

Senior Plus Plan

Effective January 1, 2011

Part A services (as defined by Medicare)	Medicare pays	Senior Plus plan pays	You pay ¹
Hospital stays: <ul style="list-style-type: none"> Semi-private room and board General nursing Other hospital services and supplies 	<ul style="list-style-type: none"> 100% days 1-60 Costs over \$275/day for days 61-90 Costs over \$550/day for days 91-150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period)² \$275/day for days 61-90 \$550/day for days 91-150 (lifetime reserve days); 100% after reserves are depleted all costs after 150 days 	50% of the Part A deductible ²
Skilled nursing facility care	<ul style="list-style-type: none"> 100% days 1-20 Costs over \$137.50/day for days 21-100 	Not a covered benefit	<ul style="list-style-type: none"> \$137.50/day for days 21-100 100% after 100 days
Part B services (as defined by Medicare)	Medicare pays	Senior Plus plan pays	You pay ¹
Medical services & supplies: <ul style="list-style-type: none"> Doctors' services Inpatient and outpatient medical and surgical services/supplies Physical and speech therapy Diagnostic tests Durable medical equipment and other services 	80% of Medicare-approved amounts for covered services	Remaining 20% of Medicare-approved amounts for covered services	\$155 (Part B deductible) ³
Diagnostic clinical laboratory service	100% of Medicare-approved amount for covered services	Nothing (Medicare covers it at 100%)	Costs above Medicare-approved amounts or not services covered by Medicare
Retail prescription drugs	Medicare pays	Senior Plus Plan pays	You pay
Up to 30-day supply			The lesser of drug cost or:
Generic:	Nothing	Costs over copay amount	\$15 copay
Preferred:	Nothing	Costs over copay amount	\$30 copay ⁴
Non-preferred:	Nothing	Costs over copay amount	\$45 copay ⁴
Mail Order prescription drugs	Medicare pays	Senior Plus Plan pays	You pay
Up to 90-day supply			The lesser of drug cost or:
Generic:	Nothing	Costs over copay amount	\$30 copay
Preferred:	Nothing	Costs over copay amount	\$75 copay ⁴
Non-preferred:	Nothing	Costs over copay amount	\$115 copay ⁴

Note: This chart is based on 2010 Medicare deductibles and payment amounts. Benefits will be paid on 2011 Medicare amounts (not available at the time of print).

¹ You are responsible for 100% of any charges not covered by Medicare or that are above the Medicare-approved amount.

² You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

³ You pay the Part B deductible once a year.

⁴ If a preferred or non-preferred drug is purchased when a generic is available, the member must pay the generic copayment and the difference in the cost between the preferred/non-preferred drug and its generic equivalent.

