

Medicare Supplement Benefit

Note: The Plan requires that Medicare Eligible Covered Retirees and Retiree's Covered Dependents who enroll in Medicare Part B pay the premium for Part B.

Services	<i>Medicare Pays</i>	<i>Plan Pays</i>	<i>You Pay</i>
Medicare Part A			
Hospitalization (Semi-private room, general nursing and miscellaneous services and supplies)			
First 60 days	All Medicare approved charges less Part A Deductible	The Part A Deductible	Any remaining charges
61-90 th day	All Medicare approved charges less daily Copayment	The daily Copayment	Any remaining charges
91 st day and after			
While using 60 lifetime reserve days	All Medicare approved charges less daily Copayment	The daily Copayment	Any remaining charges
Once lifetime reserve days are used: additional 365 days	\$0	100% of Medicare eligible expenses	Any remaining charges

Services	<i>Medicare Pays</i>	<i>Plan Pays</i>	<i>You Pay</i>
Medicare Part A			
Skilled Nursing Facility Care (Medicare requires that you have been in a Hospital for at least 3 days and then enter a Medicare-approved Facility within 30 days after leaving the Hospital.)			
First 20 days	All Medicare-approved charges	\$0	\$0
21 st - 100 th day	All Medicare approved charges less daily Copayment	The daily Copayment	\$0
101 st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
Available as long as your Physician certifies you are Terminally Ill and you elect to receive these services	All but very limited Copcentage for Outpatient drugs and Inpatient respite care	\$0	Any remaining charges

Services	<i>Medicare Assumed to Pay</i>	<i>Plan Pays</i>	<i>You Pay</i>
Medicare Part B			
Medical Services Physician services Medical Supplies Ambulance Other Covered Services, including Outpatient Hospital	80% of Medicare approved charges less the Medicare Part B Deductible	The 20% Copayment plus the Medicare Part B Deductible.	Any remaining charges
Blood	All Medicare Approved charges less the Deductible (equal to costs for first 3 pints) each Calendar Year	Charges for the first 3 pints of blood	Any remaining charges
Clinical Laboratory Services Blood Tests For Diagnostic Services	100%	\$0	\$0

Medicare Part A and B			
Home Health Care			
Medicare approved services: Medically Necessary skilled care and supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$100 of Medicare approved amounts	0%	100% (Part B Deductible)	\$0
Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits – Not Covered By Medicare

<i>Services</i>	<i>Medicare Pays</i>	<i>Plan Pays</i>	<i>You Pay</i>
<p>Foreign Travel Not covered by Medicare</p> <p>Medically Necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>First \$250 each Calendar Year</p>	\$0	\$0	\$250
Remainder of charges	\$0	80% to a Lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 Lifetime Maximum

Medicare Supplement Prescription Drug Card

The Prescription Drug Card benefits under this Plan are provided through Express Scripts Drug Card Network, which is separate and distinct from the medical PPO Network. For more specific details regarding covered and/or excluded Prescription Drugs, see Section Six.

This drug card allows the Covered Persons to receive discounts at In Network pharmacies once annual benefits have been exhausted. Prescription Drug charges are payable at the time a prescription is filled.

Note: Calendar Year Maximum Benefit \$750.00.

	BENEFIT	
	IN NETWORK	OUT of NETWORK
Generic Drugs	\$10 Copayment, then 100%	No Benefit
Brand-Name Drugs	\$30 Copayment, then 100%	No Benefit
Mail Order	Twice the Copayment for a 90 day supply	No Benefit