

# Staff Education Association Retirees VEBA

## Retiree Medical Insurance

### Plan Description

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA

#### MEDICARE (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 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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	\$0
61st - 90th days:	All but Part A coinsurance each	Part A coinsurance each day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but Part A coinsurance each day	Part A coinsurance each day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$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	All approved amounts	\$0	\$0
21st thru 100th day	All but coinsurance each day	100% of daily coinsurance**	\$0
101st day and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints per year	\$0
Additional amounts	100%	\$0	\$0

\*\*Plan pays up to Medicare's daily coinsurance amount. Medicare calculates the Skilled Nursing Facility coinsurance by multiplying the Medicare Part A deductible by 1/8.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. The Plan Description may not include all benefits available to you. For complete details, please see Certificate. Descriptions and policy details may vary by state. This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR\*****MEDICAL EXPENSES -**

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:

Part B Deductible of Medicare Approved Amounts	\$0	Part B Deductible	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	All costs	\$0

**BLOOD**

First 3 pints	\$0	3 pints per year	\$0
Part B Deductible of Medicare Approved Amounts	\$0	Part B Deductible	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**CLINICAL LABORATORY SERVICES**

Blood tests for diagnostic services	100%	\$0	\$0
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**MEDICARE PARTS A & B****HOME HEALTH CARE - MEDICARE APPROVED SERVICES:**

Medically necessary skilled care services and medical supplies	100%	\$0	\$0
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**DURABLE MEDICAL EQUIPMENT**

Part B Deductible of Medicare Approved Amounts	\$0	Part B Deductible	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**OTHER BENEFITS - IF NOT COVERED BY MEDICARE****FOREIGN 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	\$250
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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