

Coverage shall be extended to all  
"Eligible Members" as defined below:

**Eligibility:**

"Eligible Member" is a person who is:

1. Eligible for Medicare by reason of age;
2. Covered under Medicare Parts A and B;
3. Not eligible for Medicaid;
4. Not covered under a Medicare Supplement policy or certificate;
5. Not covered by an employer's health plan which is primary to Medicare due to employment of such person or his or her spouse; and
6. (a) a retiree of Trinity Health  
(b) the spouse of a retiree described in 6(a)

**Renewability:**

This certificate is renewable as long as the group contract remains in force and you remain an Eligible Member of the group.

Dear Eligible Member,

According to the records of Trinity Health, Novi, Mich., you're eligible for medical insurance coverage<sup>1</sup>. We're writing to introduce ourselves and provide important information that will help you evaluate your options.

**Strength**

For more than 125 years, we've helped seniors relieve their financial concerns. And with more than \$6.8 billion in assets under management and over 160 offices across the nation, we'll be there to support our policyholders when they need us most.

**Service**

Outstanding customer service is just one of the reasons more than 1.3 million policyholders trust us to meet their needs.

**Savings**

Our Trinity Health – Group Retiree Health Insurance Plan is offered to you at a discounted rate to what you might expect to pay for similar coverage elsewhere. Please refer to the enclosed rate sheet for more information concerning specific rates.

To help you take advantage of Bankers' Trinity Health – Group Retiree Health Insurance Plan, the following pages of this brochure will provide you with easy to use information on the coverage offered.

Sincerely,

*Your friends  
at Bankers*

<sup>1</sup>Applies to Eligible Members as defined by the Group's Policy

Important Trinity Health  
Enrollment Information Enclosed!

2009 MEMBER BENEFITS

*Trinity Health – Group Retiree  
Health Insurance Plan*



BANKERS LIFE AND CASUALTY COMPANY  
Chicago, IL  
www.bankers.com  
1-866-222-3102 x105

  
**BANKERS**  
LIFE AND CASUALTY COMPANY

*We specialize in seniors*

### Medicare Part A Services – Per Benefit Period<sup>1</sup>

Services	Medicare Pays	Plan Pays	You Pay
<b>Hospitalization:</b>			
Initial Deductible for First 60 Days	All but \$1,068	\$0*	\$1,068 *
61st Thru 90th Day	All but \$267 per day	\$267 per day	\$0
91st Day Thru 150 days of a Hospital Stay	All but \$534 per day	\$534 per day	\$0
Once Lifetime Reserve Days Are Used			
Additional 365 Days (Lifetime Benefit)	\$0	100% of Medicare Eligible Expenses	\$0
Beyond 365 Days	\$0	\$0	All Costs
<b>Skilled Nursing Facility Care:</b>			
First 20 Days	All Approved Amounts	\$0	\$0
21st Thru 100th Day	All but \$133.50 a Day	Up to \$133.50 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>Care in a Foreign Country<sup>2</sup>:</b>	\$0	80% after \$250 Deductible, to a Lifetime Maximum Benefit of \$50,000	\$250 Deductible, Then 20% and Amounts Over \$50,000 Lifetime Maximum

Please refer to the important additional information from Trinity Health regarding this deductible for services provided at a Trinity Health hospital.

<sup>1</sup> A Benefit Period begins the first day the Insured Person receives Medicare covered services in a Hospital or Skilled Nursing Facility and it ends when the Insured Person has been out of a Hospital or Skilled Nursing Facility for 60 consecutive days. If the Insured Person enters a Hospital again after the 60 days, a new Benefit Period begins. The date it ends is determined by Medicare.

<sup>2</sup> Coverage to the extent not covered by Medicare for Medicare Eligible Expenses for medically necessary emergency Hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States. For purposes of this benefit, "Emergency Care" shall mean care needed immediately because of an Injury or Sickness of sudden and unexpected onset.

#### Exclusions:

This certificate will not cover payments for Medicare Part A deductible for days 1-60 in a hospital for each Benefit Period.

\* Please refer to the important additional information from Trinity Health.

The certificate does not cover or consider payment of any service or supply, or any portion hereof, that is not a Medicare Eligible Expense, nor will the certificate duplicate any benefit paid by Medicare, or any other group or insurance program.

### Medicare Part B Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
<b>Annual Deductible (Calendar Year):</b>	\$0	\$135 (Part B Deductible)	\$0
<b>Medicare Part B Co-Payments:</b> (after Annual Deductible is met)	\$0	100%	\$0
<b>Medicare Part B Excess Charges:</b> Coverage for all of the difference between the actual Medicare Part B Charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and Medicare-approved Part B charge.	\$0	100%	\$0
<b>Blood:</b> First 3 Pints	\$0	3 Pints	\$0
<b>Clinical Laboratory:</b> Tests for Diagnostic Services	100%	\$0	\$0

#### Other Benefits:

- A. Coverage for any federal food and drug administration approved drug for use in antineoplastic therapy, subject to conditions outlined in the certificate.
- B. Coverage for participation in a program to prevent the onset of clinical diabetes, including certain equipment, supplies and educational training for the treatment of diabetes, if determined to be medically necessary and prescribed by an allopathic or osteopathic physician. Certain exclusions and limitations as described in the certificate shall apply.
- C. Coverage for up to \$1,500 in benefits for Intermediate and Outpatient Care for Substance Abuse per individual per year.