

**2020 Seniors Choice
Group Retiree Medical
Plan Benefits**
No Lifetime Plan Maximum



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 \$1,408	\$1,408 - Part A Deductible	\$0 after you have satisfied your annual plan deductible
Days 61 Through 90	All but \$352 per day	\$352 per day	
Days 91 Through 150 (60 Lifetime Reserve Days)	All but \$704 per day	\$704 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 \$176 per day	\$176 per day	
Days 101 and After	\$0	\$0	100%

Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans.

Blood

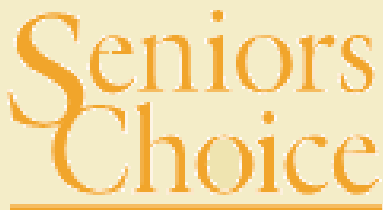
Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	\$0	100%	\$0 after you have satisfied your annual plan deductible
Additional Amounts	100%	\$0	

All Medicare deductibles are included in plan deductible(s).
Co-Payments apply after the annual plan deductible has been satisfied.



Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.

For more information, contact
(800) 800-6543 or visit <https://main.mbaadmin.com>



2020 Seniors Choice Group Retiree Medical Plan Benefits



MEDICARE PART B

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												
Medicare Approved Amounts	\$0	\$198	\$0 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%													
<p style="text-align: center;">*Medical Services Co-Payment Amounts by Service</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Doctor's Office Visit</td> <td style="width: 33%;">\$10 Co-pay</td> <td style="width: 33%;">Outpatient Services per Visit</td> <td style="width: 33%;">\$20 Co-pay</td> </tr> <tr> <td>Durable Medical Equipment</td> <td>\$10 Co-pay</td> <td>X-rays or Lab Work in Doctor's Office per Visit</td> <td>\$10 Co-pay</td> </tr> <tr> <td></td> <td></td> <td>X-rays or Lab Work in Outpatient Facility Per Visit</td> <td>\$20 Co-Pay</td> </tr> </table> <p style="text-align: center;">Co-payments apply after the annual deductible has been satisfied</p>				Doctor's Office Visit	\$10 Co-pay	Outpatient Services per Visit	\$20 Co-pay	Durable Medical Equipment	\$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
Doctor's Office Visit	\$10 Co-pay	Outpatient Services per Visit	\$20 Co-pay												
Durable Medical Equipment	\$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												

Emergency Room

Services	You Pay
Emergency Room Professional Services per Visit for Non-Hospital Admission <i>(Applies to both Co-Pay and no Co-Pay Plans)</i>	\$100 Co-Pay

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 the first 60 days of a trip outside of the U.S.A. After a \$250 calendar year deductible, Seniors Choice pays at 80%, up to a \$50,000 lifetime maximum.

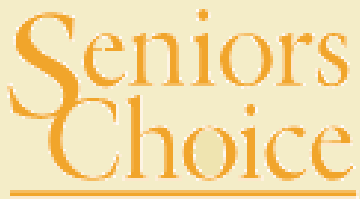
*Only applicable to co-pay plans.

