# The Dartmouth College Medicare Supplemental Plan
Effective January 1, 2016

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| **Physician's Services** | 80% of Medicare approved charges after $166 annual Part B deductible | Physician's Services  
• Home and office visits  
• Surgery  
• Assisting surgeon  
• Anesthesia  
• X-ray & laboratory tests  
• Inhospital medical care  
• Consultations  
• Radiologist services  
• Chiropractic visits | Medicare Part B base premium:  
Social Security will charge you a premium for Medicare Part B which you will pay directly to them. |
| **Hospital Services** | Full cost after $1,288 deductible  
$322 co-insurance per day  
$644 co-insurance per day | Hospital Services  
**Inpatient Benefits**  
• Semiprivate room and board (including Intensive Care Unit)  
• Operating, treatment and recovery rooms  
• Medications, drugs and solutions  
• X-ray & lab tests  
• Radiation therapy  
**Outpatient Benefits**  
• Emergency & operating rooms  
• X-ray & laboratory tests  
• Radiation therapy | Medical Services covered by Cigna:  
$250 deductible per member per calendar year and then 20% coinsurance up to an out of pocket maximum of $450 for medical services per calendar year. |
| **Skilled Nursing Facility care** | Full cost  
$161.00 co-insurance | Inpatient Services at Other Health Care Facilities  
• Includes Skilled Nursing Facility, Rehabilitation, Hospital and Sub-Acute Facilities | Prescription drugs covered by SilverScript:  
Tier copayments, up to $450 |
| **Mental Health Services** | Cost sharing same as above for inpatient hospital services - 190 day lifetime limit  
80% of Medicare approved charges after psychiatric reduction. If you get your services in a hospital or outpatient clinic, additional copayment or coinsurance to that facility, may apply. | Mental Health Services  
• Office visits  
• Inpatient care  
• Partial hospitalization  
• Outpatient care such as therapeutic services and diagnostic tests | Total Maximum Out of Pocket costs:  
$900 out of pocket maximum per member per calendar year for covered services. |
| **Other Services and Supplies** | 80% of Medicare approved charges after $135 annual deductible | Other Services & Supplies  
• Durable medical equipment  
• Emergency ambulance transportation  
• Prosthetics  
• Physical and occupational therapy  
• Home Health Agency services  
• Private duty nursing | |
| **Physician’s Services** | 80% of Medicare approved charges after $166 annual Part B deductible | Physician’s Services  
• Home and office visits  
• Surgery  
• Assisting surgeon  
• Anesthesia  
• X-ray & laboratory tests  
• Inhospital medical care  
• Consultations  
• Radiologist services  
• Chiropractic visits | Medicare Part B base premium:  
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**Outpatient Benefits**  
• Emergency & operating rooms  
• X-ray & laboratory tests  
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$250 deductible per member per calendar year and then 20% coinsurance up to an out of pocket maximum of $450 for medical services per calendar year. |
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80% of Medicare approved charges after psychiatric reduction. If you get your services in a hospital or outpatient clinic, additional copayment or coinsurance to that facility, may apply. | Mental Health Services  
• Office visits  
• Inpatient care  
• Partial hospitalization  
• Outpatient care such as therapeutic services and diagnostic tests | Total Maximum Out of Pocket costs:  
$900 out of pocket maximum per member per calendar year for covered services. |
| **Other Services and Supplies** | 80% of Medicare approved charges after $135 annual deductible | Other Services & Supplies  
• Durable medical equipment  
• Emergency ambulance transportation  
• Prosthetics  
• Physical and occupational therapy  
• Home Health Agency services  
• Private duty nursing | |

### Medicare Covers

**Physician's Services**
- These are the basic costs for people with Medicare.
- If you want specific cost information (like whether you've met your deductible, how much you'll pay for an item or service you got, or the status of a claim), visit MyMedicare.gov.

