

### 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](http://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%	
<b>Medical Services Co-payment Amounts by Service</b>			
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.