

**ATTACHMENT 1**  
**EFFECTIVE JANUARY 1, 2014 – DECEMBER 31, 2014**  
**ST. LOUIS POLICE DEPARTMENT MEDICARE SUPPLEMENTAL COVERAGE**

<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 \$155.00 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 (104.00/month for 2014).</i></b>
<b>Service Area</b>	<b><i><u>Nationwide</u> No Network, No Referrals are needed, No Claim forms. <u>All</u> Doctors and Hospitals who accept Medicare are covered.</i></b>

## RIDERS

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