

**Rates - Age 65 & over**  
**New York County Dental Society**  
**TRANSAMERICA & RX Monthly Rates**

<b>TRANSAMERICA Option I with RX Option 1</b>	<b>TRANSAMERICA Option II with RX Option 1</b>
\$296.61	\$301.61
<b>TRANSAMERICA Option I with RX Option 2</b>	<b>TRANSAMERICA Option II with RX Option 2</b>
\$443.31	\$448.31

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

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.

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
<b>HOSPITALIZATION</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)
61st thru 90th day	All but \$275 a day	\$275 a day	\$275 a day
91st day and after:			
While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$550 a day
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses
Beyond the Additional 365 days	\$0	\$0	\$0
<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	\$0
21st thru 100th day	All but \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day
101st day thru 365th day	\$0	\$0	\$0
366th day and after	\$0	\$0	\$0
<b>BLOOD</b>			
<b>First 3 pints</b>	\$0	3 pints	3 pints
Additional amounts	100%	\$0	\$0

### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
<b>MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$155 of Medicare Approved Amounts	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	20%
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	<b>\$0</b>	<b>\$0</b>	<b>100%</b>
<b>BLOOD</b>			
First 3 pints	\$0	All costs	All costs
Next \$155 of Medicare Approved Amounts	\$0	\$155 (Part B Deductible)	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	20%
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	\$0

### MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
<b>HOME HEALTH CARE</b>			
Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$155 of Medicare Approved Amounts	\$0	\$155 (Part B deductible)	\$155 (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	20%

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
<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	\$0
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	80% to a lifetime maximum of \$50,000

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

*Please note:* Final rates and benefits subject to carrier approval.

## Sterling Retiree Prescription Drug Plan 2010 Summary of Benefits

### Sterling Retiree Rx Basic Plan (PDP 0000)

This Sterling Retiree Rx Plan provides the basic Medicare Part D coverage. Once you satisfy a calendar year deductible of \$310, you will then be responsible for paying 25% coinsurance up to \$2,830 of the covered Part D drug costs. You will pay 100% ("Coverage Gap") of any additional prescription drug costs up to \$6,440 at which point, you will have reached an out-of-pocket maximum of \$4,550 and your co-insurance will be the greater of 5%, or \$2.50 for generic and multi source drugs, or \$6.30 for all other covered drugs.

TOTAL RX COSTS	YOU PAY	STERLING RETIREE PDP PAYS
First \$310.00	100%	0%
\$310.00 to \$2,830.00	25%	75%
\$2,830.00 to \$6,440.00	100%	0%
\$6,440.00 and up	Greater of 5% or \$2.50 / \$6.30	95%

Prescription drug coverage is a benefit issued through Sterling Retiree Rx Prescription Drug Plan and is administered by IdealScripts, a division of NEBCO. Benefits are paid only when using one of the approximately 61,000 Sterling Retiree Rx Prescription Drug Plan Participating Pharmacies. These include many local pharmacies as well as national chains such as: CVS, Walgreens, Walmart, Kmart, Eckerd, Kroger, Rite Aid, Target, Osco, Winn Dixie, Buehlers, Medicap, Hook, Enloe, Eagle, Schnucks, Meijer, Keitach, Fagan and many more.

For a detailed pharmacy listing visit: [www.SterlingRetireeScripts.com](http://www.SterlingRetireeScripts.com) or call our Customer Care Center Monday through Friday from 8:00 AM to 8:00 PM (EST).

**Call Toll-Free  
1-888-883-3757**

## Sterling Retiree Prescription Drug Plan 2010 Summary of Benefits

### Sterling Retiree Rx Enhanced Plan (ENH 01)

The Sterling Retiree Rx Enhanced Plan will cover 75% of the cost of your prescriptions once you have met your deductible of \$310. You will be responsible for a \$310 deductible, then a 25% co-insurance up to **\$17,270** of the covered Part D drug costs. If you reach \$4,550 out-of-pocket expenses during the year, your co-insurance will be the greater of 5%, or \$2.50 for generic and multi source drugs, or \$6.30 for all other covered drugs.

TOTAL RX COSTS	YOU PAY	STERLING RETIREE PDP PAYS
<b>First \$310.00</b>	<b>100%</b>	<b>0%</b>
<b>\$310.00 to \$2,830.00</b>	<b>25%</b>	<b>75%</b>
<b>\$2,830.00 to \$17,270.00</b>	<b>25%</b>	<b>75%</b>
<b>\$17,270.00 and up</b>	<b>Greater of 5% or \$2.50 / \$6.30</b>	<b>95%</b>

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