

# RETIREE MED PLUS

## RETIREE MEDICAL PROGRAM



# RETIREE MED PLUS

- Coverage for Medical Expenses not covered by Medicare
- Economical Group Rates
- Complete Freedom of Choice of Physicians, Hospitals, or Clinics Anywhere in the United States

## THE INSURANCE PROGRAM THAT STARTS WHERE MEDICARE STOPS

The Federal Government created Medicare to help older Americans deal with the high costs of health care. What many people do not realize is that Medicare does not pay for all of an individual's medical expenses. In fact, in many instances Medicare limits its payments to 80% of the approved charges. Medicare also requires that you pay certain deductibles before reimbursement begins

The **Retiree Med Plus** plan was specifically designed to provide Employer Groups and their valued Medicare retirees with a quality health insurance plan that seamlessly coordinates coverage with the Original Medicare Plan

## Eligibility

All retirees of a sponsoring employer group or labor organization participating in the plan that are age 65 or over and enrolled in Parts A and B of Medicare are eligible for **Retiree Med Plus**. All spouses of eligible retirees may also be insured under this program, provided they too are age 65 or over and enrolled in Parts A and B of Medicare.

## Worldwide Benefits

If you travel outside the United States, the **Retiree Med Plus** program provides up to \$50,000 in lifetime benefits for emergency medical service while traveling abroad. Remember that Medicare does not pay for expenses incurred while traveling outside of the United States.

## Effective Date

Coverage begins on the first of the month following receipt of your Enrollment Form and premium by the **Retiree Med Plus** Administrator.

## Guaranteed Acceptance

All eligible retirees and dependent spouses age 65 or over are guaranteed acceptance into this program. This coverage is subject to the Pre-Existing Condition Limitation.



# SPECIAL BENEFITS TO THE PROGRAM

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## Coverage Updated Automatically

Annual increases in the Medicare Part A deductible and coinsurance amounts will result in automatic benefit increases to maintain the same level of coverage in the Retiree Med Plus plan. Premiums may be adjusted to reflect this change in coverage.

## Pre-Existing Condition Limitation

This program will not pay benefits for injuries sustained or a sickness for which you have been receiving medical treatment or advice by a physician within the last six months immediately prior to your effective date of coverage.

If this policy replaces an in-force group plan, a primary hospital insurance, a medical reimbursement insurance, Medicare Supplement, or other creditable coverage, there is no pre-existing waiting period. Pre-existing conditions will be covered immediately following the effective date of coverage. (Pre-existing conditions will be waived to the extent that it was satisfied for similar benefits under the replaced coverage.)

## Economical Group Rates

The Retiree Med Plus plan gives high quality protection at affordable group rates. Rates are based on the location of the sponsoring entity.

## 30-Day Free Review

You will have 30 days from your effective date of coverage to examine the program and discuss it with your family and advisors. If you are not satisfied, you may return your Certificate within 30 days for a full refund of premium.



## Additional Benefits to the Program

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### Discount Eye Wear Program\*

Preferred Vision Care offers these benefits through their nationwide network of Preferred Providers:

- ◆ Savings up to 50% or more off the retail price of eye wear.
- ◆ Savings off usual and customary fees on vision correction (Laser/Lasik) procedures.
- ◆ Savings up to 20% on contact lenses.

### Hearing Care Program\*

Beltone offers these benefits through their North American network of over 1,400 Preferred Providers:

- ◆ Receive 15% off the purchase of over 70 models of hearing aids.
- ◆ Free Hearing Screening, a 10 Step Evaluation Process.
- ◆ Enrollment in Lifetime Care Program.
- ◆ Warranty and Lost, Stolen or Damaged Protection Coverage.

\* These benefits are not underwritten by Monumental Life Insurance Company. Discount Eye Wear Program provided by Preferred Vision Care. Hearing Care Program provided by Beltone.

**RETIREE MED PLUS  
MEDICAL INSURANCE PLAN - BENEFIT DESCRIPTION**

<b>MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD* (2011)</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>RETIREE PAYS</b>
<b>HOSPITALIZATION*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,132	\$1,132 (Part A Deductible)	\$0
61st through 90th day	All but \$283 a day	\$283 a day	\$0
91st through 150th day**	All but \$566 a day	\$566 a 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
<b>SKILLED NURSING FACILITY CARE*</b>			
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 \$141.50 a day	Up to \$141.50 a day	\$0
101st day and after	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies that you are terminally ill and you elect to receive these services.	All but very limited co-insurance for outpatient drugs and inpatient respite care	\$0	Balance
<b>MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>RETIREE PAYS</b>
<b>MEDICAL EXPENSES</b>			
In or Out of the Hospital and Outpatient 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:			
First \$162 of Medicare Approved Amounts***	\$0	\$0	\$162 Part B Deductible
Remainder of Medicare Approved Amounts	80%	20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b>			
First 3 pints	\$0	All Costs	\$0
Next \$162 Medicare Approved Amounts***	\$0	\$0	\$162 Part B Deductible
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	\$0

\* 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 sixty (60) days in a row.

