2016 Group Retiree Medical With Optional Part D Coverage

Seniors Choice

Table of Contents

Overview

WHAT IS SENIORS CHOICE?

Seniors Choice, the best Group Retiree Medical plan on the market today! Although Seniors Choice is not a Medicare Supplement, it has some similarities, such as, picking up benefits where Medicare leaves off. This product was created over 20 years ago to help employers find solutions to their escalating group retiree and employee medical costs. This special program was created with the best interest of the member in mind. No physician's network or network of hospitals — members have the freedom to choose any physician or hospital. Seniors Choice has many options available to choose from.

PART D PRESCRIPTION PLAN

Seniors Choice Part D Prescription Plan is a creditable Part D program with three options to choose from, including our high option plan that has full coverage through the coverage gap. This Part D Prescription Plan is provided by Humana Insurance Company. This plan can be offered as a stand-alone to groups and is available in all 50 states. Participants must be retired or part-time.

WHAT ARE THE BENEFITS TO OFFERING A SMALL EMPLOYER SENIORS CHOICE VS. A MEDICARE SUPPLEMENT OR MEDICARE ADVANTAGE?

- Premium contribution can be pre-taxed dollars under a Section 125 Plan.
- Employer receives tax benefits just like any other group plan.
- Seniors Choice offers the best Part D Rx plan through the coverage gap.
- Open enrollment every year that allows sponsors and members to make changes including adding benefits with no underwriting required!
- Portability: When a senior employee decides to retire, he/she can take this plan with them.

IS THERE A NEED FOR THIS PRODUCT?

Today there are more people turning 65 than there are being born in the United States! Large municipalities and employers are facing bankruptcy due to the rising cost of retiree medical benefits. The rising cost of health care is staggering and now employers face having more retirees to cover for their medical than they do active employees. Nobody knew that people would live as long as they do or that technology and medicine would sustain life as it does today. Now we have people working well into their 70's because of the lack of resources that would allow them to retire earlier.

HOW DOES THIS PLAN BENEFIT A SMALL EMPLOYER WITH LESS THAN 20 EMPLOYEES?

If an employer has someone who is actively working, is 65+ years of age and qualifies for the employer group insurance plan, they can be taken off and put on Seniors Choice.

HOW DOES THIS PLAN BENEFIT A LARGE EMPLOYER VS. A MEDICARE SUPPLEMENT OR MEDICARE ADVANTAGE?

- Because Seniors Choice requires an employer sponsorship, it opens another choice to their retirees that otherwise would not exist; which would leave them with only a traditional Medicare Supplement offered on an individual basis.
- Always guaranteed issue at any age 65 and over.
- Flexible benefits designed to offer retirees choices.
- Large group rates that make sense to the member.
- Open enrollment every year that allows sponsors and members to make changes including adding benefits with no underwriting required!

Frequently Asked Questions

Q: Why does the Seniors Choice program require an employer's sponsorship?

A: Seniors Choice is filed with each approved state as a Group Retiree Medical Plan. It cannot be sold to individuals who are not eligible under a signed contract between MBA and the sponsoring employer, called an Employer Trust Participation Agreement. Eligible individuals are those either currently working for the employer, has retired from the employer, or who has ever worked for the employer and is now retired.

Q: When an employer has 20+ employees, can we take a 65+ employee, currently working and eligible for the employer group plan, and offer them Seniors Choice?

A: No, due to TEFRA regulations, employers with 20 or more full-time and part-time employees must cover any eligible employee age 65+ on an employer sponsored group plan which makes those employees ineligible for Seniors Choice. However, any employee age 65+ not eligible for the employer sponsored group plan may be eligible for Seniors Choice.

Q: Can we take someone 65+ who works for an employer with less than 20 full-time and part-time employees and remove them from the group plan and put them on Seniors Choice?

A: Yes. The group is not a TEFRA group therefore Medicare is primary for that individual which makes them eligible for Seniors Choice medical coverage.

Q: Can that same individual, in the last question, be forced off the group plan and onto Seniors Choice?

A: Yes. As long as the medical coverage with Seniors Choice is equal to or better than the group plan they currently have.

Q: What is the definition of an eligible Seniors Choice group?

