

Welcome to the Medicare Options US Retiree Benefit Plans

This booklet includes summaries of the benefits covered under the **Medicare Options US Retiree Plan for retirees their spouses and surviving spouses age 65 and older**. You have the choice to enroll in Medical/Prescription Drug coverage, Dental coverage and Vision coverage. The plans are designed to work together. To participate in the vision plan, you must also enroll in the Medical/Prescription Drug plan. This information is provided to help you make healthcare coverage choices and is only a summary of the plans, not the complete contracts.

Enclosed is the following information to assist you with choosing a plan that best meets your needs:

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Please review the information carefully. If you have questions on any of the material or the enrollment process, please contact the Medicare Options US Retiree Service Center at **1-888-287-4101**. Representatives are available to assist you Monday through Friday 7:30 am to 5:00 pm Central time. Information is also available on the web at: www.MedicareOptionsUS.com

Important Facts You Should Know About the Plan

The *Medicare Options US* Retiree Plans are designed exclusively for Retirees, Spouses and Surviving Spouses of US Airways. The plan provides valuable, comprehensive coverage for over 1,600 retirees and spouses. Below are a few key points for you to know about the plan:

Enrollment Facts:

- You are required to enroll in both Medical and Prescription Drug coverage. **You cannot elect medical or prescription drug coverage separately.**
- The plan is designed to provide protection for a retiree and spouse. If you choose “spouse coverage,” then your spouse or domestic partner can choose the plan that best meets their healthcare needs. In other words, if you as the retiree choose the High Option Medical Plan with Amber Prescription coverage, your spouse or domestic partner can choose Low Option Medical Plan with Garnet Prescription Drug coverage.
- You can only enroll during annual enrollment periods which typically take place in October or November each year. You also may be eligible to enroll outside of annual enrollment if you experience a life changing event that affects your health coverage.
- Once you enroll in the plan, if you dis-enroll for any reason, you will not be able to re-join the plan in the future.

Medical Plan Facts:

- The Medical plan pays in addition to Medicare. You must be enrolled in Medicare in order to qualify for this plan. If you are under age 65 and Medicare disabled, you are eligible to enroll but must provide proof of your Medicare eligibility.
- The Medical plan is designed to supplement Medicare. Because of this, the plan does not cover benefits incurred by residents of a foreign country as Medicare does not cover people living outside of the US.

Prescription Drug Plan Facts:

- This plan is a Medicare Part D prescription drug plan. By enrolling in this plan you have enrolled in a Medicare Part D Plan. However, you must be enrolled in either Part A or Part B to enroll in the Part D program. **There is no need for you to sign-up for a separate Medicare Part D program.**

Websites to visit:

US Air Benefit Trust website: www.MedicareOptionsUS.com

Prescription Drug Website: www.Medco.com

MetLife Dental website: www.metlife.com/dental

Superior Vision Services website: www.superiorvision.com

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: High Option

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 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
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 12 ½ % of Medicare Part A deductible \$0	\$0 12 ½ % of Medicare Part A deductible \$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

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.

