



Texas Association of Counties
Retiree Medical Program

CountyChoice Silver - Monumental

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
HOSPITALIZATION* 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 \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Deductible) \$283 a day \$566 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* 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 \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE 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 \$162 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.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - 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 \$162 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	\$162 (Part B Deductible) \$0 All costs
BLOOD First 3 pints Next \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$162 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$162 (Part B Deductible) \$0
---	--------------------	-------------------	---

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL 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
---	------------	--	---



CountyChoice Silver - Monumental

Retiree Prescription Plan

SilverScript Plan Design – 2011

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	\$30	\$65
Non-Preferred Brand	\$65	\$170
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