

Annual Plan Deductible Options

\$0 • \$100 • \$150 • \$250 • \$500 • \$750 • \$1000 • \$1500 • \$2000 • \$2500 • \$3000 • \$4000

MEDICARE PART A

Hospitalization

Semi-private room and board, general nursing and miscellaneous services and supplies.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
First 60 days	All but \$1,132	\$1,132 - Part A Deductible	\$0 After You Have Satisfied Your Annual Plan Deductible
Days 61 through 90	All but \$283 per day	\$283 per day	
Days 91 through 150 (60 lifetime reserve days)	All but \$566 per day	\$566 per day	
Additional 365 days	\$0	100% of Medicare Eligible Expenses	
<i>Private Duty Nursing Benefits Available with Seniors Choice Optional Plans</i>			

Skilled Nursing Facility

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.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
First 20 days	All approved amounts	\$0	\$0 After You Have Satisfied Your Annual Plan Deductible
Days 21 through 100	All but \$141.50 per day	Up to \$141.50 per day	
Days 101 and after	\$0	\$0	100%
<i>Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans</i>			

Blood

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
First 3 pints	\$0	100%	\$0 After You Have Satisfied Your Annual Plan Deductible
Additional Amounts	100%	\$0	

All Medicare deductibles are included in plan deductible(s).

Co-payments apply after the Annual Plan Deductible has been satisfied.

For more information, contact Seniors Choice at 1.800.800.6543 or visit www.seniorschoiceplan.com

Medical Coverage Underwritten by Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Administered by Gilsbar, Inc.

MEDICARE PART B

Medical Services

In or out of the hospital and Outpatient Hospital Treatment - All Part B services covered after Annual Plan Deductible has been satisfied and the co-payment amount has been paid. Medicare Part B deductible is included in the Annual Plan Deductible.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
First \$162 of Medicare approved amounts	\$0	\$162	*Co-pay After You Have Satisfied Your Annual Plan Deductible
Remainder of Medicare approved amounts	80%	20%	
Part B Excess charges - above Medicare approved amounts	\$0	100%	
Medical Services Co-payment Amounts by Service			
Doctor's Office Visit per visit			\$10 Co-pay
X-rays or Lab Work in Doctor's Office per visit			\$10 Co-pay
X-rays or Lab Work in Outpatient Facility per visit			\$20 Co-pay
Outpatient Services per visit			\$20 Co-pay
Emergency Room Professional Services per visit (Non-Hospital Admission)			\$100 Co-pay
Durable Medical Equipment			\$10 Co-pay
*Co-payments apply after the Annual Plan Deductible has been satisfied.			

Blood

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
First 3 pints	\$0	100%	\$0 After You Have Satisfied Your Annual Plan Deductible
Additional Amounts	80%	20%	

Clinical Laboratory Services

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Blood tests for Diagnostic Services	80%	20%	\$0 After You Have Satisfied Your Annual Plan Deductible

MEDICARE PARTS A & B

Home Health Services

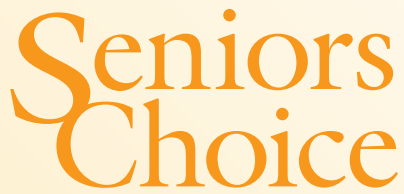
Covered when provided by a Medicare certified Home Health Agency.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
Limited to reasonable and necessary part-time or intermittent skilled care	100%	\$0	\$0 After You Have Satisfied Your Annual Plan Deductible
Health equipment not limited to hospital beds, oxygen and medical supplies for use at home	80%	20%	

At Home Recovery Benefits Available with Seniors Choice Optional Plans

Foreign Travel Emergency Care

Benefits provided for Medicare approved expenses during first 60 days of a trip outside USA. After a \$250 calendar year deductible, Seniors Choice Plan pays at 80%, up to \$50,000 lifetime maximum.



2011 New Business Group Retiree Medical Monthly Plan Rates

For Groups with effective dates beginning 10/1/2010

Monthly Administration Fee is an additional \$10.00 per member per month.

