

MEDICARE SELECT PLAN F

SCHEDULE OF BENEFITS

This Schedule of Benefits pays for deductibles, Coinsurance and other parts of the Hospital or Physician bill that Medicare does not pay and may provide some additional Benefits. Amounts paid under this Schedule of Benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible and Coinsurance amounts.

You must use the THP Network in order to receive coverage under this Schedule of Benefits, except for Emergencies or as otherwise stated in the Policy. The Benefits listed below shall not duplicate Benefits provided by Medicare. These Benefits are subject to the Exclusions and Limitations section of this Schedule of Benefits.

PLAN F

Medicare Part A Coinsurance amount for days 61-90. The Plan will pay for the Medicare Part A Coinsurance amount for days 61-90 of a Hospital stay in each Medicare benefit period. The amount of this Coinsurance is set each year by Medicare. In 2012, the Coinsurance amount is \$289.00 per day.

Medicare Part A Coinsurance amount for days 91-150. The Plan will pay for the Medicare Part A Coinsurance amount for days 91-150 of a Hospital stay. Medicare provides coverage for these 60 reserve days only once in a lifetime. The amount of this Coinsurance is set each year by Medicare. In 2012, the Coinsurance amount is \$578.00 per day.

After all Medicare Hospital Benefits are exhausted, coverage for 100% of the Medicare Part A eligible Hospital expenses. The Plan will provide coverage for 100% of the Medicare Part A eligible Hospital expenses after all of your Medicare Hospital Benefits have been used. This coverage is limited to a maximum of 365 days of additional Inpatient Hospital care during your lifetime. You may be responsible for payment when Hospital Benefits under this Policy are exhausted.

Blood Benefit. The Plan will provide coverage under Medicare Parts A and B for the reasonable cost of the first 3 pints of blood or equivalent quantities of packed red blood cells per calendar year, unless this blood is replaced.

Medicare Part B Coinsurance. The Plan will provide coverage for the Coinsurance amount for Part B medical services (generally 20% of Medicare-approved amount) or if you receive Hospital outpatient department services under a prospective payment system, the copayment amount, after the \$140.00 annual deductible is met. Part B covers doctor bills, laboratory services, Outpatient Hospital services and some medical supplies.

Coverage for the Medicare Part A Inpatient Hospital Deductible. The Plan will pay all of the Medicare Part A Inpatient Hospital deductible amount per benefit period. The amount of this deductible is set each year by Medicare. In 2012, the deductible is \$1,156.00 per benefit period.

This Benefit is only payable if you are hospitalized in a Network Hospital, unless your hospitalization is an Emergency, or has been approved by the the Plan's Medical Director.



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Coverage for the Skilled Nursing Facility Coinsurance amount. The Plan will pay billed charges up to the skilled nursing Coinsurance amount Medicare does not pay from the 21st through 100th day of Skilled Nursing Facility confinement per benefit period eligible under Medicare Part A. The confinement must be ordered by your Network Physician and meet the Medicare criteria for admission to a Skilled Nursing Facility. This Benefit does not include custodial care or treatment for substance abuse or mental disorders. In 2012, the Coinsurance amount is \$144.50 per day, for days 21-100 per benefit period.

Coverage for the Medicare Part B Deductible. The Plan will pay all of the Part B Medicare deductible per calendar year. In 2012, the Part B Medicare deductible is \$140 per calendar year.

This Benefit is only payable when Insureds seek their medical care from Network Providers.

Emergency care in a foreign country. The Plan will pay 80% coverage for Medically Necessary Emergency care received in a foreign country, after you pay a \$250 deductible. The Emergency care must be Medically Necessary Emergency hospital, physician or medical care received in a foreign country, which would have been Medicare eligible coverage, if the care had been received in the United States. The Emergency care must have begun during the first sixty consecutive days of each trip out of the United States. Foreign Emergency care is covered up to a lifetime maximum benefit of fifty thousand dollars (\$50,000).

Coverage for 100% of Medicare Part B Excess Charges. The Plan will pay the difference between a Physician's or other healthcare provider's actual charge (up to the amount of charge limitation set by Medicare or the State) and the payment amount approved by Medicare.

This Benefit is only payable when Insureds seek their medical care from Network Providers. The Plan will not pay Part B excess charges for any non-emergency unauthorized services you receive from Providers outside of the THP Network.

However, unauthorized services received outside the Network may be covered under Medicare Part B, up to 80% of the Medicare approved amount.

EXCLUSIONS & LIMITATIONS

1. Services not covered by Medicare (non-Medicare eligible expenses) are not Covered Services, unless specifically stated in this Policy.
2. Services of Non-Network Providers, Hospitals or other facilities are not Covered Services, except in an Emergency, or unless specifically stated in this Policy.
3. Benefits shall not include duplicate payments for any procedure paid by Medicare.
4. Services furnished before the effective date of coverage, or after the effective date of termination, are not Covered Services, unless specifically stated in this Policy.



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