

BENEFIT SUMMARY

(Monumental Plans I, II)

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	PLAN I PAYS	PLAN II PAYS
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,156	\$0	\$1,156 (Part A Deductible)
61st thru 90th day	All but \$289 per day	\$289 per day	\$289 per day
91st day and after: While using 60 lifetime reserve days	All but \$578 per day	\$578 per day	\$578 per 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
SKILLED NURSING FACILITY CARE*			
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 \$144.50 per day	\$0	Up to \$144.50 per day
101st day thru 365th day	\$0	\$0	\$0
366th day and after	\$0	\$0	\$0
BLOOD			
First 3 pints	\$0	3 pints	3 pints
Additional amounts	100%	\$0	\$0

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

SERVICES	MEDICARE PAYS	PLAN I PAYS	PLAN II PAYS
MEDICAL EXPENSES - 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 \$140 of Medicare Approved Amounts**	\$0	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	20%
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	\$0
BLOOD			
First 3 pints	\$0	All costs	All costs
Next \$140 of Medicare Approved Amounts**	\$0	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	20%
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	PLAN I PAYS	PLAN II PAYS
HOME HEALTH CARE			
Medicare Approved Services: Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: First \$140 of Medicare Approved Amounts**	\$0	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	20%

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% (to a lifetime maximum of \$50,000)	20% (to a lifetime maximum of \$50,000, then 100%)

* 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 \$140 of Medicare approved amounts for covered services, your Medicare Part B Deductible will have been met for the calendar year.

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

STERLING Retiree RxSM (Employer PDP)

Prescription Drug Plan - Summary of Benefits

2012 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 \$2,930.00	75%	25%
Greater than \$2,930.00 Coverage Gap	14% for covered generics 0% for brand	86% for covered 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 covered brand name drugs to Part D enrollees not already receiving extra help.

**You also receive some coverage for generic drugs. The plan pays 14% of the price for approved generic drugs and you pay the remaining 86% of the price. The coverage for generic drugs works differently than the 50% discount for brand name drugs. For generic drugs, the amount paid by the plan (14%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

† Up to a 34 day supply on prescriptions is available through participating retail pharmacy locations. Up to a 93 day supply on prescriptions is 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.

STERLING Retiree RxSM (Employer PDP)

Prescription Drug Plan - Summary of Benefits

2012 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 \$2,930.00	75%	25%
Greater than \$2,930.00	75%	25%*
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 covered brand name drugs to Part D enrollees not already receiving extra help.

† 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.