**Hospital Services**

**Inpatient Benefits**
- First 60 days of Medicare benefit period
- Next 30 days (61st through 90th days)
- Next 60 days of one-time lifetime reserve days (91st through 150th days)
- After 150 days of continuous confinement

**Outpatient Benefits**

**Skilled Nursing Facility care**
- First 20 days of benefit period
- Next 80 days
- After 100 days of continuous confinement

**Mental Health Services**

**Inpatient Psychiatric Services**

**Non Inpatient Psychiatric Services**

**Other Services and Supplies**

- Durable Medical Equipment, Ambulance Services, Prosthetics, Physical and Occupational Therapy, Home Health, Private Duty Nursing

### Medicare Pays

- 80% of Medicare approved charges after $166 annual Part B deductible
- Full cost after $1,288 deductible
- $322 co-insurance per day
- $644 co-insurance per day
- Nothing
- 80% of Medicare approved charges after (rate) annual deductible
- Full cost
- $161.00 co-insurance
- nothing

### DCMS Covered Services

**Physician's Services**
- Home and office visits
- Surgery
- Assisting surgeon
- Anesthesia
- X-ray & laboratory tests
- Inhospital medical care
- Consultations
- Radiologist services
- Chiropractic visits

**Hospital Services**

**Inpatient Benefits**
- Semiprivate room and board (including Intensive Care Unit)
- Operating, treatment and recovery rooms
- Medications, drugs and solutions
- X-ray & lab tests
- Radiation therapy

**Outpatient Benefits**
- Emergency & operating rooms
- X-ray & laboratory tests
- Radiation therapy

**Inpatient Services at Other Health Care Facilities**
- Includes Skilled Nursing Facility, Rehabilitation, Hospital and Sub-Acute Facilities

**Mental Health Services**

**Office visits**

**Inpatient care**

**Partial hospitalization**

**Outpatient care such as therapeutic services and diagnostic tests**

**Other Services & Supplies**

- Durable medical equipment
- Emergency ambulance transportation
- Prosthetics
- Physical and occupational therapy
- Home Health Agency services
- Private duty nursing

### Your Share of the Cost

- Medicare Part B base premium:
- Social Security will charge you a premium for Medicare Part B which you will pay directly to them.
- Medical Services covered by Cigna:
- $250 deductible per member per calendar year and then 20% coinsurance up to an out of pocket maximum of $450 for medical services per calendar year.
- Prescription drugs covered by SilverScript:
- Tier copayments, up to $450
- Total Maximum Out of Pocket costs:
- $900 out of pocket maximum per member per calendar year for covered services.
PRESCRIPTION DRUGS

Your Medicare Part D Prescription drug coverage is through SilverScript, a subsidiary of CVS Caremark. You will pay as follows for covered medications purchased at a retail pharmacy and/or mail order pharmacy.

For additional information contact SilverScript directly at:

SilverScript
866-693-4621

You will pay tiered copayments for each covered drug, up to an out-of-pocket maximum of $450 per calendar year per member per year.

(this out-of-pocket maximum includes your prescription coverage only).

Your SilverScript monthly premium is part of your DCMS premium. The Part D monthly premium varies by plan (higher-income consumers may pay more).

Exclusions and Limitations

This is a partial list of services that are not covered by this plan. Please review your Subscriber Certificate for complete details on exclusions and limitations

Services Not Covered

• Any service that is not medically necessary
• Any service required by a third party (court ordered services are covered if all of the other terms of the plan are met)
• Artificial insemination, assisted reproduction technologies and infertility treatments
• Claims for services received more than 12 months ago
• Complementary and Alternative Therapies/Medicine
• Cosmetic surgery
• Custodial or convalescent care
• Educational testing and therapy
• Experimental and/or investigational services
• Hospitalization related to conditions that are not covered
• Human organ transplants other than those listed in the subscriber certificate as covered benefits
• Mental health services which do not usually result in favorable modification through short-term therapy
• Miscellaneous devices, materials, and supplies, including, but not limited to hearing aids, eyeglasses, contact lenses (except after cataract surgery), dentures and support devices for the feet and corrective shoes
• Personal comfort items
• Radial keratotomy or other surgery to correct vision
• Routine podiatry
• Services covered by government programs to the extent permitted by law
• Services for work-related illness or injury
• Sex changes
• Weight reduction management and control except diabetes education and nutritional counseling.

Cigna Healthcare has the right to recover its costs for care of:

• Injuries which are the responsibility of other parties
• Services for which we pay benefits in error
• Services related to illegal conduct

This is only a brief summary of your coverage.

Benefits apply when care is medically necessary. Services are covered up to the Maximum Allowable Benefit (MAB). Participating providers agree to accept the MAB as payment in full. However, if you receive services from a non-participating provider, it is your responsibility to pay the difference between the MAB and the provider’s charge.

This summary of benefits is not a contract. It is a general description of the benefits and exclusions of this plan. Pre-existing condition limitations do not apply. Complete information about all benefits, limitations and exclusions is in the Subscriber Certificate, which will be mailed to you after you enroll. If you need further information, call Customer Service at 1-800-.