

UNIVERSITY of NOTRE DAME

**RETIREMENT CARE PLUS
SUPPLEMENT**

**2001
RETIREE HEALTH INSURANCE
COMPARISON CHART**

JANUARY 1, 2001

RETIREMENT CARE PLUS

The Federal Medicare program covers part of your health care cost. However, Medicare does not pay many costs -- costs for which you are responsible -- costs that can damage your future security.

The **Retirement Care Plus Retiree Health Insurance Program** protects you against these health care expenses. This plan features:

- Excellent medical insurance protection
- Freedom to choose your own hospital and doctor
- Acceptance with no physical examination
- No waiting periods for pre-existing conditions

This plan is designed to meet the needs of persons covered by Medicare Parts A and B. All of Medicare's deductibles and co-payments (out of pocket expenses) are covered in full. Unlike most Medicare supplement plans, this includes Major Medical coverage up to \$1,000,000 lifetime maximum. This is particularly important since Medicare only pays a predetermined amount for certain medical expenses and procedures.

Under the Major Medical portion of the plan, all covered expenses are paid at 80 percent, up to \$2,500 and then at 100% after a \$100 calendar year deductible. Benefits for medical Equipment, Ambulance, Mental Health and outpatient Skilled Nursing have separate maximums. Benefits end when those maximums are met.

When you enroll in the program, you will receive an identification card. In addition, you will have a toll-free number to call for questions about your coverage.

RETIREMENT CARE PLUS ENROLLMENT REQUIREMENTS:

1. You must be either (a) a retiree age 65 or over, or (b) a spouse age 65 or over of a retiree covered by Retirement Care Plus.
2. You must be enrolled in Medicare Parts A and B.
3. You must not be covered by Medicare HR1. Those covered by HR1 are not eligible for enrollment.
4. You must either be a former employee retired from a group offering coverage or the spouse of a retiree covered by Retirement Care Plus.
5. If you are retired from more than one company, you must enroll in the group from which you most recently retired.
6. You must not be actively employed full time.
7. You can enroll: (a) upon date of retirement or (b) when you become eligible for Medicare.

MONTHLY PREMIUMS

SINGLE: \$174.50/month FAMILY: \$334.00/month

MONTHLY PREMIUMS

w/ Wellness Rider

SINGLE: \$180.50 /month FAMILY: \$346.00/month

RETIREE HEALTH INSURANCE COMPARISON CHART

Note: The supplemental basic coverage provided by Notre Dame will pay the Medicare Part A & B deductible and coinsurance (20%) of the remaining medicare expenses. Once you have satisfied your Major Medical Deductible, benefits will be paid at 80% of covered charges (usual and customary). You are responsible for the 20% coinsurance not covered under the Plan, and medical expenses in excess of the Calendar year and/or Contract Maximums as shown in your Certificate.

SERVICES	MEDICARE PAYS	UNIVERSITY OF NOTRE DAME PAYS	YOU PAY
Inpatient Hospital Services	All but \$792 for 60 days per benefit period	Pays \$792 per benefit period	Nothing
• Semi-Private Room and Board	All but \$198 a day for 61 st - 90 th days per benefit period	Pays \$198 a day for 61 st - 90 th days per benefit period	Nothing
• Miscellaneous hospital services and supplies such as drugs, X-rays, lab tests and operating room	All but \$396 a day for 91 st - 150 th days (if individual chooses to use 60 non-renewable lifetime reserve days). No more than 190 days / lifetime in a psychiatric hospital.	Pays \$396 a day for 91 st - 150 th days. Pays 90% for 365 days after Medicare benefits end.	Nothing for 91 st - 150 th days. \$100 deductible plus 10% of covered charges until stop loss limit is met for 365 days after Medicare benefits end.
Blood - Inpatient	Pays nothing for the first three (3) pints in each benefit period; 100% thereafter.	Pays 100% after the first three (3) pints in each benefit period.	Nothing
Blood - Outpatient	Pays nothing for the first three (3) pints in each benefit period; then after a \$100 deductible, pays 80% of the allowed amount for additional pints.	Pays 100% of the first three (3) pints in each benefit period; then pays \$100 deductible and the remaining 20% of the Medicare allowed amount for additional pints.	Nothing
Skilled Nursing Facility Care	100% of costs for the first twenty (20) days (after a 3 day prior hospital confinement per benefit period). All but \$99 a day for 21 st - 100 th days per benefit period. Beyond 100 days, pays nothing per benefit period.	Medicare pays all Pays \$99 a day for 21 st - 100 th days per benefit period. After the \$100 deductible, pays 80% up to the stop loss limit, 100% thereafter.	Nothing Nothing You pay \$100 deductible, then 20% of covered charges until stop loss limit is met.
Emergency Care	80% of the allowed amount after a \$100 deductible.	Pays \$100 deductible and the remaining 20% of the Medicare allowed amount.	Nothing

Please note that the amounts listed above are 2001 Medicare rates.