2020 New Business Group Retiree Medical Co-pay Plans – Rating Areas by Zip Code

Effective 10/01/2019

Please contact MBA Marketing for updated state availability

STATE	AVAILABILITY	AREA I	AREA II	AREA III	AREA IV	AREA V
Alabama	Available	None	All Other Zips	350-352, 354, 356-359, 361-362, 366	None	None
Alaska	Available	None	None	All AK Zips	None	None
Arizona	Available	None	All Other Zips	850-853	None	None
Arkansas	Available	None	All Other Zips	718-723	None	None
California	Available	None	922, 931-932, 934, 936-938, 956-958	All Other Zips	913-915, 923-928, 930, 933, 940-948	900-908, 910-912, 916-918, 953, 960
Colorado	Available	None	All Other Zips	800-802, 804, 806	None	None
Connecticut	Pending	None	None	All Other Zips	065-066, 068-069	None
Delaware	Available	None	None	All DE Zips	None	None
District of Columbia	Available	None	None	All DC Zips	None	None
Florida	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Georgia	Available	None	All Other Zips	300-303, 307, 311-316	None	None
Hawaii	Pending	All HI Zips	None	None	None	None
Idaho	Available	All Other Zips	834	835, 838	None	None
Illinois	Available	617-618	All Other Zips	600-609, 620, 622	None	None
Indiana	Available	None	All Other Zips	460-462, 469-471, 478	463-464	None
Iowa	Available	All Other Zips	500-503, 506-507, 510-511, 515, 520, 527-528	None	None	None
Kansas	Available	None	All Other Zips	660-662	None	None
Kentucky	Available	None	All Other Zips	400-402, 410-412, 427	None	None
Louisiana	Available	None	703	705, 707, 713-714	All Other Zips	712
Maine	Pending	None	All ME Zips	None	None	None
Maryland	Available	None	217	206, 216, 218, 219	All Other Zips	None
Massachusetts	Available	None	None	All Other Zips	015, 018-021, 024, 026	None
Michigan	Available	All Other Zips	480-488, 490, 492	None	None	None
Minnesota	Pending	All Other Zips	556, 559	550-555	None	None
Mississippi	Available	None	None	All Other Zips	395	None
Missouri	Available	656-658	All Other Zips	630-631, 633, 640-641, 644-645, 650-651	None	None
Montana	Pending	All Other Zips	594, 598	None	None	None
Nebraska	Available	None	All NE Zips	None	None	None
Nevada	Available	None	All Other Zips	894, 897	890-891	None
New Hampshire	Available	None	All NH Zips	None	None	None
New Jersey	Available	None	None	080	All Other Zips	070, 073, 077, 085-086, 088-089
New Mexico	Available	All NM Zips	None	None	None	None
New York	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
North Carolina	Available	None	All NC Zips	None	None	None
North Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Ohio	Available	None	All Other Zips	430-432, 434-436, 439-448, 450-452, 455-458	None	None
Oklahoma	Available	None	All Other Zips	731	None	None
Oregon	Pending	973	All Other Zips	974-975	None	None
Pennsylvania	Available	177	164-165, 168, 173-176	All Other Zips	150-152	189-191, 193-194
Rhode Island	Available	None	None	All RI Zips	None	None
South Carolina	Available	None	All Other Zips	294-296, 299	None	None
South Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Tennessee	Available	None	All Other Zips	370-372, 374, 381	None	None
Texas	Available	None	767, 769, 796-799	All Other Zips	772-777, 794	None
Utah	Available	All Other Zips	840-841, 846-847	None	None	None
Vermont	Pending	None	All VT Zips	None	None	None
Virginia	Available	228, 242, 245	All Other Zips	201, 220-223, 226	None	None
Washington	Available	982	All Other Zips	994	None	None
West Virginia	Available	None	None	All Other Zips	260, 267	None
Wisconsin	Available	All Other Zips	531, 532, 534, 540	None	None	None
Wyoming	Available	None	All WY Zips	None	None	None



**2020 New Business Group Retiree Medical
Co-Pay Monthly Plan Rates**
For groups with effective dates beginning 1/1/20
Rates are all inclusive of premium and fees