US Airways Retiree Benefit Trust

Retiree Medical Insurance Plan Description

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

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
<p>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:</p> <p>First Medicare Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible.)</p> <p>After payment of the standard Part B deductible plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible); thereafter plan pays 20% Medicare eligible Part B expenses.</p> <p>Part B Excess Charges (Above Medicare Approved Amounts)</p>	<p>\$0</p> <p>Generally 80%</p> <p>Generally 80%</p> <p>\$0</p>	<p>\$0</p> <p>Generally 10%</p> <p>Generally 20%</p> <p>\$0</p>	<p>100% of Medicare Part B deductible 10% up to \$1,000</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD</p> <p>First 3 pints Next Medical Approved Amounts*</p> <p>Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible.)</p> <p>After payment of the standard Part B deductible plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible); thereafter plan pays 20% Medicare eligible Part B expenses.</p>	<p>\$0</p> <p>\$0</p> <p>80%</p> <p>80%</p>	<p>All Costs</p> <p>\$0</p> <p>10%</p> <p>20%</p>	<p>\$0</p> <p>100% of Medicare Part B Deductible</p> <p>10% up to \$1,000</p> <p>\$0</p>
<p>CLINICAL LABORATORY SERVICES</p> <p>Blood tests for Diagnostic Services</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>
<p>HOME HEALTH CARE</p> <p>Medicare Approved Services: Medically necessary skilled care services and medical supplies</p> <p>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.)</p> <p>After payment of the standard Part B deductible plan pays 10% Medicare eligible expenses up to an annual out-of-pocket totaling \$1,000 (includes Part B deductible); thereafter plan pays 20% Medicare eligible Part B expenses.</p>	<p>100%</p> <p>\$0</p> <p>80%</p> <p>80%</p>	<p>\$0</p> <p>\$0</p> <p>10%</p> <p>20%</p>	<p>\$0</p> <p>100% of Medicare Part B deductible 10% up to \$1,000</p> <p>\$0</p>
<p>FOREIGN TRAVEL</p> <p>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</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime maximum</p>

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
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 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
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 12 ½ % of Medicare Part A deductible \$0	\$0 12 ½ % of Medicare Part A deductible \$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

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.

US Airways Retiree Benefit Trust

Retiree Medical Insurance Plan Description

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

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
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 Medicare Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$1,400 (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 \$1,400 (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 \$1,400 \$0 All costs
BLOOD First 3 pints Next Medical Approved Amounts* Next Medicare Eligible expenses up to an annual out-of-pocket totaling \$2,000 (includes Part B deductible.) After payment of the \$1,400 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 \$1,400 (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 \$1,400 \$0
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0
HOME HEALTH CARE 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 \$1,400 (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 \$1,400 (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 \$1,400 \$0
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

Medco Medicare Prescription Plan Details

You have two prescription drug plan options to choose from. Both plans are Medicare-approved Prescription Drug Plans (PDP), insured by Medco Medicare Prescription Plan, one of the nation's leading prescription benefit managers. Just as with the Medical plan, you may choose to enroll with retiree only coverage, retiree and spouse coverage, or spouse only coverage. **Remember: If you elect medical coverage, you must also enroll in prescription drug coverage. You and your spouse may elect different prescription drug coverage if you choose.**

Medco has more than 25 years' experience serving seniors and currently provides nearly 8 million people eligible for Medicare with access to affordable medications. Medco's plan options set them apart by providing you with personalized services and cost-saving benefits that ensure you get the care you'll need, including:

- A 90-day supply of generic medications through **Medco By Mail** for just \$10, providing additional savings and delivery right to your door
- Access to specialist pharmacists who have received additional training in the medications that treat a single condition, such as diabetes, heart disease, or cancer, to help ensure your medications are working best for you.
- Access to over 3,400 brand-name and generic drugs at more than 55,000 participating pharmacies across the country
- The assurance that your prescriptions will be reviewed and monitored to help prevent harmful drug interactions.
- Alerts to help you delay or avoid reaching the Coverage Gap, also called the "donut hole"

The Amber plan option for the Medco Medicare Prescription Plan will cover brand, preferred and generic drugs through the coverage gap ("donut hole"). The Garnet plan option for the Medco Medicare Prescription Plan will cover generics only through the coverage gap ("donut hole"). **For a more detailed explanation on how the "donut hole" works, please visit the website at www.MedicareOptionsUS.com.**

You choose the plan that best meets your individual needs. For more detailed information on the prescription drug benefits, please refer to the benefit summary information following in this brochure.

Medicare Options US Retiree Benefit Trust Medco Medicare Prescription Plan®

Medco Health Solutions, Inc

Medicare Prescription Plan® is a registered trademark of Medco Health Solutions, Inc.

