

RETIREE MED SAVER

THE INSURANCE PROGRAM THAT COORDINATES WITH MEDICARE

Retiree Med Saver was specifically designed to provide Employer Groups and their valued Medicare retirees with a quality insurance plan that coordinates with Medicare.

RETIREE MED SAVER

- May cover the portion of medical expenses not covered by Medicare
- Competitive Group Rates and Plan Design
- Complete Freedom of Choice of Physicians, Hospitals, or Clinics Anywhere in the United States who accept Medicare

THE INSURANCE PROGRAM THAT STARTS WHERE MEDICARE STOPS

The Federal Government created Medicare to help older Americans deal with the costs of health care. What many people may 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 Part B approved charges. Medicare also requires that you pay certain deductibles before reimbursement begins.

The Retiree Med Saver plan was specifically designed to provide Employer Groups and their valued, eligible retirees with a quality insurance plan that coordinates coverage with Medicare. The consumer-oriented plan design of Retiree Med Saver allows for retiree cost sharing under Medicare Part B covered services as outlined in the Benefit Summary.

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 Saver.

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 program provides up to \$50,000 in lifetime benefits for emergency medical service while traveling abroad.

Effective Date

Coverage begins on the first of the month following acceptance of your Enrollment Form and premium by the Plan Administrator.

Group Plan Issuance of Coverage

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



BENEFITS TO THE PROGRAM

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 Saver** 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.

Competitive Group Rates

The **Retiree Med Saver** plan gives quality protection at competitive group rates. Rates are based on the location of the sponsoring entity.



ADDITIONAL FEATURES TO THE PROGRAM

Healthways SilverSneakers®

Fitness program*

When you join the Retiree Medical plan, you'll have access to the Healthways SilverSneakers® Fitness program.

SilverSneakers allows you to get fit the way you want, at your convenience. Achieve your health and fitness goals with access to a variety programs at fitness locations, at home or on the go.

*SilverSneakers® Fitness program is provided by Healthways, is not part of the insurance policy and may be discontinued at any time.

Hearing Care Program**

Beltone offers these features through their North American network of over 1,300 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.

** Hearing Care Program is provided by Beltone, is not part of the insurance policy and may be discontinued at any time.

National Employers Retirees Group Insurance Trust

Retiree Medical Insurance

Saver Plan Description - 2017

Underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA

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 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,316 All but \$329 a day All but \$658 a day \$0 \$0	\$1,316 (Part A Deductible) \$329 a day \$658 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after If medically necessary, but not Medicare approved First 30 days	All approved amounts All but \$164.50 a day \$0 \$0	\$0 Up to \$164.50 a day \$0 Up to \$164.50 a day	\$0 \$0 All costs Balance
BLOOD First 3 pints a year Additional amounts	\$0 100%	3 pints \$0	\$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

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. For complete details please see the Master Policy. This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of nonpayment of premium.



MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR*

*Once you have been billed \$183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – 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 \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	\$0 Generally 16% \$0	\$183 (Part B Deductible) 4% All costs
BLOOD First 3 pints a year Next \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 16%	\$0 \$183 (Part B Deductible) 4%
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 16%	\$0 \$183 (Part B Deductible) 4%
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OTHER BENEFITS

FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA when not covered by Medicare: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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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.



Enrolling in Retiree Med Saver 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.**
208 E. Oak Crest Drive
Wales, WI 53183

Sample Identification Card

MEDICAL

AMA Insurance Agency, Inc.

Sample Plan 3
Identification No.:
Certificate No.: 0000000000
Effective Date: 01/01/2017

Please do not submit paper claims for Part B expenses. Medicare submits Part B claims electronically. For Claims Contact: 1-800-458-5736

Medicare Submits Claims Electronically

Nationally Distributed by:

NATIONAL BENEFIT CONSULTANTS, INC.

208 E. Oak Crest Drive

Wales, WI 53183

Local: 1-262-201-4370

Toll-free: 1-800-875-1505

Email: info@nbcibiz

Website: www.retireemedical.com

Administered by:



AMA Insurance Agency, Inc.

330 N. Wabash Ave. • Suite 39300

Chicago, IL 60611-5885

1-800-458-5736

Underwritten by:

The Retiree Medical insurance product is underwritten by Transamerica Premier Life Insurance Company (TPLIC), Cedar Rapids, IA; and for NY residents, Transamerica Financial Life Insurance Company (TFLIC), Harrison, NY. TFLIC is authorized to conduct business in New York. TPLIC is authorized to conduct business in all other states.



Transamerica Premier Life Insurance Company is rated "A+" (2nd out of 16) by the A. M. Best Company for Financial Strength and operating performance, "AA-" (4th of 21 Categories) by Standard & Poor's for claims paying ability. Ratings are current as of June 24, 2016 and May 12, 2016 respectively.

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 Transamerica ratings visit www.Transamerica.com.

Plans may not be available in some states. 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.

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