

Understanding your MEDICARE BENEFITS



2009 Medicare Part A

Part A is Hospital Insurance and covers costs associated with confinement in a hospital or skilled nursing facility.

When you are hospitalized for:	Medicare Covers:	You Pay: (per benefit period)
1-60 days	Most confinement costs <u>after</u> the required Medicare Deductible.	\$1,068 DEDUCTIBLE
61-90 days	All eligible expenses, <u>after</u> the patient pays a per-day copayment.	\$267 A DAY COPAYMENT as much as \$8,010
91-150 days	All eligible expenses, <u>after</u> patient pays a per-day copayment. (These are Lifetime Reserve Days which may never be used again.)	\$534 A DAY COPAYMENT as much as \$32,040
151 days or more	NOTHING	YOU PAY ALL COSTS
At least 3 days and enter a Medicare approved SKILLED NURSING FACILITY within 30 days after hospital discharge	All eligible expenses, for the first 20 days; then all eligible expenses for days 21-100, <u>after</u> patient pays a per-day copayment.	After 20 days \$133.50 A DAY COPAYMENT as much as \$10,680



Supplemental Benefits Group

Our Companies include:

Central Reserve Life Insurance Company
 Continental General Insurance Company
 Great American Life Insurance Company®
 Loyal American Life Insurance Company®
 Provident American Life & Health Insurance Company
 United Teacher Associates Insurance Company

Each insurer has sole financial responsibility for its own products.

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2009 Medicare Part B

Part B is Medical Insurance and covers physician services, outpatient care, tests and supplies.

On expenses incurred for:	Medicare Covers:	You Pay \$135 Annual Deductible PLUS:
Medical Expenses Physician's services, inpatient, outpatient medical/surgical services, physical/speech therapy*, diagnostic tests and durable medical equipment	Generally 80% of approved amount (subject to Part B deductible)	Generally 20% of approved amount**
Clinical Laboratory Services Blood tests for diagnostic services	Generally 100% of approved amount (not subject to Part B deductible)	Nothing for services
Home Health Care Part-time or intermittent skilled care, home health aide services, durable medical supplies and other services	100% of approved amount (not subject to Part B deductible); 80% of approved amount for durable medical equipment (subject to Part B deductible)	Nothing for services; 20% of approved amount for durable medical equipment
Outpatient Hospital Treatment Services for the diagnosis or treatment of an illness or injury	Generally 80% of approved amount (subject to Part B deductible)	Generally, 20% of billed amount
Blood	After first three pints of blood, 80% of approved amount (subject to Part B deductible)	First three pints plus 20% of approved amount for additional pints

* In 2009, there may be limits on physical therapy, occupational therapy, and speech-language pathology services. If so, there may be exceptions to these limits.

** On all Medicare-covered expenses, a doctor or other health care provider may agree to accept Medicare "assignment." This means the patient will not be required to pay any expense in excess of Medicare's "approved" charge. The patient pays only 20% of the "approved" charge not paid by Medicare. Physicians who do not accept assignment of a Medicare claim are limited as to the amount they can charge for covered services.

Limitations and exclusions apply. Premium and benefits vary by plan selected. Plan availability varies by state. This policy has exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage call or write your insurance agent or the company. Neither Great American Supplemental Benefits, its companies, nor its agents are connected with or endorsed by Medicare, Social Security, or any other governmental agency. Do not send any money. You must first complete an application to obtain benefits. POLICY PROVIDES LIMITED BENEFITS. The purpose of the marketing material is solicitation of insurance and that contact will be made by an insurance producer or insurance company.