Retiree Medicare Supplement
Medical Option 1

Retiree Medical Plan underwritten by Transamerica Life Insurance Company

Deductibles & Coinsurance / Copays	
	You Pay
Part A Deductible	20%
Part B Deductible	$28
Part B coinsurance	4%
Part B Out-of-Pocket Max	$2,500 (includes Part B Deductible)
Lifetime Maximum	Unlimited

Medicare (Part A) - Hospital Services - Per Benefit Period [(1)] In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some health services.		
	Plan Pays	**You Pay**
First 60 days	80% of Part A Deductible	20% of Part A Deductible
61st through 90th day	$400 per day	$0
91st through 150th day (Reserve days)	$800 per day	$0
Additional 365 days	100% of Medicare Eligible Expenses	$0
SKILLED NURSING FACILITY CARE		
First 20 days	$0	$0
21st through 100th day	80%	20%
101st day and after	$0	All costs
BLOOD		
First 3 pints	80%	20%
Additional amounts	$0	$0

*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 you have 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.

Retiree Medicare Supplement
Medical Option 1

Medicare (Part B) - Medical Services - Per Calendar Year In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies considered medically necessary to diagnose or treat a disease or condition.		
	Plan Pays	**You Pay**
First dollars of Medicare-approved amounts [(2)]	Part B Deductible (except $28)	$28
Next Medicare-approved amounts	16% until $2,500 OOP Max is met	4% until $2,500 OOP Max is met
Outpatient Mental Illness – for most outpatient mental illness services	32%	8%
Part B Excess Charges	0%	100%
BLOOD		
First 3 pints	All costs	$0
Next dollars of Medicare-approved amounts [(2)]	Part B Deductible (except $28)	$28
Next Medicare-approved amounts	16% until $2,500 OOP Max is met	4% until $2,500 OOP Max is met
CLINICAL LABORATORY SERVICES		
Blood tests for Diagnostic Services	$0	$0
Medicare Parts A & B		
HOME HEALTH CARE		
Medically necessary skilled care services and medical supplies	$0	$0
DURABLE MEDICAL SERVICES		
First dollars of Medicare-approved amounts	Part B Deductible (except $28)	$28
Next Medicare-approved amounts	16% until $2,500 OOP Max is met	4% until $2,500 OOP Max is met
Other Services – Not Covered by Medicare		
FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:		
First $250 each calendar year	**$0**	**$250**
Remainder of charges	80% to a lifetime maximum of $50,000	20% and amounts over the $50,000 lifetime max

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.