A: You only need one person to make an eligible group. We will even accept an Employer Trust Participation Agreement with no current enrollees now and when someone becomes eligible, they can enroll at that time. Refer to Group Retiree Medical Eligibility Guidelines.

Q: Is there ever a time that a health statement is required for enrollment?

A: No. Seniors Choice is always guaranteed issue.

Q: When can a member make a change to their current Seniors Choice plan?

A: Another unique feature about the program is that each year all groups renew on January 1st, no matter when you started the program. At renewal each employer, member and agent will receive a renewal notice. At that time, if an employer or member wants to make a change they can. If a higher benefit level plan has been made available by the employer, the member can buy up with no health statements or underwriting.

Q: Can an employer pay for Seniors Choice Group Retiree Medical?

A: Yes. Seniors Choice Group Retiree Medical is creditable group coverage.

2016 Seniors Choice Group Retiree Medical Co-pay Plan Benefits

No Lifetime Plan Maximum

Underwritten by:

Guarantee Trust Life Insurance Company

Annual Plan Deductible Options											
$0	$100	$150	$250	$500	$750	$1000	$1500	$2000	$2500	$3000	$4000

MEDICARE PART A

Hospitalization

Semi-Private room and board, general nursing and miscellaneous services and supplies.

Services	Medicare Pays	Plan Pays	You Pay
First 60 days	All but $1,288	$1,288 – Part A Deductible	$0 after you have satisfied your annual deductible
Days 61 through 90	All but $322 per day	$322 per day	
Days 91 through 150 (60 lifetime reserve days)	All but $644 per day	$644 per day	
Additional 365 days	$0	100% of Medicare eligible expenses	
Private Duty Nursing Benefits Available with Seniors Choice Optional Plans			

Skilled Nursing Facility

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.

Services	Medicare Pays	Plan Pays	You Pay
First 20 days	All approved amounts	$0	$0 after you have satisfied your annual deductible
Days 21 through 100	All but $161 per day	Up to $161 per day	
Days 101 and after	$0	$0	100%
Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans			

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 pints	$0	100%	$0 after you have satisfied your annual deductible
Additional amounts	100%	$0	

All Medicare deductibles are included in plan deductibles(s)

2016 Seniors Choice
Group Retiree Medical
Co-pay Plan Benefits

Underwritten by:

Co-payments apply after the Annual Plan Deductible has been satisfied

Underwritten by:

Guarantee Trust Life Insurance Company

2016 Seniors Choice Group Retiree Medical Co-pay Plan Benefits

MEDICARE PART B

Medical Services

In or out of the hospital and outpatient hospital treatment – All Part B services covered after Annual Plan Deductible has been satisfied and the co-payment amount has been paid. Medicare Part B deductible is included in the Annual Plan Deductible.

Services	Medicare Pays	Plan Pays	You Pay
First $166 of Medicare approved amounts	$0	$166	$0 after you have satisfied your annual deductible
Remainder of Medicare approved amounts	80%	20%	
Part B excess charges – above Medicare approved amounts	$0	100%	

*Medical Services Co-payment Amounts by Service

Doctor's Office Visit	$10 Co-pay
Outpatient Services per visit	$20 Co-pay
Durable medical equipment	$10 Co-pay
X-rays or lab work in Doctor's office per visit	$10 Co-pay
X-rays or lab work in Outpatient Facility per visit	$20 Co-pay

Co-payments apply after the annual deductible has been satisfied

Emergency Room

Services	You Pay
Emergency Room Professional Services per visit for non-hospital admission *(Applies to both co-pay and no co-pay plans)*	$100 Co-pay

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	$0	100%	$0 after you have satisfied your annual deductible
Additional amounts	80%	20%	

Clinical Laboratory Services

Services	Medicare Pays	Plan Pays	You Pay
Blood Tests for Diagnostic Services	$0	100%	$10 after you have satisfied your annual deductible

MEDICARE PARTS A & B

Home Health Services

Covered when provided by a Medicare certified Home Health Agency.

Services	Medicare Pays	Plan Pays	You Pay
Limited to reasonable and necessary part – time or intermittent skilled care	100%	$0	$0 after you have satisfied your annual deductible
Health equipment not limited to hospital beds, oxygen and medical supplies for use at home.	80%	20%	

At Home Recovery Benefits Available with Seniors Choice Optional Plans

Foreign Travel Emergency Care

Benefits provided for Medicare approved expenses during the first 60 days of a trip outside of the U.S.A. After a $250 calendar year deductible, Seniors Choice pays at 80%, up to a $50,000 lifetime maximum.

