

Retiree Medical Plan Option Summary

Medical Plans underwritten by Transamerica Life Insurance Company

	Medical Plan Option 1	Medical Plan Option 2
Deductibles & Coinsurance / Copays		
	You Pay †	You Pay †
Part A Deductible	\$0	\$0
Part B Deductible (2024)	\$240.00	\$0
Part B Coinsurance Amount	20% up to \$500.00	0%
Annual Out of Pocket Maximum	\$500.00	\$0
Office Visit Copays	\$20.00	\$0
Medicare (Part A) - Hospital Services - Per Benefit Period ⁽¹⁾		
In general, Medicare Part A covers hospital care, skilled nursing care (even if received in a nursing home) and some health services.		
	You Pay †	You Pay †
First 60 days	\$0	\$0
61 st through 90 th day	\$0	\$0
91 st through 150 th day (Reserve days)	\$0	\$0
Additional 365 days	All costs	All costs
SKILLED NURSING FACILITY CARE⁽¹⁾		
First 20 days	\$0	\$0
21 st through 100 th day	\$0	\$0
101 st day and after	All costs	All costs
BLOOD		
First 3 pints	\$0	\$0
Additional amounts	\$0	\$0

Retiree Medical Plan Option Summary

	Medical Option 1 (\$500.00 Deductible)	Medical Option 2 (Plan F)
Medicare (Part B) - Medical Services - Per Calendar Year		
In general, Medicare Part B covers services such as lab tests, surgeries, doctor visits and medical supplies considered medically necessary to diagnose or treat a disease or condition.		
	You Pay †	You Pay †
First dollars of Medicare-approved amounts ⁽²⁾	\$240.00	\$0
Next Medicare-approved amounts	20% up to \$500.00	0% ⁽³⁾
Part B Excess Charges	\$0	\$0
BLOOD		
First 3 pints	\$0	\$0
Next dollars of Medicare-approved amounts ⁽²⁾	\$240.00	\$0
Next Medicare-approved amounts	20% up to \$500.00	0% ⁽³⁾
CLINICAL LABORATORY SERVICES		
Blood tests for Diagnostic Services	\$0	\$0
Medicare Parts A & B		
	You Pay †	You Pay †
HOME HEALTH CARE		
Medically necessary skilled care services and medical supplies	\$0	\$0
DURABLE MEDICAL SERVICES		
First dollars of Medicare-approved amounts ⁽²⁾	\$240.00	\$0
Next Medicare-approved amounts	20% up to \$500.00	0% ⁽³⁾

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	Medical Option 1 (\$500.00 Deductible)	Medical Option 2 (Plan F)
Preventative Services		
	You Pay ‡	You Pay ‡
Annual Wellness Exam	\$0	\$0
Other Preventative Services (per Medicare schedule) including cardiovascular screenings, cancer screenings, flu shots, etc.	\$0	\$0
Other Services – Not Covered by Medicare		
Foreign Travel Emergency ⁽⁴⁾		
Foreign Emergency outside of USA	\$250.00 Deductible, then 20% up to \$50,000.00	\$250.00 Deductible, then 20% up to \$50,000.00
2024 Monthly Rates Per Member		
Rates are effective from January 1, 2024 to December 31, 2024.		
Age 65+	\$185.03	\$275.74

These rates will not be available to residents of FL, ME, NM, OR, RI, VT, AZ and WA. Retirees in these states would be provided with state-specific plans and rates, with details available upon request. Rates are not available for members under 65 who are eligible for Medicare due to disability.

‡ The plan options chart represents the amount you pay when the Plans and Medicare are integrated to provide your coverage.

⁽¹⁾ 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.

⁽²⁾ Once you have been billed the first dollars of Medicare approved amounts for covered services, your Medicare Part B deductible will have been satisfied for the calendar year.

⁽³⁾ Part B Expenses may also include Office Visit Copays or Emergency Room Visit Copays if applicable. These copays do not apply to the deductible.

⁽⁴⁾ Foreign Travel coverage deductible is a separate deductible and does not apply to the Part A or B deductible amounts.