

MEDICARE BASIC PLAN - \$294 PER PERSON PER MONTH

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

Benefit	Medicare Part A Pays	Plan Pays	You Pay
Hospitalization			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$ 952	See general provision, on page 2	See general provision, on page 2
61 st through 90 th day	All but \$ 238 a day	See general provision	See general provision
91 st day and after:			
While using 60 lifetime reserve days	All but \$ 476 a day	See general provision	See general provision
After 60 lifetime reserve days	\$ 0	See general provision	See general provision
Skilled Nursing Facility Care			
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	See general provision	See general provision
21 st through 100 th day	All but \$ 119 a day	See general provision	See general provision
101 st day and after	\$ 0	See general provision	See general provision
Blood			
First 3 Pints	\$ 0	See general provision	See general provision
Additional amounts	100%	\$ 0	\$ 0
Hospice Care			
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 care	See general provision	See general provision

MEDICARE PART B – MEDICAL SERVICES – PER CALENDAR YEAR

Benefit		Plan Pays	You Pay
Medical Expenses			
In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$124 of Medicare approved amount	\$ 0	See general provision	See general provision
Remainder of Med. Approved amts	80%	See general provision	See general provision
Part B excess charges (over approved amts)	\$ 0	See general provision	See general provision
Ambulance Services	80%	See general provision	See general provision
Blood			
First 3 Pints	\$ 0	See general provision	See general provision
Additional amounts	80%	See general provision	See general provision
Clinical Laboratory Services			
Blood tests for diagnostic services	100%	\$ 0	\$ 0
Home Health Care			
Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$ 0	\$ 0
Durable Medical Equipment			
Medicare approved amounts	80%	See general provision	See general provision
Foreign Travel	\$ 0	See general provision	See general provision
Major Medical Benefits	\$ 0	See general provision	See general provision
General Benefit Provision		Following the payment of a \$500 deductible, plan will pay 80% eligible benefits not otherwise paid by Medicare until participant has paid an additional \$2,500 in out of pocket co-payments, thereafter 100%	Participant will pay a \$500 deductible, then 20% of eligible services not otherwise paid by Medicare up to an additional \$2,500 in out of pocket co-payments
Vision Benefits	\$0	Per Schedule of Benefits	Per Schedule of Benefits
Medicare Part B Pays			

Drug Benefits

2007

DEDUCTIBLE -- \$ 50.00 Individual/\$ 100.00 Family

<u>Benefit</u>	<u>Plan Pays</u>	<u>You Pay</u>
Pharmacy Option		
Co-payment per Prescription (34 days supply)		
Generic drugs	All but \$ 10	\$ 10
Formulary brand drugs	All but co-payment amount	\$ 20 minimum or 20% up to co-payment of \$ 60
Non-formulary brand drugs	All but co-payment amount	\$ 35 minimum or 50% up to co-payment of \$ 105
Pharmacy Option (3rd and subsequent refills)		
Co-Payment per Prescription (34 days supply)		
Generic drugs	All but \$ 20	\$ 20
Formulary brand drugs	All but co-payment amount	\$ 50 minimum or 20% up to co-payment of \$ 125
Non-formulary brand drugs	All but co-payment amount	\$ 90 minimum or 50% up to co-payment of \$ 250
Mail Order Prescription Drug Option		
Co-Payment per Prescription (90 days supply)		
Generic drugs	All but \$ 20	\$ 20
Formulary brand drugs	All but co-payment amount	\$ 50 minimum or 20% up to co-payment of \$ 125
Non-formulary brand drugs	All but co-payment amount	\$ 90 minimum or 50% up to co-payment of \$ 250