

MEDICARE ADVANTAGE GROUP MA PPO BENEFIT OVERVIEW:

GROUP NAME:	Roofers Local 149 Fringe Benefits Fund
PLAN TYPE: <small>[MA, MA-PD, PDP]</small>	MAPD
PRODUCT TYPE: <small>[Standard-Custom, Municipality, Trust, GlidePath Family Plan F]</small>	Standard- Trust
SALES REP:	Michelle Flood
MA SALES CONSULTANT:	Juliann Morelli
DATE PREPARED:	10/3/2012
EFFECTIVE DATE:	1/1/2013
BENEFIT PERIOD:	1/1/2013

Medical / Surgical Cost-Sharing:

	In-Network	Out-Of-Network	Combined
Medical/ Hospital Deductible:	\$0	\$50	
Medical / Hospital OOP Max:	\$500		\$1,000
Medical / Hospital Coinsurance:	0%	2%	
Out Of Pocket Options:	Coinsurance, Copayments and Deductible		

Core Medical / Surgical Benefits:

Benefit Category	Member Cost-Share	
	In-Network	Out-Of-Network
Inpatient Facility Services (Home Health Care - No member cost-share)	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Outpatient Facility Services	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Physician / Practitioner Services		
Office Visits/Consultations Services	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Chiropractic Services	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Specialist services	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Facility Evaluation and Management Services	Deductible, Coinsurance, Out-of-pocket Max will apply	
Psychiatric - Psychotherapy	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Surgical Services/ Anesthesia Services/ Cardiac Catherization/ Cardiovascular - Therapeutic	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Other Physician/ Practitioner Services (Clinical Labs - No member cost-share)	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
Preventive Services	No Member Cost Share for these services	
Emergency Room	\$50	\$50
Ambulance Services	Deductible, Coinsurance, Out-of-pocket Max will apply	Deductible, Coinsurance, Out-of-pocket Max will apply
DME/P&O Coinsurance	No member cost-share for these services	Deductible, Coinsurance, Out-of-pocket Max will apply

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À la Carte Medical / Surgical Benefits:

Benefit	Included	Member Cost Share	
		In Network	Out Of Network
Abortion (non-Medically Necessary)		N/A	N/A
Skilled Nursing Facility - unlimited days		N/A	N/A
Skilled Nursing Facility - 120 days		N/A	N/A
Sterilization - non-medically necessary		N/A	N/A
HOTP	X	No lifetime max for non-Medicare covered organs (Deductible, Coinsurance, Out-of-pocket Max will apply)	No lifetime max for non-Medicare covered organs (Deductible, Coinsurance, Out-of-pocket Max will apply)
Removal of Medicare Caps for Oupatient Physical Therapy		N/A	N/A
Foreign Travel - Not Restricted to Emergency and Urgent Care Only	X	Cost Share same as if service was provided in the US.	Cost Share same as if service was provided in the US.
Adult Diapers / Incontinence Liners		N/A	N/A
Chiropractic Enhanced Services			
Approved Radiological		N/A	N/A
Approved E & M		N/A	N/A
Approved Physical Therapy		N/A	N/A
Clinical Psychologist Consultation Services	X	Cost Share same as Office Visit above (Deductible, Coinsurance, Out-of-pocket Max will apply)	Cost Share same as Office Visit above
Contraceptive Devices		N/A	N/A
Determination of Refractive State		N/A	N/A
Gradient Compression Stockings		N/A	N/A
Hearing Services			
Routine Exams	X	Cost Share same as Office Visit above (Deductible, Coinsurance, Out-of-pocket Max will apply)	Cost Share same as Office Visit above (Deductible, Coinsurance, Out-of-pocket Max will apply)
Hearing Aids	X	\$2,500	

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Home Infusion Therapy		N/A	N/A
Hospice Respite Care - Cost Share Associated with Respite and Drugs		N/A	N/A
LASIK Surgery		N/A	N/A
Private Duty Nursing		N/A	N/A
RK surgery		N/A	N/A
Routine Hepatitis C Screenings		N/A	N/A
Travel & Lodging associated with HOTP benefits		N/A	N/A
Weight Loss Surgery - fewer restrictions than base Medicare		N/A	N/A
Wigs, Wig Stand, Adhesive		N/A	N/A
SilverSneakers	X	No Member Cost Share for these Services	No Member Cost Share for these Services