

Senior Choice Benefit Plans

PART A - Hospital Services - Per Benefit Period*

*A benefit period begins on the first day you receive service as an inpatient in a hospital and end after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row

SERVICES	TIME PERIOD	MEDICARE PAYS	SENIOR CHOICE PAYS	YOU PAY	SENIOR CHOICE PREMIER PAYS	YOU PAY
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous services and supplies Once lifetime reserve days are used:	First 60 days	All but \$812	\$812 Part A deductible	\$0	\$812 Part A deductible	\$0
	61st to 90th day	All but \$203 a day	\$203 a day	\$0	\$203 a day	\$0
	91st two 150th day (60 lifetime reserve days)	All but \$406 a day	\$406 a day	\$0	\$406 a day	\$0
	Additional 365 days	\$0	90 % of Medicare eligible hospital expenses for an additional 365 days per person per lifetime	Remainder of Charges	100% of Medicare's DRG day outlier per diem for up to an additional 500 hospital days during the Covered Person's lifetime	\$0
BLOOD	First 3 pints Additional Amounts	\$0 100%	First 3 pints \$0	\$0 \$0	First 3 pints \$0	\$0 \$0
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in the hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital:	First 20 days	All approved amounts	\$0	\$0	\$0	\$0
	21st thru 100th day	All but \$101.50/day	\$0	All Costs	\$101.50 a day	\$0
	101st day thru 365th day	\$0	\$0	All Costs	\$101.50 a day	Remainder of Charges

PART B - Medical Services - Per Calendar Year**

**Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

SERVICES		MEDICARE PAYS	SENIOR CHOICE PAYS	YOU PAY	SENIOR CHOICE PREMIUM PAYS	YOU PAY
MEDICAL EXPENSES Physician services; inpatient & outpatient medical and surgical services and supplies; physical & speech therapy; and diagnostic tests	First \$100 of Medicare-Approved Amounts**	\$0	\$0	\$100	\$0	\$100
	Remainder of Medicare -Approved Amounts**	80%	20% of Medicare eligible expenses after a \$100 per calendar year deductible.	\$0	20% of Medicare eligible expenses after a \$100 per calendar year deductible.	\$0
	Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	Nothing	100% of charges in excess of the Medicare-approved amount	100% of charges in excess of the Medicare-approved amount	\$0
BLOOD	First 3 pints	\$0	100% of actual costs	\$0	100% of actual costs	\$0
FOREIGN COUNTRY TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	First \$250 each calendar year	\$0	\$0	All Costs	\$0	\$250
	Remainder of charges	\$0	\$0	All Costs	100% of Medicare eligible expenses up to a lifetime maximum benefit of \$50,000	All amounts over the \$50,000 lifetime maximum
IN HOSPITAL PRIVATE DUTY NURSING		\$0	\$0	All Costs	Costs up to \$60 per 8 hour shift. Up to 60 shifts per calendar year.	Remainder of charges.
PRESCRIPTION DRUGS	SERVICES	MEDICARE PAYS	SENIOR CHOICE PAYS	YOU PAY	SENIOR CHOICE PREMIUM PAYS	YOU PAY
DISCOUNT PRESCRIPTION DRUG CARD (Included in all plans)	Generic / Brand name drugs	N/A	You will receive a substantial discount when purchasing prescriptions at a Diversified Participating Pharmacy	100% at discount price	You will receive a substantial discount when purchasing prescriptions at a Diversified Participating Pharmacy	100% at discount price
OPTIONAL INSURED OUT-PATIENT PRESCRIPTION DRUG PLAN (Benefits are paid when using a Diversified Participating Pharmacy)	Retail: Brand name drugs	\$0	Nothing	All Costs	Nothing	All Costs
	Generic drugs	\$0	Balance after \$5.00 co-payment	\$5.00	Balance after \$5.00 co-payment	\$5.00
	Mail Order: (90 day supply) Brand name drugs	\$0	Nothing	All Costs	Nothing	All Costs
	Generic drugs	\$0	Balance after \$10.00 co-payment	\$10.00	Balance after \$10.00 co-payment	\$10.00