

**AMENDMENT NO. 16 - 2**

**TO THE**

**RULES AND REGULATIONS**

**OF THE**

**MEBA MEDICAL AND BENEFITS PLAN**

At their February 2016 meeting, the Trustees of the MEBA Medical and Benefits Plan (the "Plan") approved the following changes to the Plan's Rules and Regulations with respect to certain annual preventive screenings for diagnosed diabetics, cholesterol testing for diagnosed hyperlipidemics, and spirometry testing for those diagnosed with chronic obstructive pulmonary disease, provided such services are obtained from the Plan's Preferred Provider Organization. Such changes are effective February 25, 2016:

1. Article VI, Section 3(e) shall be amended to add the following at the end thereof:

- (28) coverage of hemoglobin A1C testing (once annually) payable at 100%, provided the Eligible Employee or Dependent has been diagnosed as diabetic and uses a Preferred Provider Organization ("PPO") provider.
- (29) coverage of diabetic nephropathy screening (once annually) payable at 100%, provided the Eligible Employee or Dependent has been diagnosed as diabetic and uses a PPO provider.
- (30) coverage of diabetic retinopathy screening (once annually) payable at 100%, provided the Eligible Employee or Dependent has been diagnosed as diabetic and uses a PPO provider.
- (31) coverage of total cholesterol testing payable at 100%, provided the Eligible Employee or Dependent has been diagnosed with hyperlipidemia and uses a PPO provider.
- (32) coverage of spirometry testing payable at 100%, provided the Eligible Employee or Dependent has been diagnosed with chronic obstructive pulmonary disease and uses a PPO provider.

2. Article VI, Section 8 shall be amended to read as follows (*new language shown in bold italics*):

- 8. Preferred Provider Organization. The Plan will contract for an optional form of coverage with a Preferred Provider Organization ("PPO") through which the Plan will be billed at reduced rates for certain charges received from participating hospitals and physicians. Effective January 1, 2006: a) All PPO co-pays shall be \$20; b) When participating PPO providers are used, the Plan's payment will be 90% for hospital charges and 80% for medical charges, after applicable co-pays, except as provided under Article VI, Sections 3(e)(14), (15), (16), (17) **and (28) – (32)**; and Article VI, Sections 3(g)(ii) and (h). Effective October 25, 2007, even when a non-PPO provider is used, the Plan's payment will be 80% of Reasonable and Customary medical charges where a good faith effort is made by the Eligible Employee or Dependent to use a PPO provider.


5. Article VIII, Section 2(d) shall be amended to read as follows (*new language shown in bold italics*):

(d) Preferred Provider Organization

The Plan will contract for an optional form of coverage with a Preferred Provider Organization (“PPO”) through which the Plan will be billed at reduced rates for certain charges received from participating hospitals and physicians. This coverage will not be available to Pensioners and their Dependents who are eligible for coverage under the Federal Medicare Program. Effective January 1, 2006, eligible Pensioners with 20 or more years of pension credit and their Dependents who select health care providers participating in the PPO shall receive benefits as follows: a) all PPO co-pays shall be increased from \$10 to \$20; b) The Plan’s payment will be 90% for hospital charges and 80% for medical charges, after applicable co-pays, except as provided under **Article VI, Sections 3(e)(28) – (32) and** Article VIII, Section 2(b)(2)(ii). Eligible Pensioners with less than 20 years of pension credit (exclusive of credit for “Prior Maritime Service” pursuant to Section 3.04 of the MEBA Pension Trust Regulations) and their Dependents will be covered under Section 2(a)(1) of Article VIII, but will be billed at reduced rates if they select health care providers participating in the PPO. Effective October 25, 2007, even when a non-PPO provider is used, the Plan’s payment will be 80% of Reasonable and Customary medical charges where a good faith effort is made by the eligible Pensioner or Dependent to use a PPO provider.

Effective Date: February 25, 2016

Language Approved: April 20, 2016

  
H. Marshall Ainley, Chairman

  
Edward Hanley, Secretary