

## WEA-MedPlus

*Effective January 1, 2022*

### **Affordable and Simple**

- Guaranteed for the year
- No age or gender penalties
- Rates are based on location

### **Medical Benefits**

- Deductible coverage
- Copay coverage
- Coinsurance coverage
- Access to the SilverSneakers® fitness program
- Vision benefits through NVA
- Optional family coverage for spouses or domestic partners
- No network limitations
- Foreign travel emergency coverage
- Simple sign-up process

**Please note: This document is for informational purposes only. It is designed to help you compare your current benefits with those offered by other plans. It is not a formal policy document.**

|  |   | Medicare Part A                                     | Using in-network healthcare providers  |                                    |
|--|---|---|--|------------------------------------|
|  | Per benefit period  | Medicare pays                                       | This policy pays   | You pay                            |
| <b>Inpatient Hospitalization</b><br>Semi-private room and board, general nursing, and miscellaneous hospital services and supplies           | First 60 days   | All but \$1,556 deductible per benefit period       | \$1,556 deductible per benefit period  | \$0 for Medicare eligible expenses |
|  | 61st to 90th day  | All but \$389 per day charge per benefit period     | \$389 per day charge per benefit period  | \$0 for Medicare eligible expenses |
|  | 91st to 150th day (after 91st day using 60 lifetime reserve days) | All but \$778 per day charge per benefit period     | \$778 per day charge per benefit period  | \$0 for Medicare eligible expenses |
|  | Beyond 150 days   | No coverage   | All medically necessary and appropriate days   | \$0 for Medicare eligible expenses |
| <b>Inpatient Psychiatric Care</b>  | 190 days per lifetime   | 100% of approved amounts                            | All medically necessary and appropriate services (no limit)                          | \$0 for Medicare eligible expenses |
| <b>Skilled Nursing Facility</b><br>After a 3-day hospitalization, enter Medicare approved facility within 30 days of discharge from hospital | Days 1-20   | 100% of approved amount                             | \$0  | \$0 for Medicare eligible expenses |
|  | Days 21-60  | All but \$194.50 per day charges per benefit period | \$194.50 per day charges per benefit period  | \$0 for Medicare eligible expenses |
|  | Days 61-100   | All but \$194.50 per day charges per benefit period | No coverage  | Remainder of Medicare expenses     |
| <b>Home Health Care</b><br>Medically necessary skilled care  | Visits limited to part-time or intermittent nursing care          | 100% approved amount for services                   | 100% of all remaining costs with no limit<br><i>(subject to prior authorization)</i> | \$0 for Medicare eligible expenses |
| <b>Blood Inpatient</b>   |   | All but first 3 pints                               | First 3 pints and 100% of costs  | \$0 for Medicare eligible expenses |
| <b>Kidney Disease Treatment</b>  |   | Limited   | No dollar limit  | \$0 for Medicare eligible expenses |



