

**Connecticut State Teachers' Medicare Supplement Plan - 2013**  
**Administered by Stirling Benefits, Inc.**

**OUTLINE OF BENEFITS 2013**

| <b>Services</b>   | <b>Benefit</b>  | <b>Medicare Pays</b>  | <b>This Plan Pays</b>  | <b>You Pay</b>   |
|---|---|---|--|--|
| <b>Hospitalization</b><br>Semiprivate room and board, general nursing and other hospital services and supplies.   | First 60 days   | All but Medicare Part A Deductible \$1,184.00   | Medicare Part A Deductible \$1,184.00  | Nothing  |
|   | 61 <sup>st</sup> to 90 <sup>th</sup> day                      | All but daily co-insurance \$296.   | Daily co-insurance \$296.  | Nothing  |
|   | 91 <sup>st</sup> to 150 <sup>th</sup> day                     | All but daily co-insurance \$592.   | Daily co-insurance \$592.  | Nothing  |
|   | Beyond 150 days<br>Up to an additional 60 days                | Nothing   | Up to an additional 60 days<br>Prior authorization required  | Nothing  |
| <b>Medical Expenses</b><br>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.                    | After Medicare Part B \$147.00 per calendar year deductible<br><br>80% of the approved amount<br>65% of approved amount for most outpatient mental health services.<br><br>Most providers accept assignment | If provider accepts assignment: 20% (or 35%) that Medicare does not pay);<br><br>For non-assigned claims, the plan covers the assigned amount described above <u>plus</u> 80% of any additional billing. | The \$147 Medicare Part B deductible.<br><br>All other charges are paid in full if your provider accepts Medicare assignment of benefits. If the provider does not accept assignment, the members share is approximately 3% of the total charge. |
| <b>Laboratory Services</b><br>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   |

**New for 2013:** Stirling Benefits will now cover the Shingles (Herpes Zoster) Vaccination at 80% up to a maximum of \$200 Per Lifetime.

**Out of Country**

In-Patient Hospital Facility Charge – 30 days paid at 100% (physician's charges related to in-patient hospital stay is paid at 80%)

Out- Patient Charges for Life Threatening illness/accidents are paid at 80% all other medical treatments are paid at 20%.

Prescriptions and lab charges are not covered.

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



## Connecticut State Teachers' Medicare Supplement Plan - 2013

| Services   | Benefit  | Medicare Pays   | This Plan Pays   | You Pay  |
|--|--|---|--|--|
| <b>Outpatient Hospital and Ambulatory Surgical Services</b><br>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><br>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 \$148 a day   | Nothing  |
|  | Beyond 100 days, up to an additional 20 days:              | Nothing   | Up to an additional 20 days<br>Prior authorization required  | Nothing  |
| <b>Hospice Care</b><br>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><br>\$250.00 deductible combined for retail/mail order scripts.<br><br>Maximum annual out of pocket cost is \$1,000 per calendar year including the deductible.   | All drugs are available with a physician's prescription.   | Nothing   | <b>Retail service</b><br>Generic drugs; 95% for the first two scripts, then 90%<br>Preferred drugs 80%<br>Non-Preferred drugs 70%. | \$250.00 deductible combined for mail order/retail scripts.<br>Generic drugs 5% or 10%<br>Preferred drugs 20%<br>Non-preferred drugs 30% |
|  |  |   | <b>Mail order drugs</b><br>Generic drugs 95%<br>Preferred drugs 80%<br>Non-preferred drugs 70%                                     |  |

### Vision Benefit

Eye exam in a 12 month period (not approved by Medicare)    \$75.00  
 Frames-1 pair in a 24 month period    \$100.00  
 Contact Lenses    per calendar year    \$120.00

Frame type lenses in a 24-month period:

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

(Medicare pays for 1 pair of eyeglasses after cataract surgery)    Sunglasses are not covered.

### Hearing Benefit

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