Underwritten By:



Plan Deductible:	\$0	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000
AREA 1												
Age - 65	\$125.91	\$116.77	\$112.27	\$106.58	\$93.96	\$83.38	\$73.61	\$58.51	\$46.98	\$38.62	\$32.45	\$25.05
66 - 69	\$137.35	\$127.38	\$122.47	\$116.28	\$102.50	\$90.95	\$80.29	\$63.83	\$51.25	\$42.14	\$35.39	\$27.33
70 - 74	\$169.54	\$159.41	\$154.26	\$147.95	\$133.33	\$120.58	\$108.53	\$89.43	\$74.36	\$63.00	\$54.27	\$43.01
75 - 79	\$200.08	\$189.61	\$184.16	\$177.57	\$161.88	\$147.88	\$134.42	\$112.75	\$95.29	\$81.81	\$71.25	\$57.06
80 - 84	\$244.97	\$233.85	\$227.87	\$220.52	\$202.92	\$186.93	\$171.47	\$145.99	\$125.00	\$108.41	\$95.22	\$76.80
85 +	\$261.96	\$250.54	\$244.34	\$236.51	\$218.00	\$201.20	\$184.98	\$158.06	\$135.72	\$117.96	\$103.80	\$83.81
AREA 2												
Age - 65	\$144.80	\$134.28	\$129.11	\$122.57	\$108.06	\$95.89	\$84.65	\$67.28	\$54.02	\$44.42	\$37.31	\$28.81
66 - 69	\$157.95	\$146.49	\$140.85	\$133.72	\$117.88	\$104.60	\$92.34	\$73.41	\$58.94	\$48.46	\$40.70	\$31.44
70 - 74	\$194.97	\$183.32	\$177.40	\$170.14	\$153.32	\$138.67	\$124.80	\$102.84	\$85.51	\$72.45	\$62.41	\$49.46
75 - 79	\$230.09	\$218.05	\$211.79	\$204.20	\$186.15	\$170.07	\$154.59	\$129.66	\$109.58	\$94.08	\$81.93	\$65.61
80 - 84	\$281.70	\$268.93	\$262.06	\$253.61	\$233.35	\$214.98	\$197.18	\$167.90	\$143.76	\$124.68	\$109.50	\$88.32
85 +	\$301.26	\$288.12	\$280.98	\$271.99	\$250.70	\$231.38	\$212.72	\$181.77	\$156.07	\$135.65	\$119.37	\$96.39
AREA 3 (All of Alaska)												
Age - 65	\$157.38	\$145.96	\$140.33	\$133.22	\$117.45	\$104.22	\$92.01	\$73.13	\$58.72	\$48.28	\$40.55	\$31.32
66 - 69	\$171.69	\$159.22	\$153.09	\$145.34	\$128.13	\$113.69	\$100.37	\$79.79	\$64.06	\$52.67	\$44.24	\$34.17
70 - 74	\$211.93	\$199.26	\$192.82	\$184.94	\$166.66	\$150.73	\$135.66	\$111.78	\$92.95	\$78.75	\$67.84	\$53.76
75 - 79	\$250.10	\$237.02	\$230.20	\$221.96	\$202.35	\$184.85	\$168.03	\$140.94	\$119.11	\$102.26	\$89.06	\$71.32
80 - 84	\$306.20	\$292.31	\$284.84	\$275.66	\$253.65	\$233.67	\$214.33	\$182.49	\$156.25	\$135.51	\$119.03	\$95.99
85 +	\$327.45	\$313.17	\$305.41	\$295.64	\$272.50	\$251.50	\$231.22	\$197.57	\$169.65	\$147.44	\$129.76	\$104.77
AREA 4												
Age - 65	\$169.97	\$157.64	\$151.56	\$143.88	\$126.85	\$112.56	\$99.37	\$78.98	\$63.41	\$52.14	\$43.80	\$33.83
66 - 69	\$185.42	\$171.96	\$165.33	\$156.96	\$138.38	\$122.79	\$108.40	\$86.17	\$69.18	\$56.88	\$47.78	\$36.90
70 - 74	\$228.89	\$215.20	\$208.25	\$199.73	\$179.99	\$162.78	\$146.52	\$120.73	\$100.38	\$85.05	\$73.27	\$58.07
75 - 79	\$270.11	\$255.98	\$248.62	\$239.72	\$218.54	\$199.64	\$181.47	\$152.22	\$128.65	\$110.44	\$96.19	\$77.02
80 - 84	\$330.70	\$315.69	\$307.63	\$297.71	\$273.95	\$252.36	\$231.47	\$197.09	\$168.75	\$146.35	\$128.55	\$103.67
85 +	\$353.65	\$338.23	\$329.85	\$319.28	\$294.29	\$271.61	\$249.72	\$213.37	\$183.23	\$159.23	\$140.14	\$113.15
AREA 5												
Age - 65	\$188.86	\$175.15	\$168.40	\$159.87	\$140.94	\$125.07	\$110.42	\$87.76	\$70.46	\$57.94	\$48.66	\$37.59
66 - 69	\$206.02	\$191.07	\$183.71	\$174.41	\$153.76	\$136.44	\$120.45	\$95.75	\$76.87	\$63.20	\$53.09	\$41.00
70 - 74	\$254.32	\$239.11	\$231.39	\$221.93	\$199.98	\$180.87	\$162.79	\$134.14	\$111.53	\$94.50	\$81.41	\$64.51
75 - 79	\$300.12	\$284.42	\$276.24	\$266.35	\$242.81	\$221.82	\$201.64	\$169.13	\$142.94	\$122.71	\$106.87	\$85.58
80 - 84	\$367.44	\$350.77	\$341.82	\$330.79	\$304.37	\$280.40	\$257.19	\$218.99	\$187.50	\$162.61	\$142.83	\$115.19
85 +	\$392.94	\$375.81	\$366.49	\$354.76	\$326.99	\$301.79	\$277.46	\$237.08	\$203.57	\$176.93	\$155.72	\$125.73