*No Co-pay Plans Available

2016 Seniors Choice

Group Retiree Medical

Co-pay Plan Benefits

Underwritten by:

Seniors Choice

2016 Group Retiree Medical Optional Benefits

Underwritten by:

G·T·L
Guarantee Trust Life Insurance Company

Additional Skilled Nursing

Covered after Seniors Choice Plan deductible, from 101 through 365 days; up to $125 per day

Private Duty Nursing

Covered after Seniors Choice Plan deductible, $100 per 8 hour shift; 30 shifts per calendar year

At Home Recovery

Covered after Seniors Choice Plan deductible, up to $40/visit and 7 visits/week; $1600 calendar year maximum

Comprehensive Wellness

Subject to a calendar year maximum benefit amount of $250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling

2016 Seniors Choice Part D Prescription Drug Plan

Choice Plan – Benefit Summary

STAGE 1: YEARLY DEDUCTIBLE - $310 (Brand Only)

You pay a **$310** deductible. You will pay **$12.50** for Tier 1-Generic or Preferred Generic drugs.

STAGE 2: INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **$3,310**.Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing		
Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	$12.50	$30.00
Tier 2 – Preferred Brand	$45.00	$95.00
Tier 3 – Non-Preferred Brand	$75.00	$155.00
Tier 4 – Specialty Tier	$100.00	N/A
Standard Mail Order Cost-Sharing		
Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	$12.50	$25.00
Tier 2 – Preferred Brand	$45.00	$90.00
Tier 3 – Non-Preferred Brand	$75.00	$150.00
Tier 4 – Specialty Tier	$100.00	N/A

STAGE 3: COVERAGE GAP

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **$3,310**.

After you enter the coverage gap, you pay **45%** of the plan's cost for covered brand name drugs and **58%** of the cost for covered generic drugs until your costs total **$4,850**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

STAGE 4: CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$4,850**, you pay the greater of:

- **$2.95** for generic (including brand drugs treated as generic) and a **$7.40** copay for all other drugs, or
- **5%** coinsurance

HOME INFUSION THERAPY DRUGS:

This plan includes home infusion therapy drug coverage for the "Coverage Gap" portion of your plan. Drugs included in this coverage are those that would be used as an alternative to inpatient treatment. Your cost for the medication is the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your "true out-of-pocket" maximum, which is **$4,850** for 2016.

Home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of **$3,310.**

2016 Seniors Choice Part D Prescription Drug Plan

Preferred Plan – Benefit Summary

STAGE 1: YEARLY DEDUCTIBLE - $310 (Brand Only)

You pay a **$310** deductible. You will pay **$12.50** for Tier 1-Generic or Preferred Generic drugs.

STAGE 2: INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **$3,310**.Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing		
Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	$12.50	$30.00
Tier 2 – Preferred Brand	$45.00	$95.00
Tier 3 – Non-Preferred Brand	$75.00	$155.00
Tier 4 – Specialty Tier	$100.00	N/A
Standard Mail Order Cost-Sharing		
Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	$12.50	$25.00
Tier 2 – Preferred Brand	$45.00	$90.00
Tier 3 – Non-Preferred Brand	$75.00	$150.00
Tier 4 – Specialty Tier	$100.00	N/A

STAGE 3: COVERAGE GAP

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches **$3,310**.

After you enter the coverage gap, you pay **45%** of the plan's cost for covered brand name drugs and **$12.50** copayment for covered generic drugs until your costs total **$4,850**, which is the end of the coverage gap. Not everyone will enter the coverage gap.

For a three-month supply, you pay a **$30** copayment for retail generic drugs and a **$25** copayment for mail order generic drugs.

STAGE 4: CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$4,850**, you pay the greater of:

- **$2.95** for generic (including brand drugs treated as generic) and a **$7.40** copay for all other drugs, or
- **5%** coinsurance

HOME INFUSION THERAPY DRUGS:

This plan includes home infusion therapy drug coverage for the “Coverage Gap” portion of your plan. Drugs included in this coverage are those that would be used as an alternative to inpatient treatment. Your cost for the medication is the same as it is before the coverage gap sets in. Your out-of-pocket expenses while using this service apply to your “true out-of-pocket” maximum, which is **$4,850** for 2016.

