

2012 Retiree Medical Insurance Plan Summary of Coverage

Underwritten by: Monumental Life Insurance Company, Cedar Rapids, IA,
An AEGON Company

This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible

Medicare (Part A) - Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITAL CONFINEMENT BENEFIT*			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,156	\$1,156 (Part A Deductible)	\$0
61st through 90th day	All but \$289 per day	\$289 per day	\$0
91st through 150th day (60 day Lifetime Reserve Period)	All but \$578 per day	\$578 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	\$0
SKILLED NURSING FACILITY CARE**			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies.			
First 20 days	All approved amounts	\$0	\$0
21st through 100 th day	All but \$144.50 per day	Up to \$144.50 per day	\$0
101 st through 365 th day	\$0	\$0	All costs
HOSPICE CARE			
Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need.	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	All other charges
BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0

Medicare (Part B) - Medical Services – Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
OUT-PATIENT MEDICAL EXPENSES – pertain to doctor’s services and outpatient care such as some of the services provided by physical and occupational therapists, and some health care providers. The services covered in this section may be provided both, in or out of a hospital and also pertain to outpatient hospital treatment. Other services include Physician’s services, Inpatient/Outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment.			
Medicare Part B Deductible: First \$140 of Medicare-approved amounts per calendar year	\$0	\$0	\$140***
Remainder Medicare-approved amounts	80%	20% after your out-of-pocket expenses reach \$1,100	20% until your out-of-pocket expenses reach \$1,100, then you pay \$0
Clinical Laboratory services, blood tests, urinalysis and more	100%	\$0	\$0
Part B Excess Charges covers the difference between the actual Medicare Part B charge as billed and the Medicare-approved Part B charge.	\$0	100%	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY			
Medically necessary emergency care services.			
Services necessary during the first 60 days of each trip outside the United States	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000)	\$250 Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter)

AT HOME RECOVERY			
Home care certified by your Physician, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan.			
Up to 7 visits per week for a maximum cost of \$1,600 per Calendar Year	\$0	Maximum amount per visit- \$40, Maximum visits per week – 7, Maximum benefit amount - \$1,600	All other eligible expenses after Monumental pays

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
PREVENTATIVE MEDICAL CARE – Coverage for expenses incurred by a covered person for physical exams, preventative screening tests and services and any other tests or preventative measures determined to be appropriate by the attending Physician.			
Pap Test and Pelvic Examination (Includes Clinical Breast Exam) Once during a Calendar Year	100% of Pap lab test, 80% of Medicare (or a co-payment amount) for Pap test collection and pelvic and breast exam	100% of the remaining usual and customary charges incurred after Medicare has paid	0% of the usual and customary charges
Prostate Cancer Screening Once during a Calendar Year	For men 50 and older, 80% of the Medicare-approved amount for the digital rectal exam after the yearly Part B Deductible	100% of the remaining usual and customary charges incurred after Medicare has paid	0% of the usual and customary charges
Mammogram Screening Once during a Calendar Year	80% of the Medicare-approved amount	100% of the remaining usual and customary charges incurred after Medicare has paid	0% of the usual and customary charges

Exclusions

This Plan does not cover: any expense that is not a Medicare Eligible Expense or beyond the limits imposed by Medicare for such expenses or excluded by name or specific description by Medicare, except as specifically provided in the policy; any portion of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expenses incurred after coverage terminates, except as stated in the Extension-of-Benefits provision of the policy.

*A benefit period begins on the first day you receive services 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.

** 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 of leaving the hospital

***\$100 of the Part B Deductible will apply to the Plan calendar year plan deductible of \$100 and \$40 goes to the \$1,000 out-of-pocket maximum. In addition, the deductible must be satisfied prior to any benefits being paid except Hospital Confinement and Skilled Nursing Facility Benefits.

The \$250 Foreign Travel Emergency Deductible is a separate deductible and does not apply toward the \$100 Calendar Year Deductible.

This summary of benefits explains the general purposes of the insurance described, but in no way changes or affects the insurance afforded under the master group policy for each plan. Each retiree participating in this insurance plan will receive a certificate of coverage describing the exact coverage and benefits purchased.

STERLING Retiree RxSM (Employer PDP)

**2012 Prescription Drug Plan
Summary of Coverage**

Underwritten by: Sterling Life Insurance Company

2012 PDP Basic Medicare Part D

Basic Medicare Part D Plan Standard Medicare Part D plan with \$320 deductible		
Prescription Drugs Purchased	Sterling Retiree Rx (Employer PDP) Pays	Retiree Pays
	Retail Pharmacy & Mail Order	Retail Pharmacy & Mail Order**
First \$320	\$0	\$320
\$320.01 to \$2,930	75%	25%
Greater than \$2,930	14% for generic 0% for brand	86% for generic 100% for brand*
Greater than \$4,700 in total out-of-pocket expenses	95%	Greater of 5% or \$2.60 for generic and multi-source drugs. Greater of 5% or \$6.50 for all other covered drugs

*Upon reaching \$2,930 in total drug expenses, the Medicare Coverage Gap Discount Program may provide a 50% manufacturer discount (excluding dispensing fee) on brand name drugs to Part D enrollees not already receiving income subsidies.

**30 day prescriptions are available through participating retail pharmacy locations. 90 day prescriptions are available through mail order and may be available through participating retail pharmacy locations.

Note: In the event the Employer Group terminates coverage before the end of the coverage year, 90 day prescriptions will be reduced to a 30 day prescription.

1-888-883-3757

Please note that if you are enrolled in the Basic Prescription Drug Plan, you will not be allowed to upgrade to the Enhanced Prescription Drug Plan. However, if you are enrolled in the Enhanced Prescription Drug Plan, you will be allowed to downgrade to the Basic Prescription Drug Plan.

Prescription Drug Plan - Summary of Benefits

2012 PDP Enhanced Medicare Part D (ENH-01)

Enhanced Medicare Part D Plan \$320 deductible and no gap in coverage		
Prescription Drugs Purchased	Sterling Retiree Rx (Employer PDP) Pays	Retiree Pays
	Retail Pharmacy & Mail Order	Retail Pharmacy & Mail Order*
First \$320	\$0	\$320
\$320.01 to \$2,930	75%	25%
Greater than \$2,930	75%	25%*
Greater than \$4,700 in total out-of-pocket expenses	95%	Greater of 5% or \$2.50 for generic and multi-source drugs. Greater of 5% or \$6.50 for all other covered drugs

Prescription drugs are a stand-alone benefit. All drug benefits are issued through Sterling Retiree Rx; benefits and are paid when using a Sterling Retiree Rx Participating Pharmacy.

*Upon reaching \$2,930 in total drug expenses, the Medicare Coverage Gap Discount Program may provide a 50% manufacturer discount (excluding dispensing fee) on brand name drugs to Part D enrollees not already receiving income subsidies.

30 day prescriptions are available through participating retail pharmacy locations. 90 day prescriptions are available through mail order and may be available through participating retail pharmacy locations.

Note: In the event the Employer Group terminates coverage before the end of the coverage year, 90 day prescriptions will be reduced to a 30 day prescription.

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