

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	OPTION I PAYS	OPTION II PAYS
HOSPITALIZATION			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,111	\$1,111 (Part A Deductible)	\$1,111 (Part A Deductible)
61st thru 90th day	All but \$28J a day	\$28J a day	\$28J a day
91st day and after:			
While using 60 lifetime reserve days	All but \$511 a day	\$511 a day	\$511 a day
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses
Beyond the Additional 365 days	\$0	\$0	\$0
SKILLED NURSING FACILITY CARE			
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 \$141.50 a day	Up to \$141.50 a day	Up to \$141.50 a day
101st day thru 365th day	\$0	\$0	\$0
366th day and after	\$0	\$0	\$0
BLOOD			
First 3 pints	\$0	3 pints	3 pints
Additional amounts	100%	\$0	\$0

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
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:			
First \$11 € of Medicare Approved Amounts	\$0	\$11 € (Part B Deductible)	\$11 € (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	20%
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	100%
BLOOD			
First 3 pints	\$0	All costs	All costs
Next \$11 € of Medicare Approved Amounts	\$0	\$11 € (Part B Deductible)	\$11 € (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	20%
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
HOME HEALTH CARE Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$11 € of Medicare Approved Amounts	\$0	\$11 € (Part B deductible)	\$11 € (Part B deductible)
Remainder of Medicare Approved Amounts	80%	20%	20%

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	OPTION I PAYS	OPTION II PAYS
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	\$0
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	80% to a lifetime maximum of \$50,000

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

Please note: Final rates and benefits subject to carrier approval.

STERLING Retiree RxSM (Employer PDP)

Prescription Drug Plan - Summary of Benefits

2012 Basic Medicare Part D

Basic Medicare Part D Plan Standard Medicare Part D plan with \$320 deductible		
Prescription Drugs Purchased	Sterling Retiree Rx (Employer PDP) Pays	Retiree Pays
	Retail Pharmacy & Mail Order	Retail Pharmacy & Mail Order†
First \$320	\$0	\$320
\$320.01 to \$2,930.00	75%	25%
Greater than \$2,930.00 Coverage Gap	14% for covered generics 0% for brand	86% for covered generic** 100% for brand*
Greater than \$4,700 in total out-of-pocket expenses	95%	Greater of 5% or \$2.60 for generic and multi-source drugs. Greater of 5% or \$6.50 for all other covered drugs

*Upon reaching \$2,930 in total drug expenses, the Medicare Coverage Gap Discount Program may provide a 50% manufacturer discount (excluding dispensing fee) on covered brand name drugs to Part D enrollees not already receiving extra help.

**You also receive some coverage for generic drugs. The plan pays 14% of the price for approved generic drugs and you pay the remaining 86% of the price. The coverage for generic drugs works differently than the 50% discount for brand name drugs. For generic drugs, the amount paid by the plan (14%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

† Up to a 34 day supply on prescriptions is available through participating retail pharmacy locations. Up to a 93 day supply on prescriptions is available through mail order and may be available through participating retail pharmacy locations.

Note: In the event the Employer Group terminates coverage before the end of the coverage year, 90 day prescriptions will be reduced to a 30 day prescription.

STERLING Retiree RxSM (Employer PDP)

Prescription Drug Plan - Summary of Benefits

2012 Enhanced Medicare Part D (ENH-01)

Enhanced Medicare Part D Plan \$320 deductible and no gap in coverage		
Prescription Drugs Purchased	Sterling Retiree Rx (Employer PDP) Pays	Retiree Pays
	Retail Pharmacy & Mail Order	Retail Pharmacy & Mail Order[†]
First \$320	\$0	\$320
\$320.01 to \$2,930.00	75%	25%
Greater than \$2,930.00	75%	25%*
Greater than \$4,700 in total out-of-pocket expenses	95%	Greater of 5% or \$2.60 for generic and multi-source drugs. Greater of 5% or \$6.50 for all other covered drugs

*Upon reaching \$2,930 in total drug expenses, the Medicare Coverage Gap Discount Program may provide a 50% manufacturer discount (excluding dispensing fee) on covered brand name drugs to Part D enrollees not already receiving extra help.

† 30 day prescriptions are available through participating retail pharmacy locations. 90 day prescriptions are available through mail order and may be available through participating retail pharmacy locations.

Note: In the event the Employer Group terminates coverage before the end of the coverage year, 90 day prescriptions will be reduced to a 30 day prescription.