabilitation	See Below						
inpatient care			•				
outpatient care			•				
Physician	•	N/A		•	•	•	•
Physiotherapy			•				
Podiatric office visit	•	•		•	•		
Podiatric Surgery	•	•		•	•	•	•
Radiational Therapy	•	•		•	•		•
Reconstructive & Corrective Surgery	•	•		•	•	•	•
Skilled Nursing Facilities				•	•		•
Sleep Study			•				
Speech Therapy			•				
Substance Abuse	See Below						
inpatient care			•				
outpatient care	•			•	•	•	
Surgical	•	•		•	•	•	•
Vision				•	•		•