



SUMMARY OF THE MEDICARE SUPPLEMENT PLAN (Wraparound)

Who is eligible for coverage?	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 must 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 which 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 portions of the hospital or nursing home expense which are covered by Medicare but are the member's responsibility.
	For Medicare, Part B?
	The first \$150 of such expenses is the member's deductible (\$300 per family) in a calendar year. Thereafter, the Plan pays 80% until the member's maximum out-of-pocket expense is reached. Thereafter, it pays 100% for the balance of the calendar year.
What is the Plan's maximum out-of-pocket expense?	The member will pay no more than \$2,500 per person in MILA deductible and coinsurance expenses during a calendar year (\$5,000 per family).
What is the Plan's maximum benefit?	The MILA Plan will pay no more than \$500,000 during a person's lifetime. This maximum is combined with any Premier Plan out-of-network benefits which may have been previously paid. However, it applies separately for Behavior Health benefits and Medical benefits.
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 Benefits	
The prescription drug benefits in this plan are the same as in the Basic and Premier Plans	
	Multi-source Brand Deductible
	\$500 per calendar year
	Retail Copay
	\$5 generic/\$10 preferred brand/\$25 Non-preferred brand
	Mail Service Copay
	\$5 generic/\$15 preferred brand/\$50 Non-preferred brand

This chart contains a summary of plan features. For more detailed information, including specific terms of coverage, exclusions and limitations, please refer to the MILA Summary Plan Description (SPD). If there is a discrepancy between information in this chart and terms of the plan described in the SPD or Plan Document, the Plan Document shall prevail.