

# MEDICAL SUMMARY

Underwritten by Monumental Life Insurance Company

## Standard Plan

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

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization*</b> : Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,216	\$1,216 (Part A Deductible)	<b>\$0</b>
61st through 90th day	All but \$304 per day	\$304 per day	<b>\$0</b>
91st day and after: While using 60 lifetime reserve days:	All but \$608 per day	\$608 per day	<b>\$0</b>
Once lifetime reserve days are used: Additional 365 days:	\$0	100% of Medicare- Eligible expenses	<b>\$0</b>
Beyond 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>
21st through 100th day	All but \$152 per day	Up to \$152 per day	<b>\$0</b>
101st day and after	\$0	\$0	<b>All Costs</b>
<b>Blood:</b>			
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 that you are terminally ill and you elect to receive these services.			
Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited co-payment/co-insurance for outpatient drugs and inpatient respite care	\$0	<b>Balance</b>

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MEDICARE (PART B)- MEDICAL SERVICES-PER CALENDAR YEAR			
Services	Medicare Pays	Plan Pays	You Pay
<b>Medical Expenses:</b> In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$147 of Participant Charges**	\$0	\$0	<b>\$147 (Part B Deductible)</b>
Next Medicare-approved amounts	80%	\$0	<b>20% up to \$500 (includes Medicare Part B Deductible)</b>
Next Medicare-approved amounts	80%	16%	<b>4% up to \$1,500 (includes Part B and Benefit Deductibles)</b>
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	<b>\$0</b>
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	<b>\$0</b>
<b>Blood</b>			
First 3 pints	\$0	All Costs	<b>\$0</b>
First \$147 of Participant Charges**	\$0	\$0	<b>\$147 (Part B Deductible)</b>
Next Medicare-approved amounts	80%	\$0	<b>20% up to \$500 (includes Medicare Part B Deductible)</b>
Next Medicare-approved amounts	80%	16%	<b>4% up to \$1,500 (includes Part B and Benefit Deductibles)</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>
<b>MEDICARE PARTS A &amp; B</b>			
Services	Medicare Pays	Plan Pays	You Pay
<b>Home Health Care:</b> Medicare Approved Services			
Medically necessary skilled care services and medical supplies	100%	\$0	<b>\$0</b>
Durable Medical equipment First \$147 of Medicare-approved amounts**	\$0	\$0	<b>\$147 (Part B Deductible)</b>
Next Medicare-approved amounts	80%	\$0	<b>20% up to \$500 (includes Medicare Part B Deductible)</b>
Next Medicare-approved amounts	80%	16%	<b>4% up to \$1,500 (includes Part B and Benefit Deductibles)</b>
Remainder of Medicare-approved amounts	80%	20%	<b>\$0</b>

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OTHER BENEFITS NOT COVERED BY MEDICARE			
Services	Medicare Pays	Plan Pays	You Pay
<b>Foreign Travel:</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of charges	\$0	80% up to a lifetime maximum of \$50,000	<b>20% to a lifetime maximum of \$50,000, then 100%</b>
<b>Private Duty Nursing</b>			
Private Duty Nursing	\$0	\$25 per shift; Max # of shifts is 30 per benefit period	<b>Balance</b>

\*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 \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

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

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. For complete details please see the Master Policy. This policy is renewable at the option of the insurer.

# PRESCRIPTION DRUG SUMMARY

Underwritten by Stonebridge Life Insurance Company, Rutland, VT

## Standard Plan

This plan offers a four-tier co-payment plan for prescription drugs. This is a plan with no annual deductible. You will be responsible for a co-payment for your prescription drugs. If your out-of-pocket costs reach \$4,550 ("Catastrophic Limit") your co-payment will be reduced to the greater of a \$2.55 co-payment for generic drugs (including brand drugs treated as generic) and a \$6.35 co-payment for all other drugs, or a 5% co-insurance.

<b>Medicare GenerationRx Medicare Part D Plan</b>			
<b>Deductible: \$0</b>			
<b>Out-of-pocket maximum: \$2,500 per insured</b>			
<b>Tier</b>	<b>Retail (31 Days)</b>	<b>Retail (90 Days)</b>	<b>Mail Order (90 days)</b>
Tier 1: Generic	\$12	\$20	\$20
Tier 2: Preferred Brand	25% (\$15 min - \$45 max)	25% (\$40 min - \$120 max)	25% (\$40 min - \$120 max)
Tier 3: Non-Preferred Brand	30% (\$30 min - \$90 max)	30% (\$75 min - \$225 max)	30% (\$75 min - \$225 max)
Tier 4: Specialty	\$90	\$225	\$225
<b>Coverage in Gap*:</b>	<b>Same copay schedule as above</b>		

\*After your total yearly drug costs reach \$2,850, you will pay the same copay schedule as noted above. The co-payments shown already include the manufacturer discounts on brand name drugs provided by the Medicare Coverage Gap Discount Program.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the Coverage Gap and are not already receiving "Extra Help". The amount discounted by the manufacturer counts toward your out-of-pocket costs as if you had paid this amount and moves you through the Coverage Gap.

Medicare GenerationRx is underwritten by Stonebridge Life Insurance Company (Rutland, VT), an employer group waiver plan and PDP with a Medicare contract. Enrollment in this plan depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Stonebridge 4T