

Senior Plan

Senior Plan Medical Benefits

Effective January 1, 2012

MEDICAL BENEFITS			
Part A services (as defined by Medicare)	Medicare pays	Senior 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 (after \$1,156 deductible) Costs over \$289/day for days 61-90 Costs over \$578/day for days 91-150 (lifetime reserve days) 	<ul style="list-style-type: none"> 50% of Part A deductible (for every benefit period)² \$289/day for days 61-90 \$578/day for days 91-150 (lifetime reserve days); 100% after reserves are depleted all costs after 150 days 	<p>\$578</p> <p>(50% of the Part A deductible²)</p>
Skilled nursing facility care	<ul style="list-style-type: none"> 100% days 1-20 Costs over \$144.50/day for days 21-100 	Not a covered benefit	<ul style="list-style-type: none"> \$144.50/day for days 21-100 100% after 100 days
Part B services (as defined by Medicare)	Medicare pays	Senior Plan pays	You pay ¹
Preventive care* (for recommended preventive care services, including an annual wellness visit)	100%	Nothing	Nothing
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	Not a covered benefit	<ul style="list-style-type: none"> \$140 (Part B deductible)³ Remaining 20% of Medicare-approved amounts for covered services
Outpatient mental health services	55% of Medicare-approved amounts for covered services	Not a covered benefit	Remaining 45% of Medicare-approved amounts for covered services
Diagnostic clinical laboratory service	100% of Medicare-approved amount for covered services	Not a covered benefit (Medicare covers at 100%)	Costs above Medicare-approved amounts or services not covered by Medicare

*For those enrolled in Medicare Part B, Medicare pays 100% of costs for recommended preventive care services (including an annual wellness visit), per *Your Guide to Medicare Preventive Services*. You may find a copy of this guide at www.medicare.gov.

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

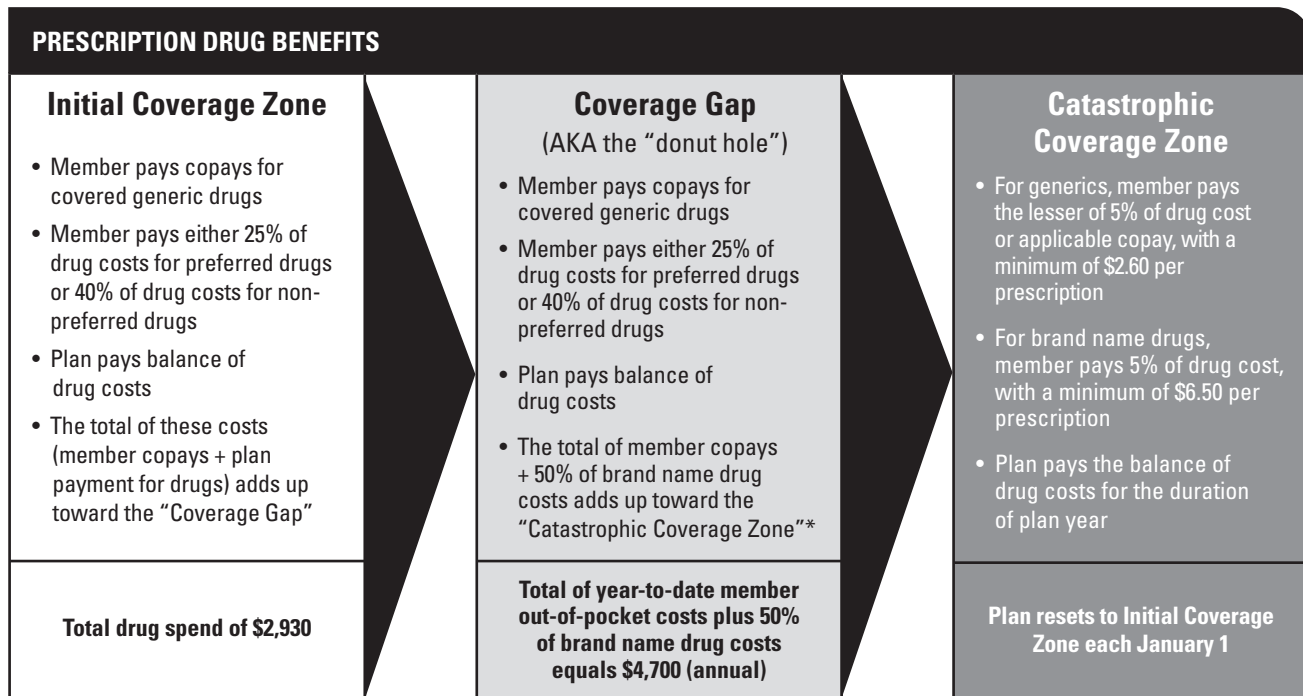
² You must pay 50% of the Part A deductible for every benefit period, which begins when you are admitted and ends when you have not received hospital or skilled nursing facility treatment for 60 days in a row.

³ You pay the Part B deductible once a year.



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Senior Plan Prescription Benefits



*Brand name drugs (preferred and non-preferred) are subject to an automatic 50% discount at the pharmacy. Member does not need to take action; this subsidy is paid by pharmaceutical companies and applied automatically.

PRESCRIPTION DRUG COPAYS (YOU PAY):					
		Quantity (Days' supply)	31	60	90
Retail Pharmacy	Generic		\$10	\$20	\$30
	Preferred		25%	25%	25%
	Non-Preferred		40%	40%	40%
	Specialty Drug		25%	25%	25%
Mail Order	Generic		\$8	\$16	\$24
	Preferred		25%	25%	25%
	Non-Preferred		40%	40%	40%
	Specialty Drug		25%	25%	25%

Each month, you will receive an Explanation of Benefits (EOB) from Medco detailing the prior month's prescriptions. You will not receive an EOB if you haven't filled a prescription. This EOB will have a summary of your prescription drug spending and show where you are in the three zones. You do not need to take action - this EOB is sent to you to help you better understand your benefit.