SERVICES	MEDICARE PAYS	UNIVERSITY OF NOTRE DAME PAYS	YOU PAY
Home Health Care	100% of costs for 8 hours of reasonable and necessary care per day for up to 21 consecutive days per benefit period. Beyond 21 days, pays nothing per benefit period.	Medicare pays all. After the \$100 deductible, pays 80% up to the stop loss limit, 100% thereafter. \$5,000 maximum per calendar year.	Nothing You pay \$100 deductible, then 20% of covered charges until stop loss limit is met.
Medical, surgical, treatment and doctor's care (covers doctor's hospital and office services including surgery, office calls and hospital visits).	80% of the allowed amount after a \$100 deductible.	Pays \$100 deductible and the remaining 20% of the Medicare allowed amount.	Nothing
Medical equipment (covers equipment used at home, artificial eyes and limbs, braces, surgical dressings, casts and splints).	80% of the allowed amount after a \$100 deductible.	Pays \$100 deductible and the remaining 20% of the Medicare allowed amount. \$10,000 maximum per calendar year.	Nothing. Once \$10,000 maximum is met, benefits are exhausted.
Ambulance Service	80% of the allowed amount after a \$100 deductible.	Pays \$100 deductible and the remaining 20% of the Medicare allowed amount. Maximums are \$1,500 per air trip and \$150 per ground trip. There is a \$1,500 maximum per calendar year.	Nothing. Once maximums are met, benefits are exhausted.
Outpatient Services	80% of the allowed amount after a \$100 deductible.	Pays \$100 deductible and the remaining 20% of the Medicare allowed amount.	Nothing
Mental Health	80% of the allowed amount after a \$100 deductible.	Pays \$100 deductible and the remaining 80% of the Medicare allowed amount. Maximums are \$5,000 per calendar year and \$20,000 lifetime contract maximum. This includes both inpatient and outpatient services.	Nothing. Once maximums are met, benefits are exhausted.
Immunosuppressive Drugs	80% of the allowed amount after a \$100 deductible for periods during the first year following a covered transplant.	Pays \$100 deductible and the remaining 20% of the Medicare allowed amount during the first year.	Nothing. See Outpatient prescription drugs for coverage beyond the first year following a covered transplant.

SERVICES	MEDICARE PAYS	UNIVERSITY OF NOTRE DAME PAYS	YOU PAY
Major Medical (when services are rendered by unassigned providers, any amount over the Medicare allowed amount, in accordance with the corporation's usual and customary fees, is considered under Major Medical).	Nothing	Major Medical helps with charges that medicare does not pay in full. Also, it will cover expenses when Medicare of basic does not pay at all. Major Medical charges are payable at 80% of usual and customary charges after a \$100 deductible. The contract maximum is \$1,000,000.	\$100 deductible plus 20% of covered charges until stop loss limit is met.
Out-of-Hospital skilled private duty nursing and visiting nurse's association	Nothing	Pays 80% of covered charges after \$100 deductible. \$5,000 maximum per calendar year.	\$100 deductible plus 20% of covered charges until stop loss limit is met. Once calendar year maximum is met, benefits are exhausted.
Outpatient prescription drug coverage	Nothing	After the \$100 deductible, pays 80% up to stop loss limit, 100% thereafter.	\$100 deductible plus 20% of covered charges until stop loss is met.
WELLNESS BENEFITS			
Wellness benefits (only if you have purchased the Wellness Rider). • Physical Exams	Nothing	Not subject to deductible: pays remaining balance at 100% up to \$150 per calendar year	Balance over \$150.
• Vision Benefits	Nothing	Not subject to deductible. See maximums in the benefit booklet.	Balance after maximums.
• Dental Benefits	Nothing	Not subject to deductible, \$50 per insured, per calendar year, covered services dental visits.	Balance over \$50.
• Hearing	Nothing	Not subject to deductible, \$50 per insured per calendar year, one hearing exam per insured per calendar year	Balance over \$50.