

MEDICAL SUMMARY

Underwritten by Transamerica Premier Life Insurance Company for Fiat Chrysler Automobiles 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	\$0	Part A Deductible
61st through 90th day	All but Part A Coinsurance	Part A Coinsurance	\$0
91st day and after: While using 60 lifetime reserve days:	All but Part A Coinsurance	Part A Coinsurance	\$0
Once lifetime reserve days are used: Additional 365 days:	\$0	100% of Medicare- Eligible expenses	\$0
Beyond Additional 365 days;	\$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	All approved amounts	\$0	\$0
21st through 100th day	All but Part A Coinsurance	\$0	Part A Coinsurance
101st day and after	\$0	\$0	All Costs
Blood:			
First 3 pints	\$0	3 Pints	\$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
MEDICARE (PART B)- MEDICAL SERVICES-PER 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:			
Part B Deductible**	\$0	\$0	Part B Deductible
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amts.)	\$0	\$0	100%
Blood			
First 3 pints	\$0	All Costs	\$0
Additional Amounts	\$0	\$0	Part B Deductible
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services			
Blood tests for Diagnostic Services	100%	\$0	\$0

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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 First \$ of Medicare-approved amounts**	\$0	\$0	Part B Deductible
Remainder of Medicare-approved amounts	80%	20%	\$0

*A benefit period begins in 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.

**Once you have been billed \$x.xx of 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.

Expenses are paid only for services which have been approved as eligible expenses by the federal Medicare program.