

**Connecticut State Teachers' Medicare Supplement Plan**  
**Administered by Stirling Benefits**

**OUTLINE OF BENEFITS 2011**

<b>Services</b>	<b>Benefit</b>	<b>Medicare Pays</b>	<b>This Plan Pays</b>	<b>You Pay</b>
<b>Hospitalization</b> Semiprivate room and board, general nursing and other hospital services and supplies.	First 60 days	All but Medicare Part A Deductible \$1,132.00	Medicare Part A Deductible \$1,132.00	Nothing
	61 <sup>st</sup> to 90 <sup>th</sup> day	All but daily co-insurance \$283.	Daily co-insurance \$283.	Nothing
	91 <sup>st</sup> to 150 <sup>th</sup> day	All but daily co-insurance \$566.	Daily co-insurance \$566.	Nothing
	Beyond 150 days Up to an additional 60 days	Nothing	Up to an additional 60 days Prior authorization required	Nothing
<b>Medical Expenses</b> Physician services, inpatient and outpatient surgical services and supplies, physical, occupational and speech therapy, diagnostic tests, and durable medical equipment.	Unlimited services if medically necessary.	80% of the approved amount  (after Medicare Part B \$162.00 per calendar year deductible); or  50% of approved amount for most outpatient mental health services.  Most providers accept assignment	If provider accepts assignment: 20% (or 50%) that Medicare does not pay;  For non-assigned claims, the plan covers the assigned amount described above <u>plus</u> 80% of any additional billing.	The \$162. Medicare Part B deductible.  All other charges are paid in full if your provider accepts Medicare <b>assignment of benefits</b> . If the provider does not accept assignment, the members share is approximately 3% of the total charge.
<b>Laboratory Services</b> Blood tests, urinalysis and other diagnostic services.	Unlimited, if medically necessary.	Generally 100% of the approved amount.	Nothing	Nothing
<b>Home Health Aide</b>	Services are medically necessary, limited to 4 hours per day.	Nothing	\$500.00 per calendar year	Any additional charges

**Out of Country**

In-Pat Hospital Facility Charge – 30 days paid at 100% (physician's charges paid at 80%)

Out Patient charges for Emergency illness/accident paid at 80% no deductible.

Out-Patient Non Emergency is limited to equivalent services covered by Medicare while in the USA-Plan pays 20%.

Payment is limited to a Lifetime maximum of \$100,000.00.

## Connecticut State Teachers' Medicare Supplement Plan

Services	Benefit	Medicare Pays	This Plan Pays	You Pay
<b>Outpatient Hospital and Ambulatory Surgical Services</b> Services for the diagnosis or treatment of an illness or injury.	Unlimited, if medically necessary.	Medicare payment to the hospital, based on hospital costs.	20% that Medicare does not pay the hospital.	Nothing
<b>Blood</b>	Unlimited during a benefit period, if medically necessary.	80% of approved amount (deductible applies and starting with the 4 <sup>th</sup> pint).	First 3 pints of blood at 100%.	Nothing
<b>Skilled Nursing Facility Care</b> Semiprivate room and board; skilled nursing and rehabilitative services and other services and supplies (neither Medicare, HMO's nor the TRB plan will pay for long term nursing home care).	First 20 days:	100% of the approved amount.	Nothing	Nothing
	Additional 80 days:	All but daily-co-insurance.	Daily co-insurance \$141.50 a day	Nothing
	Beyond 100 days, up to an additional 20 days:	Nothing	Up to an additional 20 days Prior authorization required	Nothing
<b>Hospice Care</b> Pain relief, symptom management, and support services.	For as long as doctor certifies need.	All but limited costs for outpatient drugs and inpatient respite care.	Nothing	Nothing
<b>Prescription Drugs</b> \$250.00 deductible combined for retail/mail order scripts.  <b>Maximum annual out of pocket cost is \$1,000 per calendar year including the deductible.</b>	All drugs are available with a physician's prescription.	Nothing	<b>Retail service</b> Generic drugs; 95% for the first two scripts, then 90% Preferred drugs 80% Non-Preferred drugs 70%.	\$250.00 deductible combined for mail order/retail scripts. Generic drugs 5% or 10% Preferred drugs 20% Non-preferred drugs 30%
			<b>Mail order drugs</b> Generic drugs 95% Preferred drugs 80% Non-preferred drugs 70%	

### Vision Benefit

Eye exam in a 12 month period (not approved by Medicare)    \$75.00  
 Frames, per pair, in a 24 month period    \$100.00

Frame type lenses in a 24-month period:

Single Vision    \$60.00  
 Bifocal    \$80.00  
 Trifocal    \$120.00  
 Lenticular    \$200.00

(Medicare pays for 1 pair of eyeglasses after cataract surgery)

### Hearing Benefit

Hearing Aids (includes fittings and adjustments)  
 \$750.00 every 36 months

Contact Lenses \$120.00 per calendar year.

Sunglasses are not covered.