Home infusion drugs will be covered based on the tier of the drug at the same cost share amount as listed in the chart above when you have reached a total yearly drug cost of **$3,310.**

2016 Seniors Choice Part D Prescription Drug Plan

Premier Plan – Benefit Summary

STAGE 1: YEARLY DEDUCTIBLE - $0

You do not have a yearly deductible.

STAGE 2: INITIAL COVERAGE

You pay the following until your total yearly drug costs reach **$4,850**.Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

Standard Retail Cost-Sharing		
Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	$12.50	$30.00
Tier 2 – Preferred Brand	$45.00	$95.00
Tier 3 – Non-Preferred Brand	$75.00	$155.00
Tier 4 – Specialty Tier	$200.00	N/A
Standard Mail Order Cost-Sharing		
Tier	One-month supply	Three-month supply
Tier 1 – Generic or Preferred Generic	$12.50	$25.00
Tier 2 – Preferred Brand	$45.00	$90.00
Tier 3 – Non-Preferred Brand	$75.00	$150.00
Tier 4 – Specialty Tier	$200.00	N/A

STAGE 3: COVERAGE GAP

This payment stage does not apply to your plan. You will continue to pay the same amount as when you were in the initial coverage stage until you reach **$4,850**.

STAGE 4: CATASTROPHIC COVERAGE

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach **$4,850**, you pay the greater of:

- **$2.95** for generic (including brand drugs treated as generic) and a **$7.40** copay for all other drugs, or
- **5%** coinsurance (**$200.00** maximum out-of-pocket per prescription for a one-month supply) regardless of tier.

Eligibility Guidelines

1. Seniors Choice is a Group Retiree Medical program sponsored by an employer group or similar organization. These sponsoring entities may have as few as one (1) employee, retiree, or owner.

2. Seniors Choice may be sold to Proprietorships, Partnerships, LLC's, Corporations, Unions, Government entities, non-profit organizations, and in some cases, associations. MBA, Inc. is required to verify documentation submitted by a sponsoring entity to confirm that it is a legitimate entity and that it qualifies for the Seniors Choice Group Retiree Medical Plan underwritten by Guarantee Trust Life. The following documentation is required:

    a. Proprietorship/Corporations – Schedule C or Occupational/Business License or Federal Tax documents verify business status.
    b. Partnership or LLC – Form 1065 or other Federal Tax documents verifying business status.
    c. Unions – Letter of Resolution and Federal Documents verifying status. By-laws may be required to verify that a union associated entity has authority to negotiate for benefits on behalf of the Union.
    d. Government – Municipal, State or Federal Documents verifying status.
    e. Non-profit/Religious Organization – Letter of Authority or Federal Documents verifying nonprofit or religious based status.
    f. Associations – Association Charter & By-laws, based on type of association and prior approval by MBA, Inc.

3. The sponsoring entity must complete and sign the Employer Trust Participation Agreement (ETPA).The signatory must be authorized to sign the ETPA and may include an Owner, Corporate Officer, Board Member, Trustee, Legal Counsel or Human Resource Executive. In some cases, a Letter of Authority must be submitted on Group letterhead advising that the signer is authorized to sign the ETPA.

4. The ETPA and Member Enrollment Forms must be received by the 5th business day of the coverage month in order to enroll participants in the medical plan for that coverage month.

5. Prescription Enrollment Forms must be received by the 5th business day of the month prior to the effective date.

6. Coverage with previous insurance carriers should not be cancelled until approval has been received in writing from MBA, Inc.

7. The sponsoring entity can select which optional benefits they wish to offer; however, enrollment in these chosen optional benefit plans is mandatory for all participants regardless of who pays the premium.

8. Groups with less than 20 employees may enroll eligible employees who are 65 and older, with Medicare Parts A and B, and currently eligible for an employer sponsored group health plan (See TEFRA and Medicare Secondary Payer Guidelines).

9. Groups who currently employ, or have employed 20 or more part-time and full-time employees combined during the previous calendar year, may not enroll anyone 65 and over who is currently eligible for the employer group sponsored plan.

