

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 \$1,260	\$1,260 - Part A Deductible	\$0 After You Have Satisfied Your Annual Plan Deductible
Days 61 through 90	All but \$315 per day	\$315 per day	
Days 91 through 150 (60 lifetime reserve days)	All but \$630 per day	\$630 per day	
Additional 365 days	\$0	100% of Medicare Eligible Expenses	

Private Duty Nursing Benefits Available with Seniors Choice Optional Plans

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 \$157.50 per day	Up to \$157.50 per day	
Days 101 and after	\$0	\$0	100%

Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans

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 MBA, Inc. at (800) 800-6543 or visit www.mbaadmin.com
Medical Coverage Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.

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 \$147 of Medicare approved amounts	\$0	\$147	*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	100%	0%	\$10 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.