



Underwritten by **United American Insurance Company**

Retiree Benefits for:

Benefit Period: 1/1/2019 through 12/31/2019

Your Plan Annual Deductible

MEDICARE PART A - 2019

Services	Medicare Pays	Plan Pays	You Pay
<p>HOSPITALIZATION**</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies.</p> <p>First 60 Days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <p> While using 60 lifetime reserve days</p> <p> Once Lifetime reserve days are used:</p> <p> Additional 365 days</p> <p> Beyond the Additional 365 days</p>	<p>All but \$1,364</p> <p>All but \$341 a day</p> <p>All but \$682 a day</p> <p>\$0</p> <p>\$0</p>	<p>\$1,364 - Part A Deductible</p> <p>\$341 a day</p> <p>\$682 a day</p> <p>100% of Medicare Eligible Expenses</p> <p>\$0</p>	<p>No Plan deductible applies</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>SKILLED NURSING FACILITY CARE**</p> <p>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.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$170.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$170.50 a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All Costs</p>
<p>BLOOD</p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>HOSPICE CARE</p> <p>Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

**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.



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MEDICARE PART B - 2019

Plan Deductible (Part B Out of Pocket Expenses)			
Services	Medicare Pays	Plan Pays	You Pay
Medicare Part B Deductible 2019			Chosen Annual Plan Deductible applies, then:
First \$185 of Medicare Approved Amounts	\$0	Part B Deductible	
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	
BLOOD			
While using 60 lifetime reserve days			
First 3 pints	\$0	All Costs	\$0
Remainder of Medicare Approved Amounts	80%	20%	Chosen Annual Plan Deductible
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE			
Medically necessary skilled care services (must be homebound) and medical supplies	100%	\$0	\$0
Durable Medical Equipment			
First \$185 of Medicare Approved Amounts	\$0	Part B Deductible	Chosen Annual Plan Deductible
Remainder of Medicare Approved Amounts	80%	20%	

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL			
Medically necessary emergency care services during the first 60 days of each trip outside of the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges - Up to \$50,000 Lifetime Maximum benefit	\$0	80%	20%



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Retiree Benefits for:

Benefit Period: 1/1/2019 through 12/31/2019

Deductible State	You pay a \$0 yearly deductible.	
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:	
Tier	Retail One-Month (31-day) Supply	Mail Three-Month (90-day) Supply
Tier 1: Generic Drugs	\$15.00	\$30.00
Tier 2: Preferred Brand Drugs	\$60.00	\$150.00
Tier 3: Non-Preferred Brand Drugs	\$100.00	\$250.00
Tier 4: Specialty Tier Drugs	33% coinsurance	33% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.	
Coverage Gap stage	After your total yearly drug costs reach \$3,820, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage. <ul style="list-style-type: none"> • Brand-name drugs: You pay 25% of the total cost (plus a portion of the dispensing fee). • Generic drugs: You will continue to pay the same cost-sharing amount as in the Initial Coverage stage. 	
Non Part D Drugs	Covered; Excluding Lifestyle Drugs	
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs reach \$5,100, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the above copays • a \$8.50 copayment for all other covered drugs, with a maximum of the above copays 	



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Tier	Retail One-Month (31-day) Supply		Mail Three-Month (90-day) Supply
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy
Tier 1: Generic Drugs	\$0.00	\$5.00	\$0.00
Tier 2: Preferred Brand Drugs	\$30.00	\$35.00	\$60.00
Tier 3: Non-Preferred Brand Drugs	\$60.00	\$65.00	\$120.00
Tier 4: Specialty Tier Drugs	32.5% coinsurance	33% coinsurance	32.5% coinsurance
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.		
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Tier	Retail One-Month (31-day) Supply	Mail Three-Month (90-day) Supply
Tier 1: Generic Drugs	\$5.00	\$10.00
Tier 2: Preferred Brand Drugs	\$25.00	\$50.00
Tier 3: Non-Preferred Brand Drugs	\$50.00	\$125.00
Tier 4: Specialty Tier Drugs	\$50.00	\$125.00
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.	
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