Eligibility Guidelines

10. Eligible participants include:
    a. Retirees/employees at least 65 years old and enrolled in Medicare Parts A and B for medical coverage.
    b. Retiree/part-time employees at least 65 years old and enrolled in Medicare Parts A and B for prescription coverage.
    c. Current and surviving spouses or domestic partners at least 65 years old enrolled in Medicare Parts A and B. An affidavit of Domestic Partnership is required to be submitted with the enrollment application for those enrollees adding a domestic partner.
    d. Retirees/employees not eligible for Medicaid.
    e. Non-TEFRA-eligible active employees at least 65 years old enrolled in Medicare Parts A and B.
    f. Retirees/employees not covered under a Medicare Supplement policy, certificate or any other plan that is secondary to Medicare. However, if the retiree/employee is cancelling the other coverage, proof of cancellation will be required within 30 days of the effective date of enrollment in a Seniors Choice plan.
    g. Retirees/employees not covered by an employer's health plan which is primary to Medicare due to that retiree's/employee's employment. However, if the retiree/employee or employer group is cancelling the other coverage, proof of cancellation will be required within 30 days of the effective date of enrollment in a Seniors Choice plan.
    h. Retirees/employees who are not confined to a Hospital or Skilled Nursing Home on the effective date of coverage. If a retiree/employee or dependent spouse is confined to such a facility on the effective date of coverage, coverage will be delayed until the first day of the month that follows the date of release from the facility.

11. Eligible participants may enroll in a plan at plan inception, within 30 days of retirement, upon age-in to Medicare or when terminating from another plan or during the annual open enrollment period.

12. Participants in groups with multiple plan offerings may change their plan offering during the annual open enrollment period, from October to December.

13. Monthly premium rates will be based on the rating area of the sponsoring entity, not on the location of the individual plan participants.

14. If the program is employer paid, the employer must submit the first month's premium for the participating retiree(s) with the ETPA and enrollment form(s). If the program is retiree paid, each enrollee must submit premium with the enrollment form. Premium remittance should include a $10 per member per month administration fee. Checks are to be made payable to Seniors Choice.

15. If the employer contributes to the premium, the contribution must be at least 50%.

16. Groups with 250 or more eligible retirees, when at least 50% of the premium is paid by the group, must be submitted by the agent to MBA for acceptance, in advance of signature of the ETPA.

17. Custom rates and plan designs may be available for such groups.

How Deductibles Work

Seniors Choice Group Retiree Medical Plans allow the member to choose their own deductible.

When services are obtained from a physician or facility that accepts Medicare, the member first meets their plan deductible and then benefits are paid per the benefit summary.

The Medicare deductibles are paid by the plan. Please see the example below for an illustration of how the plan works:

Example

Enrolled in Seniors Choice $500 Deductible Plan Option

Medicare Part B (Outpatient Charges)

Medicare Part B Deductible is $166. This must be satisfied before Medicare pays 80%.
The Seniors Choice Plan Deductible includes the $166 Medicare Part B Deductible.

Member incurs $1,000 in Physician Services

MEMBER'S OUT-OF-POCKET CALCULATION	
Physician's Services	$1,000
Subtract Medicare Part B Deductible (Member pays this amount)	$166
Remaining Balance	$834
Subtract the 80% that Medicare Pays	($667.20)
Amount Remaining After Medicare Pays (Member pays this amount)	$166.80
Member's Total Out-of-Pocket	$332.80

Of the original $1,000 charges for Physician's Services, $667.20 has been paid by Medicare with the remaining $166.80 the responsibility of the member.

REMAINING ANNUAL DEDUCTIBLE CALCULATION	
Seniors Choice Annual Plan Deductible	$500
Subtract Out-of-Pocket amount paid by member which includes the Medicare Part B Deductible	($332.80)
Remaining Annual Plan Deductible	$167.20

Medicare Part A (Inpatient Charges)

Member incurs $200 in Inpatient charges.
Member's Out-of-Pocket cost would be $200.
This $200 would satisfy part of the Seniors Choice Annual Plan Deductible.
$300 of the Original $500 Annual Plan Deductible would remain
to be used across both Medicare Part A and Part B.