	Amber	Garnet
STAGE 1: DEDUCTIBLE ⁽¹⁾	\$0	\$0

STAGE 2: INITIAL COVERAGE ⁽²⁾	Retail		Mail	Retail		Mail
	34 Days	90 Days	90 Days	34 Days	90 Days	90 Days
	Generic	\$10	\$20	\$10	\$10	\$20
Preferred Brands	\$30	\$60	\$60	\$30	\$60	\$60
Brands	\$50	\$100	\$100	\$50	\$100	\$100

STAGE 3: COVERAGE GAP ⁽³⁾	Retail		Mail	Retail		Mail
	34 Days	90 Days	90 Days	34 Days	90 Days	90 Days
	Generic	50% *	50% *	50% *	\$10	\$20
Preferred Brands	50% *	50%*	50%*	100%	100%	100%
Brands	50%*	50%*	50%*	100%	100%	100%

STAGE 4: CATASTROPHIC COVERAGE ⁽⁴⁾	Retail		Mail	Retail		Mail
	30 Days	90 Days	90 Days	34 Days	90 Days	90 Days
	Generic	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50
All Others	\$6.30	\$6.30	\$6.30	\$6.30	\$6.30	\$6.30
or, the greater of:	or, greater of 5% coinsurance			or, greater of 5% coinsurance		

(1) *Deductible: There is no deductible*

(2) *Initial Coverage: Amount you pay after the total yearly drug costs (paid by both you and the plan) reach the Medicare required limits.*

(3) *Coverage Gap: Amount you pay after your yearly drug costs reach the Medicare required limits and before your yearly out-of-pocket costs reach the Medicare required limits.*

(4) *Catastrophic Coverage: Amount you pay after your yearly out-of-pocket drug costs reach the Medicare required limits.*

**Note – Minimum copayment amounts will apply, please contact Customer Service for more information*

Specialty copayments for the Amber plan are 25%, 50% and 50% in the respective stages of the benefit, ie Initial Coverage, Coverage Gap and Catastrophic

Specialty copayments for the Garnet Plan are 25%, 25%, and 25% in all stages of the benefit

Important Information Regarding Your Prescription Benefits
for **Medco Medicare Prescription Plan**[®]
January 1, 2010 – December 31, 2010

<p>PROGRAM QUALIFIERS</p> <p>Medco Medicare Prescription Plan[®] is a prescription drug plan that is approved by Medicare.</p> <p>The service area for this Plan includes all 50 states, the District of Columbia, and Puerto Rico.</p> <p>PREMIUMS</p> <p>Beneficiaries must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D premium is \$0.</p> <p>ENROLLMENT/DISENROLLMENT OPTIONS</p> <p>Special Enrollment Periods</p> <p>If beneficiaries disenroll for any reason other than the special election criteria options listed below, they will be unable to re-enroll until November 15 each year.</p> <ul style="list-style-type: none">• A move outside their approved program service area.• They enter or leave a skilled nursing facility (like a nursing home).• They enroll in, or disenroll from, an MA PDP plan (medical + drug benefit).• Medco stops offering Medicare prescription drug coverage. <p>Late Enrollment Penalty</p> <p>This is imposed when a beneficiary fails to maintain creditable prescription coverage for a period of 63 days following the last day of an individual's initial enrollment in a Part D plan.</p> <p>Annual Coordinated Election Period November 15–December 31 each year.</p>	<p>Voluntary Disenrollment</p> <p>A member may disenroll from a prescription drug plan during one of the election periods by doing the following:</p> <ul style="list-style-type: none">• Providing a signed written notice to Medco, or through their employer, where applicable.• Submitting a request via the Internet to Medco.• Giving a signed written notice to Social Security or the Railroad Retirement Board.• By calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. <p>Required Involuntary Disenrollment</p> <p>A prescription drug plan organization <u>must</u> disenroll an individual from a prescription drug plan in the following cases:</p> <ul style="list-style-type: none">• A change in residence making the individual ineligible to be an enrollee of the prescription drug plan.• The individual loses entitlement to Medicare.• The individual dies.• The prescription drug plan contract is terminated, or the prescription drug plan organization discontinues offering a prescription drug plan in any portion of the area where the prescription drug plan had previously been available.• The individual materially misrepresents information to the prescription drug plan organization regarding reimbursement for third-party coverage.
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Frequently Asked Questions – Medical Plan

