

Employer*Direct* Insurance Plan(s) Summary of Coverage

GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

ADDITIONAL SERVICES, continued

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL EMERGENCY			
Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 ⁽⁵⁾ Deductible (to a lifetime maximum of \$50,000).	\$250⁽⁵⁾ Deductible and then 20% of expenses incurred (to a lifetime maximum of \$50,000, 100% thereafter).

¹ Coverage amounts valid from January 1, 2015 to December 31, 2015. This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible.

² The \$500 Calendar Year Deductible applies to Medicare Part B Services, and must be met before the Plan will pay. The \$500 Calendar Year Deductible does not apply to the prescription drugs.

³ 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.

⁴ If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred.

⁵ The \$250 Foreign Travel Deductible is a separate deductible, and does not apply towards the \$500 Calendar Year Deductible.

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