Underwritten by:

Employer Trust
Participation Agreement

Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Entity - Employer Information:

Entity Name: ______________________________
Street Address: ______________________________
City, State, Zip: ______________________________
County: ______________________________ **Telephone#:** ( )______________________
Executive Contact: ______________________________
Email Address: ______________________________
Entity Type: Proprietorship (Schedule C or Occ. Lic.) Corporation (Business License)
Government (Letter) Partnership/LLC (Form 1065)
Union (Letter) Non-Profit/Religious (Letter)

All applying entities must attach the requested letter or document when initially applying for coverage.

Seniors Choice Coverage Information:

Requested Effective Date (1st day of the month): ______________________________

Total number of full-time and part-time employees: ______________________________

Total number of retirees 65 or over with Medicare Parts A and B: ______________________________

Have you employed 20 or more full-time or part-time employees,
20 or more weeks in the current or previous calendar year? Yes No
(If yes, active employees eligible for the employer sponsored group health plan are not eligible for Seniors Choice)

Seniors Choice Plan Selection:

Medical & Prescription Medical Only Prescription Only

Medical Plan Selection:

	$0 Deductible Plan	$500 Deductible Plan	$2000 Deductible Plan
Co-Pay Plans	$100 Deductible Plan	$750 Deductible Plan	$2500 Deductible Plan
No Co-pay Plans	$150 Deductible Plan	$1000 Deductible Plan	$3000 Deductible Plan
	$250 Deductible Plan	$1500 Deductible Plan	$4000 Deductible Plan

Optional Benefit Plan Selection: *(If selected, all members must participate.)*

Private Duty Nursing Comprehensive Wellness

At Home Recovery Skilled Nursing Coverage
(101 through 365 days per Calendar Year)

Prescription Drug Plan Selection: *(Select only one Plan)*
Participants must be retired or part-time to enroll
Choice Prescription Drug Plan Preferred Prescription Drug Plan Premier Prescription Drug Plan

Checks payable to: Seniors Choice
19574 N. 77th St Suite 102
Scottsdale, AZ 85260

Humana.

Underwritten by:

Employer Trust
Participation Agreement

Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Entity - Employer Information:

Entity Name: ____________________

Street Address: ____________________

City, State, Zip: ____________________

County: ____________________ **Telephone#:** (   )____________________

Executive Contact: ____________________

Email Address: ____________________

Entity Type:

Proprietorship (Schedule C or Occ. Lic.)	Corporation (Business License)
Government (Letter)	Partnership/LLC (Form 1065)
Union (Letter)	Non-Profit/Religious (Letter)

All applying entities must attach the requested letter or document when initially applying for coverage.

Seniors Choice Coverage Information:

Requested Effective Date (1st day of the month): ____________________

Total number of full-time and part-time employees: ____________________

Total number of retirees 65 or over with Medicare Parts A and B: ____________________

Have you employed 20 or more full-time or part-time employees, 20 or more weeks in the current or previous calendar year? Yes No

(If yes, active employees eligible for the employer sponsored group health plan are not eligible for Seniors Choice)

Seniors Choice Plan Selection:

Medical & Prescription Medical Only Prescription Only

Medical Plan Selection:	$0 Deductible Plan	$500 Deductible Plan	$2000 Deductible Plan
Co-Pay Plans	$100 Deductible Plan	$750 Deductible Plan	$2500 Deductible Plan
No Co-pay Plans	$150 Deductible Plan	$1000 Deductible Plan	$3000 Deductible Plan
	$250 Deductible Plan	$1500 Deductible Plan	$4000 Deductible Plan

Optional Benefit Plan Selection: *(If selected, all members must participate.)*

Private Duty Nursing Comprehensive Wellness

At Home Recovery Skilled Nursing Coverage *(101 through 365 days per Calendar Year)*

Prescription Drug Plan Selection: *(Select only one Plan)*

Participants must be retired or part-time to enroll

Choice Prescription Drug Plan Preferred Prescription Drug Plan Premier Prescription Drug Plan

Checks payable to: Seniors Choice
19574 N. 77th St Suite 102
Scottsdale, AZ 85260

Humana.

Seniors Choice

Aegis

Aegis Administrative Services

(888) 881-2307

www.aegisadmin.com