TORRANCE UNIFIED SCHOOL DISTRICT
MEDICAL PLAN BENEFIT SUMMARY – RETIREE PLAN 65
Effective 10-01-26

PART A BENEFITS

Medicare Part A Hospital Insurance	Medicare Pays	TUSD Retiree Plan 65 Pays
Hospital Stays – Inpatient		
First 60 days per Benefit Period	All but the Deductible	Deductible*
61st thru 90th day per Benefit Period	All but the Coinsurance	Coinsurance
91st thru 150th day – Reserve Days**	All but the Coinsurance	Coinsurance
Beyond 150 Days	-0-	-0-
Skilled Nursing Facility (SNF)* **		
First 20 days per Benefit Period	100% of approved amounts	-0-
21st thru 100th day per Benefit Period	All but the Coinsurance	Coinsurance
Beyond 100 days	-0-	-0-
Home Health Care		
Home Care Services	100% of approved amounts	-0-
Durable Medical Equipment	80% of approved amounts	20%
Hospice Care		
Pain and symptom relief and supportive services for the management of a terminal illness	All but limited costs for Outpatient drugs and Inpatient Respite Care	Balance
Blood - Inpatient		
From a Hospital or Skilled Nursing Facility during a covered stay.		
First 3 pints	-0-	100%
For additional pints	100%	-0-
Out of Country Emergency Services	-0-	80% of Usual, Customary and Reasonable rates
Medical Emergency Only		

* Medicare part A & B deductible amounts are available after January 1st of each year.
** The 60 reserve days may only be used once.
*** Neither Medicare nor TUSD Retiree Plan 65 will pay for nursing home care.

NOTE: TUSD Retiree Plan 65 does not consider as Eligible Expenses any charges or allowed amounts that are in excess of the charges or allowed amounts as determined by Medicare. If you access health services from a provider who does not accept assignment from Medicare, these providers may charge you more than the Medicare allowed amount and they may require that you pay the entire amount at the time of service and you will need to submit your claim yourself to Medicare and Medicare will reimburse you the Medicare allowed amount.

Psychiatric Hospital Care – In addition to covering care in a general Hospital, Medicare Part A helps to pay for up to 190 lifetime days of Inpatient care in a Medicare-participating psychiatric Hospital. Inpatient care in a psychiatric Hospital is subject to the same terms and conditions as inpatient care in a general Hospital.

To the extent three pints of blood are paid for or replaced under one part of Medicare during the calendar year, they do not have to be paid for or replaced under the other part.

Benefit Period: Starts the day of admission to a Hospital or Skilled Nursing Facility and ends when Hospital Inpatient or Skilled Nursing Facility care has not been received for 60 consecutive days.

TORRANCE UNIFIED SCHOOL DISTRICT
MEDICAL PLAN BENEFIT SUMMARY
Effective 10-01-26

PART B BENEFITS

Medicare Part B Medical Insurance	Medicare Pays	TUSD Retiree Plan 65 Pays
Acupuncture	-0-	-0-
Ambulance Services If you need to go to the Hospital or Skilled Nursing Facility (SNF), ambulance services are covered only if transportation in any other vehicle would endanger your life.	80% For transportation to the closest facility that can provide the care you need Note: Air ambulance is paid only in the most severe situations. If you could have gone by land ambulance without serious danger to your life, Medicare pays only the land ambulance rate and you are responsible for the rest	20%
Ambulatory Surgical Center	80%	20%
Anesthesia – Outpatient	80%	20%
Blood - Outpatient First 3 pints For additional pints NOTE: The 3 pints blood "deductible" can be met under Part A or Part B	 -0- 80%	 100% 20%
Chiropractic Services – (limited)	80%	20%
Clinical Laboratory Tests Medicare Covered Lab tests only All other Lab Tests	 100% 80%	 -0- 20%
Diabetic Self-management Training	80%	20%
Diabetic Supplies	80%	20%
Diagnostic Tests Includes X-rays, MRI's, CT Scans, EKG's, Cardiac stress tests, etc.	80%	20%
Doctor Services	80%	20%
Durable Medical Equipment Includes items such as: oxygen, crutches, wheelchairs, walkers, Hospital beds, etc.	80%	20%
Emergency Room Services	80%	20%
Eye Exams – (Limited) Eye exams are covered only when related to Glaucoma, Macular Degeneration, or a yearly exam for patients with diabetes.	80%	20%
Eyeglasses – (Limited) Coverage only applies after cataract surgery with an implanted intraocular lens. Only pays for standard frames	80%	20%
Foot Exams and Treatment Does not cover routine foot care	80%	20%
Hearing Exam Covered if ordered by a Physician for medical treatment	80%	20%

All Plan benefits are subject to all of the provisions, exclusions & limitations explained in detail in your Plan Document. The above represents only a summary of the available benefits and is not a contract.

