

# MILA Medicare Wrap-Around Plan

## Benefits Summary

Shown below is the MILA Medicare Wrap-Around Plan Benefits Summary for Pensioners who are eligible to enroll for Medicare. This chart allows you to see at a glance the key plan features. Medicare pays its benefits first. Then, with respect to the balance of eligible expenses indicated in your Medicare Explanation of Benefits (Medicare EOB), you pay the deductible and the coinsurance amounts shown in this chart. MILA then pays the balance of covered charges on the basis of the MILA Medicare Wrap-Around Plan.

Summary Of The MILA Medicare Wrap-Around Plan		
<b>Who Is Eligible For Coverage</b>	Regular Pensioners and their dependents who are eligible to enroll in Medicare and who are not enrolled in a Medicare Advantage Plan.	
If eligible, must a person enroll in Medicare?	The covered person <b>must</b> enroll in Medicare, Part A and Part B. Generally, the person should not enroll in Medicare, Part D.	
Which Plan pays first and controls—Medicare or MILA?	Medicare pays before MILA. If the expense is eligible for Medicare benefits, Medicare's rules apply. Otherwise, MILA's rules apply.	
What expenses are eligible for MILA reimbursement?	Generally, the Plan pays benefits based upon the person's Medicare deductibles and coinsurance expenses that remain after Medicare's payments.	
What Benefits Will MILA Pay		
For Medicare, PART A	MILA will pay 100% of the Part A deductible and the portion of any expense which is covered by Medicare but is the Member's responsibility.	
For Medicare, PART B	Your annual deductible under MILA will match the Medicare Part B Annual Deductible that is set by the Centers for Medicare & Medicaid Services each year. Please refer to the Medicare and You handbook which is mailed by Medicare to all Medicare households each fall for the annual deductible or visit Medicare.gov or call 1-800-MEDICARE to get specific cost information.	
Skilled Nursing (up to 100 days per calendar year)	Person pays 20% of Eligible Charge after deductible	
Home Health Care—(Includes up to 120 visits per calendar year.) Visits include part-time or intermittent nursing care or for care supervised by an RN, part-time or intermittent services of a home health aide and visits for physical, occupation or speech therapy.	Person pays 20% of Eligible Charge after deductible	
What Is The Person's Maximum Out-of-Pocket Expenses?	The person will pay no more than \$2,500 in MILA deductible and coinsurance expenses during the calendar year.	
What Is The Plan's Maximum Benefit?	The MILA Plan will pay no more than \$500,000 during a person's retirement.	
Plan Limitations and Exclusions.	The Premier Plan's provisions which apply to Out-of-Network benefits also apply to this Plan unless Medicare applies a benefit limit, in which case, the Medicare limit will apply.	
Prescription Drug	In-Network	Out-Of-Network
Prescription Brand Deductible per Individual	\$500 Deductible applies to all Brand Name Drugs when a generic equivalent is available.	
Retail		
Retail Copay—30-day supply (Generic)	\$5	\$5
Retail Copay—30-day supply (Preferred Brand)	\$10	\$10
Retail Copay—30-day supply (Non-Preferred Brand)	\$25	\$25
For Retail: Up to 30-day supply—First fill plus one refill per prescription		
Maintenance Choice or Mail Order		
Mail Order Copay—90-day supply (Generic)	\$5	NOT COVERED
Mail Order Copay—90-day supply (Preferred Brand)	\$15	
Mail Order Copay—90-day supply (Non-Preferred Brand)	\$50	
For Mail Order & Maintenance Choice: Up to 90-day supply		