

## Retiree Medical Insurance Plan Summary of Benefits (Plan C)

Underwritten by: Transamerica Premier Life Insurance Company

### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\*

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITAL CONFINEMENT BENEFIT*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,288	\$1,288 (Part A Deductible)	<b>\$0</b>
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$322 per day	\$322 per day	<b>\$0</b>
91 <sup>st</sup> through 150 <sup>th</sup> day (While using 60 lifetime reserve days)	All but \$644 per day	\$644 per day	<b>\$0</b>
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	<b>\$0</b>
Beyond the Additional 365 days	\$0	\$0	<b>All costs</b>
<b>SKILLED NURSING FACILITY CARE*</b>			
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:			
First 20 days	All approved amounts	\$0	<b>\$0</b>
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$161.00 a day	Up to \$161.00 a day	<b>\$0</b>
101 <sup>st</sup> day and after	\$0	\$0	<b>All costs</b>
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	<b>\$0</b>
Additional amounts	100%	\$0	<b>\$0</b>
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	<b>Balance</b>

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

Services	Medicare Pays	Plan Pays	You Pay
<b>OUT-PATIENT MEDICAL EXPENSES - - In or Out of the Hospital and Out-Patient Hospital Treatment,</b> such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible: First	\$0	\$166	<b>\$0</b>

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\$166 of Medicare-approved amounts**		(Part B Deductible)	
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	<b>0%</b>
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	0%	<b>100%</b>
<b>BLOOD</b>			
First 3 pints	\$0	All costs	<b>\$0</b>
Next \$166 of Medicare Approved Amounts**	\$0	\$166 (Part B Deductible)	<b>\$0</b>
Remainder of Medicare Approved Amounts	80%	20%	<b>\$0</b>
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	<b>\$0</b>

### MEDICARE PARTS A & B

Services	Medicare Pays	Plan Pays	You Pay
<b>HOME HEALTH CARE – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	<b>\$0</b>
<b>DURABLE MEDICAL EQUIPMENT</b>			
First \$166 of Medicare Approved Amounts**	\$0	\$166 (Part B Deductible)	<b>\$0</b>
Remainder of Medicare Approved Amounts	80%	20%	<b>\$0</b>

### OTHER BENEFITS NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan Pays	You Pay
<b>FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:</b>			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of charges	\$0	80% to a lifetime	20% and amounts

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		maximum of \$50,000	over the \$50,000 lifetime max
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\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*Once your plan has been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

***Benefits are paid only for those expenses which have been approved as eligible by the federal Medicare program.***

***Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.***

***The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.***