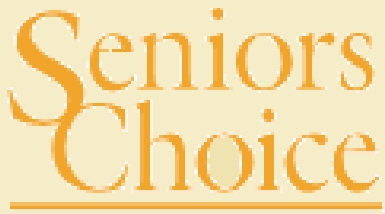


Plan Deductible:	\$0	\$100	\$150	\$250	\$500	\$750	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$4,000
Area 1 65	177.40	165.98	160.35	153.24	137.47	124.25	112.03	93.14	78.73	68.29	60.56	51.32
66	191.85	179.38	173.23	165.48	148.26	133.79	120.46	99.86	84.13	72.71	64.27	54.19
67	197.88	184.96	178.59	170.58	152.75	137.78	123.98	102.65	86.37	74.57	65.83	55.39
68	203.76	190.42	183.85	175.57	157.15	141.68	127.42	105.40	88.56	76.37	67.35	56.56
69	209.52	195.76	188.97	180.44	161.44	145.49	130.79	108.08	90.71	78.14	68.84	57.71
70-74	243.11	229.78	223.00	214.70	195.46	178.69	162.83	137.69	117.86	102.91	91.43	76.60
75-79	283.30	269.53	262.34	253.68	233.03	214.62	196.88	168.38	145.40	127.65	113.76	95.09
80-84	342.38	327.75	319.88	310.21	287.04	266.00	245.65	212.13	184.50	162.66	145.31	121.06
85+	364.73	349.71	341.54	331.24	306.88	284.77	263.43	228.00	198.60	175.24	156.60	130.30
Area 2 65	201.02	187.87	181.41	173.23	155.10	139.88	125.83	104.10	87.53	75.53	66.65	56.01
66	217.62	203.27	196.23	187.31	167.49	150.86	135.54	111.85	93.75	80.62	70.92	59.34
67	224.55	209.70	202.41	193.17	172.66	155.46	139.59	115.07	96.33	82.76	72.70	60.70
68	231.33	215.99	208.46	198.90	177.72	159.96	143.55	118.21	98.86	84.83	74.45	62.06
69	237.94	222.12	214.35	204.51	182.67	164.32	147.41	121.29	101.32	86.87	76.16	63.38
70-74	276.57	261.24	253.45	243.89	221.77	202.48	184.23	155.35	132.53	115.33	102.12	85.09
75-79	322.78	306.94	298.71	288.73	264.96	243.81	223.44	190.63	164.20	143.81	127.82	106.35
80-84	390.71	373.90	364.87	353.74	327.08	302.91	279.49	240.95	209.18	184.07	164.11	136.23
85+	416.45	399.15	389.77	377.94	349.92	324.49	299.93	259.19	225.38	198.52	177.08	146.84
Area 3 65	216.76	202.47	195.44	186.56	166.84	150.29	135.02	111.44	93.41	80.35	70.70	59.16
66	234.81	219.22	211.54	201.85	180.30	162.25	145.58	119.82	100.15	85.91	75.36	62.76
67	242.35	226.20	218.26	208.23	185.92	167.23	149.99	123.32	102.96	88.21	77.28	64.25
68	249.71	233.03	224.82	214.45	191.43	172.10	154.28	126.75	105.70	90.48	79.20	65.72
69	256.89	239.69	231.23	220.54	196.79	176.87	158.48	130.09	108.39	92.67	81.05	67.16
70-74	298.89	282.22	273.74	263.37	239.32	218.35	198.53	167.10	142.32	123.64	109.27	90.75
75-79	349.12	331.91	322.95	312.09	286.28	263.27	241.12	205.48	176.73	154.57	137.20	113.86
80-84	422.96	404.67	394.84	382.77	353.79	327.50	302.05	260.14	225.63	198.33	176.64	146.31
85+	450.91	432.13	421.91	409.06	378.61	350.97	324.28	280.01	243.26	214.02	190.75	157.87
Area 4 65	232.51	217.07	209.48	199.88	178.58	160.73	144.22	118.74	99.28	85.18	74.76	62.30
66	251.99	235.15	226.86	216.40	193.14	173.62	155.63	127.82	106.57	91.17	79.79	66.18
67	260.12	242.70	234.11	223.28	199.20	179.01	160.36	131.61	109.61	93.66	81.87	67.79
68	268.09	250.07	241.20	230.00	205.15	184.28	165.03	135.29	112.56	96.11	83.92	69.36
69	275.83	257.28	248.13	236.58	210.93	189.42	169.56	138.90	115.47	98.48	85.93	70.91
70-74	321.22	303.20	294.06	282.84	256.87	234.20	212.83	178.87	152.09	131.92	116.42	96.41
75-79	375.45	356.85	347.18	335.47	307.60	282.72	258.81	220.33	189.31	165.34	146.58	121.36
80-84	455.19	435.44	424.83	411.77	380.51	352.10	324.60	279.37	242.07	212.59	189.17	156.42
85+	485.39	465.10	454.08	440.16	407.28	377.44	348.62	300.79	261.14	229.55	204.42	168.89
Area 5 65	256.11	238.97	230.53	219.86	196.20	176.36	158.05	129.71	108.10	92.42	80.83	66.99
66	277.76	259.07	249.86	238.21	212.37	190.70	170.70	139.80	116.17	99.07	86.42	71.30
67	286.80	267.43	257.91	245.86	219.12	196.68	175.98	144.00	119.56	101.84	88.75	73.11
68	295.64	275.62	265.79	253.34	225.71	202.53	181.16	148.10	122.85	104.57	91.02	74.85
69	304.25	283.64	273.47	260.65	232.14	208.25	186.19	152.10	126.07	107.21	93.25	76.57
70-74	354.68	334.65	324.50	312.06	283.17	258.02	234.22	196.52	166.76	144.37	127.13	104.90
75-79	414.95	394.28	383.53	370.51	339.52	311.90	285.34	242.57	208.10	181.48	160.63	132.62
80-84	503.54	481.59	469.82	455.31	420.55	388.99	358.47	308.18	266.75	233.98	207.96	171.59
85+	537.10	514.55	502.27	486.85	450.31	417.14	385.12	331.99	287.89	252.83	224.93	185.46

Premium is based on age; a rate increase will take effect the month a member ages into a new age bracket.



Medical Coverage Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.
For more information, contact MBA, Inc at (800) 800-6543 or visit <https://main.mbaadmin.com>



**2020 Group Retiree
Medical Optional Benefits
Monthly Plan Rates for
groups with effective dates beginning
1/1/20**



Additional Skilled Nursing	\$8.99 per month
Covered after Seniors Choice Insurance deductible, from 101 through 365 days; up to \$125 per	

Private Duty Nursing	\$10.38 per month
Covered after Seniors Choice Insurance deductible, \$100 per 8 hour shift; 30 shifts per calendar	

At Home Recovery	\$22.80 per month
Covered after Seniors Choice Insurance deductible, up to \$40/visit and 7 visits/week; \$1600 calendar year maximum	

Comprehensive Wellness	\$16.59 per month
Subject to a calendar year maximum benefit amount of \$250 (not subject to a plan deductible)	
Wellness Care includes, but is not limited to:	
<ul style="list-style-type: none">- Alternative health care such as massage and acupuncture- Dental and vision check-ups- Annual physical examinations- Chronic disease self-management programs- Alcohol dependency, substance abuse prevention and violence prevention counseling	