

Michigan Dental Association

Retiree Medical Plan 1

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
Hospitalization*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	\$0
61st through 90th day	All but Part A Co-Insurance	Part A Co-Insurance	\$0
91st day and after:			
While using 60 lifetime reserve days	All but Part A Co-Insurance	Part A Co-Insurance	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
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 through 100th day	All but Part A Co-Insurance	Part A Co-Insurance	\$0
101st day and after			
	\$0	\$0	All costs
Blood			
First 3 pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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Medicare (Part B) Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
Medical Expenses - In or Out of the Hospital and Out-patient Hospital Treatment , such as Physician's services, in-patient and out-patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible	\$0	Part B Deductible	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B Excess Charges (Above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All costs	\$0
Medicare Part B Deductible	\$0	Part B Deductible	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Clinical Laboratory Services			
Blood tests for Diagnostic Services	100%	\$0	\$0

Medicare Parts A & B

Services	Medicare Pays	Plan pays	You Pay
Home Health Care			
Medicare-approved services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
Medicare Part B Deductible	\$0	Part B Deductible	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0

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Other Benefits Not Covered Medicare

Services	Medicare Pays	Plan Pay	You Pay
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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The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.