Medical Plan Questions		
<i>Q. Do I have to worry about pre-existing conditions?</i>	A.	No. This plan has no pre-existing condition restrictions as long as you are coming from an approved insurance program.
<i>Q. Do I have to change doctors?</i>	A.	No. With this Medical Plan, you and your eligible spouse can use your current doctor or any doctor(s) you choose who accept Medicare patients.
<i>Q. What is not covered under this plan?</i>	A.	The Plan does not cover: any expenses that are not Medicare Eligible Expenses, or beyond the limits imposed by Medicare for such expenses, or excluded by name or specific description by Medicare, except as specifically provided in the policy ; any portion of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; and covered expenses incurred after coverage terminates, except as stated in the extension-of-benefits provision of the policy.
<i>Q. What if I am hospitalized for treatment that will last through the effective date of the new plan?</i>	A.	Typically the coverage you had when admitted to the hospital would remain until you are discharged. After your release from the hospital, your new Medicare Options US Retiree Benefit Plan coverage will begin.
<i>Q. Can my coverage be cancelled if I file too many claims?</i>	A.	No. Your coverage cannot be cancelled because of claims incurred as long as the Master Policy remains in force.
<i>Q. Will I have to file claims?</i>	A.	There is usually no need to file medical claims. In most areas, your doctor or pharmacy submits your claims directly. Medicare will then submit the balance of any claim to this Plan for processing. Simply present your ID Card to your health care provider at the time services are received. Should you need to file a paper claim, you can direct them to the address on the back of your ID Cards.
<i>Q. How will Medicare know if I chose to enroll in the Medicare Options US Retiree Benefit Plan?</i>	A.	Once your application is processed and you've provided your Medicare ID# to Marsh, Marsh will electronically notify Medicare of your enrollment in the plan.

Frequently Asked Questions – Prescription Drug Plan

Prescription Drug Plan Questions		
Q.	<i>Do I need to enroll in a Medicare Part D prescription drug plan if I have this plan?</i>	A. This prescription drug plan <u>is a Medicare Part D prescription drug plan</u> . You do not need to enroll in any other Medicare Part D plan. If you are enrolled in another Medicare Part D plan, you will be dis-enrolled in that plan upon enrollment in this plan.
Q.	<i>Does my plan cover Medicare Part B or Part D prescription drugs?</i>	A. Prescription drugs that are covered under Medicare Part B as prescribed and dispensed are not covered. Generally, the only covered prescription drugs, vaccines, biological products and medical supplies are those that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the Medco formulary.
Q.	<i>Where can I get my prescriptions?</i>	A. Medco has a retail network of over 55,000 pharmacies and mail order services. You must use a network pharmacy to receive plan benefits. Medco will not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory by calling Customer Service for an up-to-date list or by logging onto www.medco.com
Q.	<i>What are the benefits of using mail order?</i>	A. <i>Medco By Mail</i> , Medco’s mail-order pharmacy, gives you the convenience and savings of having your long-term medications delivered right to your door. Your prescriptions will go through multiple live and automated checkpoints to ensure accuracy and to help protect you from harmful drug interactions each time they are filled. You’ll also have access to Medco’s specialist pharmacists who offer you personalized care and enhanced safety because they have received additional training in the medications that treat a single condition, such as diabetes, heart disease, or cancer, to help ensure your medications are working best for you.
Q.	<i>How do I access Medco by Mail?</i>	A. To get order forms and information about filling your prescriptions by mail, please visit www.medco.com or call Medco at 1-866-544-3743. Representatives are available to assist you Monday through Friday, 24 hours a day/ 7 days a week.
Q.	<i>How do I save Money using mail order?</i>	A. When you use <i>Medco by Mail</i> , Medco’s mail-order pharmacy, it can help lower your prescription costs in order to delay reaching the Coverage Gap (also known as the “donut hole”). You can get a 90- day supply of your long-term generic medications and pay only your plan’s mail-order co-payment. Your long-term medications will be delivered right to you, with free standard shipping.
Q.	<i>Can my spouse and I elect different prescription drug plans?</i>	A. Yes. You and your spouse may elect different prescription drug plans if you choose.

