



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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| | | |
|---|---|---|
| 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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|---|---|--------------------------|---|
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| 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 |
| | 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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