\*\* This is the sixty (60) Medicare reserve days, and they may be used only once.

\*\*\* Once you have been billed \$162 of the Medicare-Approved amounts for covered services (which are noted with three (3) asterisks), your Medicare Part B deductible will have been met for the calendar year.



**RETIREE MED PLUS  
MEDICAL INSURANCE PLAN - BENEFIT DESCRIPTION**

<b>MEDICARE PARTS A &amp; B</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>RETIREE PAYS</b>
<b>HOME HEALTH CARE</b>			
Medicare Approved Services:			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$162 of Medicare Approved Amounts***	\$0	\$0	\$162 Part B Deductible
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>AT HOME RECOVERY</b>			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan: (At home assistance with activities of daily living-bathing, dressing, personal hygiene, etc.)			
Benefit for each visit	\$0	Actual Charges up to \$40 per visit	Balance
Number of visits covered	\$0	Up to 7 visits per week	Balance
Calendar year maximum	\$0	\$1,600	Balance
<b>OTHER BENEFITS - NOT COVERED BY MEDICARE</b>			
<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>RETIREE PAYS</b>
<b>FOREIGN TRAVEL</b>			
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 Lifetime Maximum of \$50,000	20% & amounts over \$50,000 Lifetime Maximum

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 where otherwise specified. For complete details please see the Master Policy.

Certificate Form Number LM1000GCM, LM1000GCM.PA

Master Policy Form Number LM1000GPM, LM1000GPM.PA

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# How to File a Claim

Claims are processed electronically. Whenever you are hospitalized or receive medical care and you or your provider(s) have questions regarding the filing of claims, please contact your Program Administrator, AMA Insurance Agency, Inc.

# Certificate of Insurance

This brochure explains the general purpose of the insurance described, but in no way changes or affects the insurance under the Master Policy. Each member participating in this program will receive a Certificate of Insurance describing the exact coverage and benefits purchased.



# Sample Identification Card

## MEDICAL

### AMA Insurance Agency, Inc.

Sample Plan 3  
**Identification No.:** Social Security Number  
**Certificate No.:** 0000000000  
**Effective Date:** 01/01/2011

Please do not submit paper claims for Part B expenses.  
Medicare submits Part B claims electronically  
**For Claims Contact: 800-458-5736**

Medicare Submits Claims Electronically

# Enrolling in Retiree Med Plus is Easy. Here's How.....

1. Complete the enclosed Enrollment Form, indicating coverage desired and making certain you answer all questions. Be sure to sign and date the form.
2. Make your check or money order in the correct amount payable to:  
**AMA Insurance Agency, Inc.**
3. Initial enrollment material should be mailed in the envelope provided to:  
**Insurance Enrollment Center  
National Benefit Consultants, Inc.  
N27 W24075 Paul Court, Suite 300  
Pewaukee, WI 53072**



*Nationally Distributed by:*

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## NATIONAL BENEFIT CONSULTANTS, INC.

N27 W24075 Paul Court, Suite 300  
Pewaukee, WI 53072  
Local: 1-262-746-6977  
Toll-free: 1-800-875-1505  
Email: [info@nbcibiz.com](mailto:info@nbcibiz.com)  
Website: [www.retireemedical.com](http://www.retireemedical.com)

*Administered by:*

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AMA Insurance Agency, Inc.  
515 N. State Street, Suite 400  
Chicago, IL 60654-4825  
1-800-458-5736

*Underwritten by:*

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**The Retiree Medical insurance product is underwritten by Monumental Life Insurance Company, Cedar Rapids, Iowa.**

In New York, Transamerica Financial Life Insurance Company, Harrison, NY. In certain states, Transamerica Life Insurance Company, Cedar Rapids, IA is an authorized underwriter. All companies are AEGON companies.



Monumental Life Insurance Company is an AEGON company. This company enjoys some of the highest ratings from Standard & Poor's, A.M. Best Company, Fitch Ratings and Moody's Investor Service based on financial strength and operating performance.

Earning your trust is our highest priority. Our consistently high ratings are a direct reflection of the care with which we manage our business. For more information on AEGON and Monumental Life Insurance Company ratings visit [www.aegonins.com](http://www.aegonins.com).

Plans may not be available in some states.

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