Frequently Asked Questions – General

General Questions

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|--|---|
| <p><i>Q. Do I have to be enrolled in Medicare to receive complete coverage under this plan?</i></p> | <p>A. Yes. The medical plan supplements Medicare. If you are not enrolled in Medicare Part A or B, you will not receive payments from Medicare. The Aegon medical plan will still provide supplemental benefit payments based on what Medicare would have paid had you been enrolled.</p> <p>In addition the US Airways Prescription Drug Plan is a Medicare Part D prescription drug plan. By enrolling in this plan you have enrolled in a Medicare Part D Plan. However, you must be enrolled in either Part A or Part B to enroll in the Part D program. There is no need for you to sign up for a <u>separate Medicare Part D program</u>.</p> |
| <p><i>Q. What if I'm enrolled in a Medicare Advantage Plan, does this plan coordinate with my Medicare Advantage Plan?</i></p> | <p>A. No. This plan supplements Medicare Parts A & B. Medicare Parts A & B do not provide coverage if you have a Medicare Advantage Plan. To have coverage under this plan, you would need to drop your Medicare Advantage Plan and become covered under Medicare Parts A & B.</p> |
| <p><i>Q. As a new enrollee, when will I receive ID cards for these plans?</i></p> | <p>A. You will receive a separate ID card for your medical and prescription drug coverage. Marsh will send your medical ID card and Medco will send your prescription drug ID card.</p> <p>You should receive your Medical ID card once your completed enrollment form is received and processed. Your prescription drug ID card may take longer to receive as we must receive approval from Medicare on your enrollment. Please allow 6-8 weeks for your prescription drug card to be received.</p> |
| <p><i>Q. If I am on Medicaid, not Medicare, am I eligible for the plan?</i></p> | <p>A. No. If you are receiving benefits through Medicaid, you do not need coverage through this plan.</p> |
| <p><i>Q. After I'm enrolled can I change my coverage during the year?</i></p> | <p>A. No, you can only change coverage during the annual open enrollment period. The open enrollment period will occur in October/November of next year for coverage to be effective January 1 of the following year.</p> |
| <p><i>Q. What is Medicare Parts A, B & D? How do they work with my plan</i></p> | <p>A. Medicare Parts A & B are your medical benefits provided through Medicare. Part A covers Medicare approved inpatient benefits. Part B covers Medicare approved outpatient benefits. In addition to your Medicare medical benefits, Medicare developed a prescription drug benefit called Part D. For more information on how these Medicare benefits work with your US Airways Retiree benefits, please refer to the benefit summaries.</p> |
| <p><i>Q. Do me and my spouse have to be enrolled in the same prescription drug coverage plans?</i></p> | <p>A. No. You may elect the same plan or you may each select the plan that best fits your individual needs.</p> |



Presenting the Superior Vision Plan Prepared for
Medicare Options US

Outline of Benefits

Monthly Rates: Retiree Only \$6.72
 Retiree and Spouse \$12.94

Co-payments: \$15 Comprehensive Eye Exam
 \$25 Materials

In-network co-pays are paid directly to the provider.
 Out-of-network co-pays will be deducted from the out-of-network reimbursement. Materials co-pay applies to lenses and/or frames, not contact lenses.

	<u>In-Network</u>	<u>Out-of-Network</u>
Comprehensive Eye Exam - Ophthalmologist (MD)	Covered in Full	Up to \$42
Comprehensive Eye Exam - Optometrist (OD)	Covered in Full	Up to \$37
Standard Lenses (Per Pair):		
Single Vision	Covered in Full	Up to \$32
Bifocal	Covered in Full	Up to \$46
Trifocal	Covered in Full	Up to \$61
Lenticular	Covered in Full	Up to \$84
Contact Lenses (Per Pair):*		
Medically Necessary	Covered in Full	Up to \$210
Elective**	Up to \$100	Up to \$100
Frames-Standard**	Up to \$125	Up to \$68

* Contact lenses are in lieu of eyeglass lenses and frames benefit.
 **The insured is responsible for paying any charges in excess of this allowance.

