

**No Lifetime Plan Maximum**

### Annual Plan Deductible Options

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

## MEDICARE PART A

### Hospitalization

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

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	
<i>Private Duty Nursing Benefits Available with Senior's Choice Optional Plans</i>			

### 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	YOU PAY
First 20 days	All approved amounts	\$0	\$0 After You Have Satisfied Your Annual Plan Deductible
Days 21 through 100	All but \$137.50 per day	Up to \$137.50 per day	
Days 101 and after	\$0	\$0	100%
<i>Additional Skilled Nursing Facility Benefits Available with Senior's Choice Optional Plans</i>			

### Blood

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

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

Medical Coverage Underwritten by Guarantee Trust Life Insurance Company  
Offered through the Merchants Industry Fund Group Insurance Trust  
Administered by Gilsbar, Inc.

For more information, contact Seniors Choice at 1-800-800-6543 or visit [www.seniorschoiceplan.com](http://www.seniorschoiceplan.com).

# 2010 Seniors Choice Group Retiree Medical Plan Benefits

## MEDICARE PART B

### Medical Services

In or Out of the Hospital and Outpatient Hospital Treatment -All Part B Services Covered after Annual Plan Deductible has been satisfied and the co-payment amount has been paid.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
First \$155 of Medicare approved amounts	\$0	\$155	\$0 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%	
<b>Medical Services Co-payment Amounts by Service</b>			
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
<b>Co-payments apply after the Annual Plan Deductible has been satisfied.</b>			

### Blood

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	YOU PAY
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	YOU PAY
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 use at home	80%	20%	

*At Home Recovery Benefits Available with Senior's 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, SC Plan pays at 80% up to \$50,000 lifetime maximum