**Note:** WEA-MedPlus does not include prescription drug coverage.

|  | Per benefit period | Medicare Part B   | Using in-network healthcare providers  |                                    |
|--|--------------------|---|--|------------------------------------|
|  |                    | Medicare pays   | This policy pays   | You pay                            |
| <b>Outpatient Medical Services</b><br>Eligible expenses for physician’s services, inpatient and outpatient medical services & supplies, physical and speech therapy, diagnostic tests, durable medical equipment | Calendar year      | 80% of approved amount after \$233 Medicare deductible  | 100% of remaining costs<br><i>(therapies and surgeries are subject to prior authorization)</i>                                 | \$0 for Medicare eligible expenses |
| <b>Clinical Lab Services</b> Tests for diagnostic services   | Calendar year      | 100% of approved amounts  | 100% of remaining costs  | \$0 for Medicare eligible expenses |
| <b>Blood</b><br>Outpatient   | Calendar year      | 80% of approved amount after \$233 Medicare deductible<br><i>(starting with the fourth pint)</i>  | 100% of remaining costs  | \$0 for Medicare eligible expenses |
| <b>Chiropractic</b>  | Calendar year      | 80% of approved amount after \$233 Medicare deductible  | 100% of remaining costs  | \$0 for Medicare eligible expenses |
| <b>Ambulatory Surgical Center</b>  | Calendar year      | 80% of approved amount after \$233 Medicare deductible  | 100% of remaining costs  | \$0 for Medicare eligible expenses |
| <b>Breast Reconstruction</b><br>Following a mastectomy   | Calendar year      | 80% of approved amount after \$233 Medicare deductible  | 100% of remaining costs<br><i>(subject to prior authorization)</i>   | \$0 for Medicare eligible expenses |
| <b>Diabetic Medical Supplies</b><br>Test strips, blood glucose monitor, lancet devices and lancets, glucose control solution   | Calendar year      | 80% of approved amount after \$233 Medicare deductible  | 100% of remaining costs  | \$0 for Medicare eligible expenses |
| <b>Diabetic Pharmacy Supplies</b><br>Insulin, syringes, needles  | Calendar year      | Not covered   | Not covered  | Covered by Part D                  |
| <b>Preventive Services</b>   | Calendar year      | Medicare covers a list of preventive services, located on the Medicare website:<br><a href="http://www.medicare.gov">www.medicare.gov</a> | Physical and hearing exams, as well as preventive services listed at<br><a href="http://www.weatrust.com">www.weatrust.com</a> | \$0 for Medicare eligible expenses |

## Vision Benefits via National Vision Administrators (NVA)

Did you know that vision exams can serve as a window into your overall health? Annual eye exams not only detect eye diseases like cataracts and glaucoma, they can also provide early detection of conditions like diabetes and multiple sclerosis.

As a WEA-MedPlus member, you will have coverage for routine vision exams and vision correct materials, such as lenses, frames and contacts. You will also have access to a national vision network of more than 46,000 eye care professionals.

In addition to your funded benefits, your vision plan provides separate discounts for laser eye surgery through the National Lasik Network and up to 30% lower prices through Contact Fill, a mail-order service.

| Covered Services                                     | Network  | Non-Network  |
|--|--|--|
| <b>Routine Vision Exam</b><br>(once every 12 months) | Covered at 100%, after \$10 copay  | Up to \$35   |
| <b>Lenses</b>  | One type of lens is covered every 12 months  |  |
| <b>Eyeglasses</b>                                    | Standard glass or plastic<br>Covered at 100%, after \$10 copay   | Single vision: up to \$35<br>Bi-focal: up to \$40<br>Tri-focal: up to \$50 |
| <b>Elective contacts<sup>1</sup></b>                 | Covered up to \$125 retail allowance <sup>2</sup><br><i>(discount off remaining balance of 15% for conventional or 10% for disposable)<sup>3</sup></i> | Up to \$105  |
| <b>Non-elective contacts</b>                         | Covered at 100%  | Up to \$200  |
| <b>Frames</b><br><i>(once every 24 months)</i>       | Covered up to \$125 retail allowance <sup>4</sup><br><i>(discount off remaining balance of 20%)<sup>5</sup></i>  | Up to \$70   |

<sup>1</sup> Fitting & Follow-Up Fees are deducted from the Contact Lens Retail Allowance shown above unless otherwise specified.

<sup>2</sup> Contact lenses covered up to \$88 Retail Allowance at Walmart and Sam's Club locations that are in the Network.

<sup>3</sup> Contact lenses covered up to \$88 Retail Allowance at Walmart and Sam's Club locations that are in the Network. Discount does not apply at Contact Fill or Walmart and Sam's Club locations. Prohibited by some manufacturers or where prohibited by law.

<sup>4</sup> Covered up to \$50 Retail Allowance at Walmart and Sam's Club locations that are in the Network.

<sup>5</sup> Discount does not apply for certain proprietary frame brands, at Walmart and Sam's Club locations or where prohibited by law.