For more information, contact Seniors Choice at 1.800.800.6543 or visit www.seniorschoiceplan.com.

Medical Coverage Underwritten by Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Administered by Gilsbar, Inc.



Additional Skilled Nursing **\$6.83 per month**

Covered after SC Plan deductible, from 101 through 365 days; up to \$125 per day

Private Duty Nursing **\$7.88 per month**

Covered after SC Plan deductible, \$100 per 8 hour shift; 30 shifts per calendar year

At Home Recovery **\$17.33 per month**

Covered after SC Plan deductible, up to \$40/visit and 7 visits per week;
\$1600 per calendar year maximum

Comprehensive Wellness **\$12.60 per month**

Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling

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These plans offer a 90-day supply from the Pharmacy as well as Mail Order – through additional cost sharing, incentive to move members with maintenance medication to Mail Order. After you have received the equivalent of a 90-day supply (or 3 refills) within a 180-day period, you will be responsible for the higher co-pays below. After the 3rd refill of maintenance medication, members who have not moved their prescription to Mail Order will pay 40% of the discounted price of the drug with a minimum that varies by plan. If the discounted cost of the drug is less than the minimum, the member pays the lower amount.

	SC Choice	SC Preferred	SC Premier
Phase 1: DEDUCTIBLE	\$0	\$0	\$0

Phase 2: INITIAL PERIOD	up to \$2,840		up to \$2,840		up to \$2,840	
<i>30-day supply, you pay</i>						
Generic	\$5		\$5		\$5	
Preferred Brands	\$30		\$30		\$30	
Brands	\$60		\$60		\$60	
Specialty	\$60		\$60		\$60	
<i>90-day supply, you pay</i>						
	Mail Order	Pharmacy	Mail Order	Pharmacy	Mail Order	Pharmacy
Generic	\$10	\$12.50	\$10	\$12.50	\$10	\$12.50
Preferred Brands	\$60	\$62.50	\$60	\$62.50	\$60	\$62.50
Brands	\$120	\$125.00	\$120	\$125.00	\$120	\$125.00
Specialty	\$120	\$125.00	\$120	\$125.00	\$120	\$125.00

Phase 3: COVERAGE GAP	Amount you pay between the Initial Coverage Period and until you reach \$4,550 in out-of-pocket covered prescription drug costs.					
<i>30-day supply, you pay</i>						
Generic	93%		\$5		\$5	
Preferred Brands	100%		100%		\$30	
Brands	100%		100%		\$60	
Specialty	100%		100%		\$60	
<i>90-day supply, you pay</i>						
	Mail Order	Pharmacy	Mail Order	Pharmacy	Mail Order	Pharmacy
Generic	93%	93%	\$10	\$12.50	\$10	\$12.50
Preferred Brands	100%	100%	100%	100%	\$60	\$62.50
Brands	100%	100%	100%	100%	\$120	\$125.00
Specialty	100%	100%	100%	100%	\$120	\$125.00

CATASTROPHIC COVERAGE	After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:					
<i>30-day supply, you pay</i>						
Generic (including Brand drugs treated as Generic)	\$2.50		\$2.50		\$2.50	
All Others	\$6.30		\$6.30		\$6.30	
or the greater of:	5% of co-insurance		5% of co-insurance		5% of co-insurance	

MONTHLY PREMIUM	\$61.00	\$93.00	\$242.00
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