

## Summary of Benefits – Medicare Supplement Plan

For the Church of the Brethren

This page summarizes the benefits provided by the Church of the Brethren for its group Medicare Supplement Plan. **It is important to understand that the benefit amounts paid by Medicare are subject to change each calendar year.** The amounts listed are applicable to the calendar year beginning Jan. 1, 2007.

### Medicare (Part A) – Hospital Services – Per Benefit Period

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Hospitalization*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61 <sup>st</sup> through 90 <sup>th</sup> day 91 <sup>st</sup> day and after: - While using 60 lifetime reserve days - Once lifetime reserve days are used: - Additional 365 days  - Beyond the additional 365 days	All but \$992 All but \$248 per day  All but \$496 per day  \$0  \$0	\$992 (Part A deductible) \$248 per day  \$496 per day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0**  All costs
<b>Skilled Nursing Facility Care*</b> 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 21 <sup>st</sup> through 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$124 per day \$0	\$0 Up to \$124 per day \$0	\$0 \$0 All costs
<b>Blood</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>Hospice Care</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

### Medicare (Part B) – Medical Services – Per Calendar Year

<b>Medical Expenses</b> – 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 \$131 of Medicare-approved amounts* Remainder of Medicare-approved amounts Part B excess charges (above Medicare-approved amounts)	\$0 Generally 80% \$0	\$0 Generally 20% \$0	\$131 (Part B deductible) \$0 All costs
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\* A benefit period begins on the first day you receive services 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.

\*\* When your Medicare Part A hospital benefits are exhausted, this plan stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the plan's *Core Benefits*. During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

### Medicare (Part B) – Medical Services – Per Calendar Year (continued)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
Next \$131 of Medicare-approved amounts*	\$0	\$0	\$131 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Blood tests for diagnostic services	100%	\$0	\$0

### Parts A & B

<b>Home Health Care – Medicare approved services</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
- First \$131 of Medicare-approved amounts*	\$0	\$0	\$131 (Part B deductible)
- Remainder of Medicare-approved amount	80%	20%	\$0
<b>Foreign Travel – Not covered by Medicare</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.:			
- First \$250 each calendar year	\$0	\$0	\$250
- Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>Preventive Medical Care Benefits** – Not covered by Medicare</b>			
Some annual physical and preventive tests and services when ordered by your doctor and not covered by Medicare such as hearing screening, dipstick urinalysis, thyroid function test, tetanus and diphtheria booster and education:			
- First \$120 each calendar year	\$0	\$120	\$0
- Additional charges	\$0	\$0	All costs

\* Once you have been billed \$131 of Medicare approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

\*\* Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People With Medicare*.