

**POLICE DIVISION OF THE CITY OF ST. LOUIS MEDICARE SUPPLEMENT PLAN BENEFITS  
EFFECTIVE JANUARY 1, 2015 – DECEMBER 31, 2015**

<b>PLAN BENEFITS</b>	<b><i>Medicare Supplemental Plan</i></b>
<b>Carrier for Medical ONLY</b>	<b><i>United American Insurance Co.</i></b>
<b>Annual Out-of-Pocket Max</b>	<b><i>None</i></b>
<b>Primary Physician &amp; Specialist Office Visit</b>	<b><i>No Co-payment</i></b>
<b>Routine Preventive Services</b>	<b><i>No Co-payment \$150 annual limit</i></b>
<b>Routine Physical Exam</b>	<b><i>No Co-payment</i></b>
<b>Routine Eye Examination</b>	<b><i>No Co-payment</i></b>
<b>Cardiac Rehabilitation</b>	<b><i>No Co-payment</i></b>
<b>Outpatient Mental Health and Substance Abuse</b>	<b><i>No Co-payment</i></b>
<b>Home Health Care</b>	<b><i>100% Medicare guidelines</i></b>
<b>Hospice Care</b>	<b><i>No Co-payment</i></b>
<b>Diabetes Monitoring Supplies</b>	<b><i>Paid at 100%</i></b>
<b>Podiatry Services (Routine)</b>	<b><i>No Co-payment</i></b>
<b>Inpatient Hospital</b>	<b><i>No Co-payment</i></b>
<b>Inpatient Hospital Mental Health/ Substance Abuse</b>	<b><i>No Co-payment</i></b>
<b>Partial Hospitalization</b>	<b><i>No Co-payment</i></b>
<b>Inpatient Skilled Nursing</b>	<b><i>No Co-payment</i></b>
<b>Emergency Room</b>	<b><i>No Co-payment</i></b>
<b>Urgent Care Facility</b>	<b><i>No Co-payment</i></b>
<b>Ambulance</b>	<b><i>No Co-payment</i></b>
<b>Chiropractic Services</b>	<b><i>No co-pay No limit on visits</i></b>
<b>MEDICARE PART B DEDUCTIBLE</b>	<b><i>United American Insurance Co. – <u>Will pay the Retiree and Spouse deductible cost of \$147.00 each for Medicare Part B.</u></i></b>
<b>MEDICARE MONTHLY PREMIUM</b>	<b><i>Retirees continue to pay the monthly premium for Medicare Part B 104.90/month for 2015).</i></b>

Service Area	<u>Nationwide</u> <b>No Network, No Referrals are needed, No Claim forms.</b> <u>All Doctors and Hospitals who accept Medicare are covered.</u>
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**RIDERS**

Carrier Prescription Drugs (30 - day supply) Carrier	<u>Catamaran Rx</u> <b>\$16.00 Generic Co-payment</b> <b>\$45.00 Brand Co-payment</b> <b>Up to 24% savings on non-formulary Brand Name prescriptions</b> <b>All major pharmacies and supermarkets included.</b>																					
Prescription Drugs Mail order  Prescription Drug Maximum	<b>\$ 11.00 Generic Co-payment</b> <b>\$30.00 Brand Co-payment</b> <b>(90 day supply)</b>  <b>\$30,000.00 per participant per year</b>																					
Carrier Eye Examination Lenses  Frames  Contact Lenses	<u>Avantica</u> <b>\$10 Co-payment</b> <b>Lenses at 100% once a year includes Photo-chromic Scratch Resistant Coating and Progressive lenses.</b>  <b>All frames paid up to \$120 every other year after a \$25 Co-payment</b>  <b>Included</b>																					
Carrier Hearing Aid	<u>EPIC</u> <b>2 Hearing Aids (both ears)</b> <b>(1 year warranty loss or damage)</b> <b>20% Discount off of all Types and Styles of Hearing Aids,</b> <b>One year warranty (loss or damage)</b> <b>or Hearing USA promotional pricing whichever is less</b>																					
Carrier Dental Services	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Delta Dental</u></td> <td style="text-align: center;"><u>Of Missouri</u></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>In-Network</i></td> <td style="text-align: center;"><i>Out-of-Network</i></td> </tr> <tr> <td style="text-align: center;"><i>Retiree/Spouse</i></td> <td style="text-align: center;"><b>\$50/\$50</b></td> <td style="text-align: center;"><b>\$50/\$50</b></td> </tr> <tr> <td style="text-align: center;"><i>Preventative Services</i></td> <td style="text-align: center;"><b>100%</b></td> <td style="text-align: center;"><b>70%</b></td> </tr> <tr> <td style="text-align: center;"><i>Basic Services</i></td> <td style="text-align: center;"><b>70%</b></td> <td style="text-align: center;"><b>50%</b></td> </tr> <tr> <td style="text-align: center;"><i>Major Services</i></td> <td style="text-align: center;"><b>40%</b></td> <td style="text-align: center;"><b>30%</b></td> </tr> <tr> <td style="text-align: center;"><i>Annual Maximum</i></td> <td style="text-align: center;"><b>\$1,000</b></td> <td style="text-align: center;"><b>\$1,000</b></td> </tr> </table>		<u>Delta Dental</u>	<u>Of Missouri</u>		<i>In-Network</i>	<i>Out-of-Network</i>	<i>Retiree/Spouse</i>	<b>\$50/\$50</b>	<b>\$50/\$50</b>	<i>Preventative Services</i>	<b>100%</b>	<b>70%</b>	<i>Basic Services</i>	<b>70%</b>	<b>50%</b>	<i>Major Services</i>	<b>40%</b>	<b>30%</b>	<i>Annual Maximum</i>	<b>\$1,000</b>	<b>\$1,000</b>
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Monthly Cost for Calendar Year 2015	<b>\$0.00 (Retiree Coverage)</b>																					
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