

2010 Group Retiree Medical Plan Benefits

MEDICARE PART A

HOSPITALIZATION

Semi-private room and board, general nursing and miscellaneous services and supplies.

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
First 60 days	All but \$1,100	\$1,100 Part A Deductible	\$0 After You Have Satisfied Your Annual Plan Deductible
Days 61 through 90	All but \$275 per day	\$275 per day	
Days 91 through 150 (60 lifetime reserve days)	All but \$550 per day	\$550 per day	
Additional 365 days	\$0	100% of Medicare Eligible Expenses	

Private Duty Nursing Benefits Available with Seniors Choice Optional Plans

SKILLED NURSING FACILITY

You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
First 20 days	All approved amounts	\$0	\$0 After You Have Satisfied Your Annual Plan Deductible
Days 11 through 100	All but \$137.50 per day	Up to \$137.50 per day	
Days 101 and after	\$0	\$0	100%

Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans

BLOOD

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
First 3 pints	\$0	100%	\$0 After You Have Satisfied Your Annual Plan Deductible
Additional Amounts	100%	\$0	

MEDICARE PART B

MEDICAL SERVICES

In or Out of Hospital and Outpatient Hospital Treatment - All Part B Services covered after Annual Plan Deductible had been satisfied and the co-payment amount had been paid. Medicare Part B deductible is included in Annual Plan Deductible.

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
First \$155 of Medicare approved amounts	\$0	\$155	*Co-pay After You Have Satisfied Your Annual Plan Deductible
Remainder of Medicare approved amounts	80%	20%	
Part B Excess Charges - above Medicare approved amounts	\$0	100%	

Medical Services Co-Payment Amounts by Service

Doctor's Office Visit per visit	\$10 Co-pay
X-rays or Lab Work in Doctor's Office per visit	\$10 Co-pay
X-rays or Lab Work in Outpatient Facility per visit	\$20 Co-pay
Outpatient Services per visit	\$20 Co-pay
Emergency Room Professional Services per visit (Non-Hospital Admission)	\$100 Co-pay
Durable Medical Equipment	\$10 Co-pay

*Co-payments apply after the Annual Plan Deductible has been satisfied

BLOOD

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
First 3 pints	\$0	100%	\$0 After You Have Satisfied Your Annual Plan Deductible
Additional Amounts	80%	20%	

CLINICAL LABORATORY SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
Blood tests for Diagnostic Services	80%	20%	\$0 After You Have Satisfied Your Annual Plan Deductible

MEDICARE PARTS A & B

HOME HEALTH SERVICES

Covered when provided by a Medicare certified Home Health Agency.

SERVICES	MEDICARE PAYS	PLAN PAYS	MEMBER PAYS
Limited to reasonable and necessary part-time or intermittent skilled care	100%	\$0	\$0 After You Have Satisfied Your Annual Plan Deductible
Health equipment not limited to hospital beds, oxygen and medical supplies for home use	80%	20%	

At Home Recovery Benefits Available with Seniors Choice Optional Plans

FOREIGN TRAVEL EMERGENCY CARE

Benefits provided for Medicare approved expenses during first 60 days of a trip outside USA. After a \$250 calendar year deductible, Seniors Choice Plan pays at 80%, up to \$50,000 lifetime maximum.

**All Medicare deductibles are included in plan deductible(s).
Co-payments apply after the Annual Plan Deductible had been satisfied.**

ANNUAL PLAN DEDUCTIBLE OPTIONS

\$0 - \$100 - \$150 - \$250 - \$500 - \$750 - \$1000 - \$1500 - \$2000 - \$2500 - \$3000 - \$4000
