



**2017 Seniors Choice
Group Retiree Medical
Co-pay Plan Benefits**
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 \$1,316	\$1,316 – Part A Deductible	\$0 after you have satisfied your annual deductible
Days 61 through 90	All but \$329 per day	\$329 per day	
Days 91 through 150 (60 lifetime reserve days)	All but \$658 per day	\$658 per day	
Additional 365 days	\$0	100% of Medicare eligible expenses	
<i>Private Duty Nursing Benefits Available with Seniors 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 deductible
Days 21 through 100	All but \$164.50 per day	Up to \$164.50 per day	
Days 101 and after	\$0	\$0	100%
<i>Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans</i>			

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 pints	\$0	100%	\$0 after you have satisfied your annual deductible
Additional amounts	100%	\$0	

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



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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. Medicare Part B deductible is included in the Annual Plan Deductible.

Services	Medicare Pays	Plan Pays	You Pay
First \$183 of Medicare approved amounts	\$0	\$183	\$0 after you have satisfied your annual deductible
Remainder of Medicare approved amounts	80%	20%	
Part B excess charges – above Medicare approved amounts	\$0	100%	
<p>*Medical Services Co-payment Amounts by Service</p> <p>Doctor's Office Visit \$10 Co-pay</p> <p>Outpatient Services per visit \$20 Co-pay</p> <p>Durable medical equipment \$10 Co-pay</p> <p>X-rays or lab work in Doctor's office per visit \$10 Co-pay</p> <p>X-rays or lab work in Outpatient Facility per visit \$20 Co-pay</p> <p>Co-payments apply after the annual deductible has been satisfied</p>			

Emergency Room

Services	You Pay
Emergency Room Professional Services per visit for non-hospital admission <i>(Applies to both co-pay and no co-pay plans)</i>	\$100 Co-pay

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	\$0	100%	\$0 after you have satisfied your annual deductible
Additional amounts	80%	20%	

Clinical Laboratory Services

Services	Medicare Pays	Plan Pays	You Pay
Blood Tests for Diagnostic Services	\$0	100%	\$10 after you have satisfied your annual 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 deductible
Health equipment not limited to hospital beds, oxygen and medical supplies for use at home.	80%	20%	
<i>At Home Recovery Benefits Available with Seniors Choice Optional Plans</i>			

Foreign Travel Emergency Care

Benefits provided for Medicare approved expenses during the first 60 days of a trip outside of the U.S.A. After a \$250 calendar year deductible, Seniors Choice pays at 80%, up to a \$50,000 lifetime maximum.