

⇄ MEDICAL SUMMARY ⇄

Plan 1 (\$800 Out-of-Pocket Maximum)

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA, a Transamerica company for Chrysler Group LLC Retirees

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*			
Services	Medicare Pays	Plan Pays	You Pay
Hospitalization* : Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	\$0
61 st through 90th day	All but Part A Coinsurance	Part A Coinsurance	\$0
91 st day and after:			
While using 60 lifetime reserve days:	All but Part A Coinsurance	Part A Coinsurance	\$0
Additional 365 days:	\$0	100% of Medicare-Eligible expenses	\$0
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	All approved amounts	\$0	\$0
21st through 100th day	All but Part A Coinsurance	Part A Coinsurance	\$0
Blood			
First 3 pints	\$0	All Costs	\$0
Additional amounts	100%	\$0	\$0
Hospice Care : Available as long as your doctor certifies that 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

*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.

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR			
Services	Medicare Pays	Plan Pays	You Pay
Maximum Out-of-Pocket : You pay the Plan Deductible of \$300 and 20% coinsurance until you pay \$800* out of pocket, then the plan pays 100% of Medicare-approved amounts.			
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 \$300 of Participant Charges**	\$0	\$0	\$300 (Plan Deductible)
Remainder of Medicare-Approved Amounts	80%	\$0	20% (until \$800* max is met, then 0%)
After the Maximum Out of Pocket (Total \$800)	80%	20%	\$0
Blood			
First 3 pints	\$0	All Costs	\$0
Additional Amounts	100%	\$0	\$0
Clinical Laboratory Services			
Blood tests for Diagnostic Services	100%	\$0	\$0

*Once you pay the \$800 out-of-pocket maximum per Calendar year, the Plan pays 100% for these services.

** This amount includes your annual Part B deductible and is included in the Out-of-Pocket Maximum.

⇄ MEDICAL SUMMARY ⇄

Plan 1 (continued)

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MEDICARE PARTS A & B			
Services	Medicare Pays	Plan Pays	You Pay
Home Health Care:			
Medicare Approved Services: Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment*: Medicare Approved Amounts	80%	\$0	20% (until \$800* max is met, then 0%)
Preventive Medical Care: Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services and any other tests or preventative measures determined to be appropriate by the attending physician.			
Pap Test and Pelvic Examination (Includes Clinical Breast Exam) Once during a calendar year	100% of Pap lab test, 80% for Pap test collection and pelvic and breast exam	Any remaining usual and customary charges incurred after Medicare has paid	\$0
Annual Wellness Visit	100%	\$0	\$0
Prostate Cancer Screening (Once during calendar year)	For men 50 and older, 80% of the Medicare approved amount for the digital rectal exam after the yearly Part B deductible	100% of the usual and customary charges incurred after Medicare has paid	\$0
Mammogram Screening (Once during a calendar year)	80% of the Medicare- Approved amount	100% of the usual and customary charges incurred after Medicare has paid	\$0
Foreign Travel Benefit: Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime max. of \$50,000	20% and amounts over the \$50,000 lifetime max.
*Once you pay \$800 out-of-pocket maximum per Calendar year, the Plan pays 100% for these services.			
Epic Discount Hearing Plan	\$0	Discount Only	

This is a brief description of the policy's key features, which is underwritten by Transamerica Life Insurance Company and does not represent all terms and conditions of the policy. You will receive a Certificate of Coverage explaining additional terms and coverage details. In case of differences, the Certificate of Coverage governs.