



**2017 Seniors Choice  
Group Retiree Medical  
No Co-pay Plan Benefits  
No Lifetime Plan Maximum**

Underwritten by:  
**G·T·L.**  
Guarantee Trust Life Insurance Company

**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)

Underwritten by Guarantee Trust Life Insurance Company  
Offered through the Merchants Industry Fund Group Insurance Trust  
Administered by Merchants Benefit Administration, Inc.  
For more information, contact MBA, Inc. at  
(800) 800-6543 or visit [www.mbaadmin.com](http://www.mbaadmin.com)





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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%	
Emergency Room Professional Services per visit (Non-Hospital Admission)			\$100 Co-pay

**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%	\$0 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.