

Retiree Medical Insurance Plan Summary of Benefits

Underwritten by: Transamerica Premier Life Insurance Company

Lifetime Maximum: Unlimited

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

| Services | Medicare Pays | Plan Pays | You Pay |
|--|--|------------------------------------|------------------|
| HOSPITAL CONFINEMENT BENEFIT* | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies: | | | |
| First 60 days | All but \$1,484 | \$1,484 (Part A Deductible) | \$0 |
| 61 st through 90 th day | All but \$371 per day | \$371 per day | \$0 |
| 91 st through 150 th day (While using 60 lifetime reserve days) | All but \$742 per day | \$742 per day | \$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 |
| 21 st through 100 th day | All but \$185.50 a day | Up to \$185.50 a day | \$0 |
| 101 st day and after | \$0 | \$0 | All costs |
| BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense | | | |
| When furnished by a hospital or skilled nursing facility during a covered stay. | | | |
| First 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 |
| HOSPICE CARE | | | |
| Available as long as your doctor certifies 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 |
|--|---------------|------------------------------|------------|
| OUT-PATIENT MEDICAL EXPENSES - - In or Out of the Hospital and Out-Patient 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: | | | |
| Medicare Part B Deductible: First \$203 of Medicare-approved amounts** | \$0 | \$203 (Part B Deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | 0% |
| Part B Excess Charges (Above Medicare Approved Amounts) | \$0 | 100% | 0% |
| BLOOD | | | |
| First 3 pints | \$0 | All costs | \$0 |
| Next \$203 of Medicare Approved Amounts** | \$0 | \$203 (Part B Deductible) | \$0 |
| Remainder of Medicare Approved Amounts | 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 | | | |
| First \$203 of Medicare Approved Amounts** | \$0 | \$203 (Part B Deductible) | \$0 |
| Remainder of Medicare Approved Amounts | 80% | 20% | \$0 |

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OTHER BENEFITS NOT COVERED BY MEDICARE

| Services | Medicare Pays | Plan Pays | 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 max |

*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.

**Once you have been billed the first dollars of Medicare-Approved amounts for covered services (which are noted with two asterisks), your Medicare Part B Deductible will have been met for the calendar year.

Benefits are paid only for those expenses which have been approved as eligible by the federal Medicare program.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.

This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium

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