Plan Frequency

Comprehensive Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Materials Discount SVP8-20

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases.

Frames 20% off the difference between the covered frame allowance and the retail price of the selected frame.

Note: Discounts do not apply when prohibited by the manufacturer.

Lens Options and Upgrades (covered pair of lenses) **Member pays 20% off retail up to:**

- Factory scratch coat \$13 (single vision & standard lined multifocal lenses)
 - Ultraviolet coat \$15 (single vision & standard lined multifocal lenses)
 - Standard anti-reflective coat \$50 (single vision & standard lined multifocal lenses)
 - High Index 1.6 \$55 (Single Vision Lenses Only)
 - Polycarbonate \$40 (Single Vision Lenses Only)
 - Standard photochromic \$80 (Single Vision Lenses Only)
 - Glass coloring \$35 (Any Type Lenses)
 - Plastic, tints, solid, or gradients \$25 (Any Type Lenses)
- Member pays:**
- Power over 4.00 Sphere, 2.00D Cylinder & 5.00D Prism 20% discount off retail
 - Cosmetic finishing, beveling, edging & mounting 20% discount off retail
 - Miscellaneous options 20% discount off retail

Higher end or brand name lens upgrades are at an additional expense to you. These upgrades will be available at a 20% discount off retail.

View your benefits and provider listings at www.superiorvision.com.

Contact lenses can be purchased on-line and delivered directly to your door. Visit www.svcontacts.com for more information.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance Coverage for your vision plan. Please check with your Benefits Administrator or Human Resources department if you have any questions.

Materials Discounts on Additional Purchases

Discounts up to 20% on Materials and 30% on Additional Purchases are available through Superior Vision contracted providers identified in the provider directory.

Refractive Surgery Discounts

Superior Vision Services has a nationwide network of refractive surgeons. These providers offer Superior Vision Plan members a discounted rate off the usual and customary prices for LASIK surgery. These discounts vary depending on the provider but are the best possible discounts available to Superior Vision.

If you have any questions or need additional information please call Superior Vision at 1-800-507-3800 Mon-Fri: 8:00am - 9:00pm EST, Sat: 11:00am - 4:30pm EST, or Medicare Options US Retiree Service Center at 1-888-287-4101 Mon - Fri: 8:00am - 5:00pm CST



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 The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, a/k/a The Guardian or Guardian Life



Dental PPO Plan Medicare Options US

	In-Network	Out-of-Network
Annual deductible (per person)	None	\$50 per person
Preventive Care Exam – (twice per calendar year) Prophylaxis - (twice per calendar year)	No Deductible The Plan pays 100% of discounted in-network fees	No Deductible The Plan pays 80% of reasonable and customary (R&C) charges
Minor care <i>Oral surgery</i> <i>Extractions</i> <i>Amalgams</i> <i>Endodontics</i> <i>Periodontics</i>	The Plan pays 80% of discounted in- network No Deductible	The Plan pays 50% of R&C charges, after annual Deductible (deductible applies to minor and major care combined)
Major care <i>Bridgework</i> <i>Dentures</i> <i>Crowns</i> <i>Inlays and onlays</i> <i>Reparation and replacement of bridges, crowns, inlays, onlays, Dentures</i> <i>Implants – 1. Provided no more than once for the same tooth position in a 60 month period.</i> <i>2. Repaired not more than once in a 12 month period.</i> <i>3. Supported prosthetics but no more than once for the same tooth position in a 5 year period.</i>	The Plan pays 50% of discounted in- network fees No Deductible	The Plan pays 50% of R&C charges, after annual Deductible (deductible applies to minor and major care combined)
Annual Benefit Maximum	\$1,500/person	\$1,000/ person

If you have questions, need additional information, or help in locating a participating MetLife dentist (there are over 125,000 nationwide) please call MetLife at 888-466-9062 M-F 8am to 11pm EST or the Medicare Options US Retiree Service Center at 1-888-287-4101 or www.medicareoptionsus.com website.

*For residents of TX, LA, MS and MT out of network preventive care will be covered at 100% due to state mandates.

Like most group benefits programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.