



**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\***

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.

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,100 All but \$275 a day All but \$550 a day \$0 \$0	\$1,100 (Part A Deductible) \$275 a day \$550 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$137.50 a day \$0	\$0 Up to \$137.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$155 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>MEDICAL EXPENSES</b> - In or Out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% \$0	\$155 (Part B Deductible) \$0 All costs
<b>BLOOD</b> First 3 pints Next \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$155 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES</b> Blood tests for Diagnostic Services	100%	\$0	\$0

**MEDICARE PARTS A & B**

<b>HOME HEALTH CARE</b> Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$155 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$155 (Part B Deductible) \$0
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**OTHER BENEFITS - NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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## CountyChoice Silver

### Texas Association of Counties

### Retiree Prescription Plan

### SilverScript Plan Design – 2010

Must be taken in conjunction with Medical Coverage

Deductible	\$0	
Copay	Retail (34 days)	Mail (90 days)
Value Tier Generics*	\$5	\$8
Generic	\$10	\$15
Preferred Brand	\$25	\$56
Non-Preferred Brand	\$60	\$165
Specialty	33%	N/A
Fill Gap with Generics, Brand & Specialty	yes, see above copays	
Formulary	5 Tier	
Catastrophic Coverage	greater of 5% of the cost of the drug or copay of \$2.50 generics or \$6.30 brands	

\*At preferred pharmacies only; \$10 copay at non-preferred retail Pharmacies