

# US Airways Retiree Benefit Trust

## Retiree Medical Insurance Plan Description

Underwritten by Monumental Life Insurance Company, Cedar Rapids, IA an AEGON Company

### Medical Coverage Details: Low Option

**Calendar Year Annual Deductible of \$400** must be satisfied before any Medicare Part B outpatient benefits are paid by the plan. Deductible applies to all benefits excluding Hospital Confinement, Skilled Nursing Care, and Prescription Benefits. Only covered benefits will count toward meeting the deductible.

#### 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 the Medicare Part A deductible  All but 25% of the Medicare Part A deductible  All but 50% of the Medicare Part A deductible  \$0  \$0	100% of the Medicare Part A deductible  25% of the Medicare Part A deductible  50% of the Medicare Part A deductible  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 12 ½ % of Medicare Part A deductible  \$0	\$0  12 ½ % of Medicare Part A deductible  \$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

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details please see the Master Policy.

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## Retiree Medical Insurance Plan Description

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

\* Once you have been billed the applicable 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
<b>MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First Medicare Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible.)  After payment of the standard Part B deductible and an annual Benefit deductible totaling \$400 plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B and Benefit deductibles); thereafter plan pays 20% Medicare eligible Part B expenses.  Part B Excess Charges (Above Medicare Approved Amounts)	\$0  Generally 80%  Generally 80%  \$0	\$0  Generally 10%  Generally 20%  \$0	100% of Medicare Part B deductible 10% up to \$1,000  \$0  All costs
<b>BLOOD</b> First 3 pints Next Medical Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible.)  After payment of the standard Part B deductible and an annual Benefit deductible totaling \$400 plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B and Benefit deductibles); thereafter plan pays 20% Medicare eligible Part B expenses.	\$0 \$0  80%  80%	All Costs \$0  10%  20%	\$0 100% of Medicare Part B Deductible  10% up to \$1,000  \$0
<b>CLINICAL LABORATORY SERVICES</b> Blood tests for Diagnostic Services	100%	\$0	\$0
<b>HOME HEALTH CARE</b> Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First Medicare Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (included Part B deductible.)  After payment of the standard Part B deductible and an annual Benefit deductible totaling \$400 plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B and Benefit deductibles); thereafter plan pays 20% Medicare eligible Part B expenses.	100%  \$0  80%  80%	\$0 \$0  10%  20%	\$0  100% of Medicare Part B deductible 10% up to \$1,000  \$0
<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