

St. Louis Graphic Arts 1/1/2011 Open Access Medicare Retiree Benefits Summary

(This is the general outline of the benefits of each plan. It does not cover all the details of each plan. See the Fund's November 1, 2006 Summary Plan Description and all amendments and Secure Horizons Summary of Benefits for specific details.)

If you or your spouse are eligible for Medicare, the only plans available to you through the Fund are the Medicare Advantage PPO or the Open Access Medicare Plan.

<u>Benefit Category</u>	<u>2011 Open Access Medicare Benefits</u>
PCP/Specialist Office Visit	20% Coinsurance
Retail Rx – Generic	20% Copay (minimum \$5)
Retail Rx – Brand	35% Copay (max \$50 certain drugs)
Retail Rx – Non-preferred	35% Copay (max \$50 certain drugs)
Outpatient Copayments:	
Medicare Required	
Part B Drugs	20% Coinsurance
Durable Medical Equipment	20% Coinsurance
Annual Routine Eye Exam	\$20; 1 visit every year
Annual Routine Hearing Exam	Not covered benefit
Hearing Aids	Not covered benefit
Dental	Not covered benefit
Diagnostic Lab Services	20% Coinsurance
Standard Film X-rays	20% Coinsurance
Surgery & Observation	20% Coinsurance
Other Radiological Services & Therapeutic Lab Procdrs	20% Coinsurance
Outpatient Therapy (OT/PT/ST)	20% Coinsurance
Ambulance	20% Coinsurance
Emergency Room	20% Coinsurance
Contracted Urgent Care Centers – In Network	20% Coinsurance
Glucose Testing Supplies	20% Coinsurance
OOA Urgently Needed Card	
Eye Exam	Prescription Glasses - \$20 Copay every calendar year Lenses – every calendar year - Single Vision, Lined Bifocal and Lined Trifocal lenses Frame – Every other calendar year \$130 allowance, 20% off over allowance. Contact Lenses \$130 allowance for contacts & exam every calendar year
Eye wear allowance for frames	
Eyeglasses, lenses or contacts	

<u>Benefit Category</u>	<u>2011 Open Access Medicare Benefits</u>
Inpatient Hospital Copayment	20% Coinsurance
Inpatient Mental Health & Substance Abuse (190 day lifetime limit) Partial Hospitalization	20% Coinsurance
OP Mental Health Grp Visit Individual Visit	20% Coinsurance
Inpatient Skilled Nursing Facility (100 days each benefit period) Home Health Care	20% Coinsurance
Hospice Care	20% Coinsurance
Renal Dialysis	20% Coinsurance
Transplants	20% Coinsurance
Cardiac Rehabilitation	20% Coinsurance
Annual Global Out of Pocket Maximum	Rx-\$1,500 per individual Medical-\$5,000 per individual
Monthly Self-Pay Premiums Per Person (In addition to Medicare Part B Premium)	\$324.58

You will receive up to 80% reimbursement of the difference between Medicare eligible charges and the benefits paid by Medicare.