Eff: 10/01/26

TORRANCE UNIFIED SCHOOL DISTRICT
MEDICAL PLAN BENEFIT SUMMARY
Effective 10-01-26
PART B BENEFITS CONTINUED

Medicare Part B Medical Insurance	Medicare Pays	TUSD Retiree Plan 65 Pays
Home Health Services Part-time or intermittent skilled care and Home Health Aide services	100%	-0-
Hospital Services - Outpatient	80%	20%
Kidney Dialysis Services	80%	20%
Mental Health Care / Substance Abuse Rehab - Outpatient	80%	20%
Occupational Therapy	80%	20%
Physical Therapy	80%	20%
Physician Services - Outpatient	80%	20%
Prescription Drugs – Outpatient	-0-	Costs in excess of the Rx Card Copayments – see below for specific Copayments & details
***Preventive Services**		
Bone Mass Measurements	80% (once every 2 years)	20%
Cardiovascular Blood Screening	80% (once every 5 years)	20%
Colorectal Cancer Screening:		
- Fecal Occult Blood Test (age 50+)	100% (once every year)	-0-
- Flexible Sigmoidoscopy (age 50+)	80% (once every 4 years)	20%
- Screening Colonoscopy	80% (once every 10 years)	20%
- Barium Enema (age 50+)	80% (once every 4 years)	20%
- Prostate Cancer Screening (age 50+)	80% Digital rectal exam and PSA Blood Test (once every year)	20%
Diabetes Monitoring / Screening	80%	20%
Glaucoma Tests	80%	20%
Pap Smear & Pelvic Exam:	(Once every 2 years)	(Once every 2 years)
- Pelvic / Breast Exam	80%	20%
- Pap Smear	100%	-0-
Physical Exam	-0-	100%
Screening Mammogram, annually (age 40+)	80%	20%
Vaccinations:		
Flu Shot & Pneumococcal	100%	-0-
Hepatitis B	80%	20%
Prosthetic / Orthotic Items Including arm, leg, neck and back braces; artificial limbs; breast prostheses; prosthetic devices used to replace an internal body part or function;	80%	20%
Speech & Language Pathology	80%	20%
Surgical Services - Outpatient	80%	20%
Transplant Services	80%	20%
Travel – Outside the U.S.	-0-	80% of Usual, Customary and Reasonable rates

* Refer to Medicare for current benefit guidelines www.medicare.gov/coverage or 1-800-MEDICARE (1-800-633-4227)

TORRANCE UNIFIED SCHOOL DISTRICT
MEDICAL PLAN BENEFIT SUMMARY
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OUTPATIENT PRESCRIPTION DRUG SERVICES

Particpating Pinnacle RX Solutions Customer Service Number 844-899-2195

Type of Medication	30-Day Retail Option Co-pays*	90 Day Mail Service Option Co-pays*	90 Day Retail Option Copays*
Generic – Tier I	$10	$20	$30
Preferred Brand – Tier II	$30	$60	$90
Non-preferred Brand – Tier III	$50	$100	$150
If a Covered Person requests brand when there is an FDA approved generic alternative and the MD has not indicated that a brand name drug is necessary, the Covered Person will be responsible for the applicable co-pay plus the cost difference between the brand-name drug and its generic equivalent.			

* = these items do not apply to your Out-of-Pocket maximum

These Part B expenses are subject to Medicare's Part B Deductible, which changes from year to year. This deductible applies each Calendar Year. The Plan will reimburse 20% of this Deductible in addition, the Plan will reimburse the 20% share on the balance of covered charges. This Plan will not reimburse Prescription Drug Card Copayments.

NOTE: TUSD Retiree Plan 65 does not consider as Eligible Expenses any charges or allowed amounts that are in excess of the charges or allowed amounts as determined by Medicare. If you access health services from a provider who does not accept assignment from Medicare, these providers may charge you more than the Medicare allowed amount and they may require that you pay the entire amount at the time of service, and you will need to submit your claim yourself to Medicare and Medicare will reimburse you the Medicare allowed amount.

This schedule is a summary only. Please refer to the covered Medical Expenses section for more complete information or to www.medicare.gov/coverage to obtain additional information about what is covered under Medicare.

IMPORTANT: Except for outpatient prescription drugs and out of country emergency care, expenses which are not covered by Medicare, or which exceeds Medicare's approved amounts are not covered by this Plan.

Important Contact Information for Pinnacle Claims Management, Inc.
Customer Service: 1-844-899-2195
Website: www.pinnacletpa.com
Claims Address: PO Box, 2220 Newport Beach, CA 92658
E-Mail: customerservice@pinnacletpa.com