



PHYSICIANS' BENEFITS TRUST



MediCap - Medicare Supplement Plans For ISMS and CMS Members and Their Spouses



Designed for Physicians, by Physicians

About Physicians' Benefits Trust

Physicians' Benefits Trust provides valuable insurance programs to physicians across Illinois. Our plans are sponsored by the Illinois State Medical Society and the Chicago Medical Society and are available to members and their families. For information on any of our other plans, please call us at 1-800-621-0748. The Physicians' Benefits Trust Life Insurance Company is a wholly owned subsidiary of ISMIE Mutual Insurance Company.

About this Brochure

This brochure is merely a description of this plan and is not a contract. Individuals who become covered under the plan will receive a Physicians' Benefits Trust Life Insurance Company (PBTLIC) Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the provisions outlined in this brochure and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance will govern in all respects.

QUESTIONS?

Call us toll-free: 1-800-621-0748

Or visit us at: www.pbtinsurance.com

Arranged by:



Physicians' Benefits Trust Life Insurance Company
PBT Insurance Office
300 South Wacker Drive, Suite 700 • Chicago, IL 60606

Sponsored by:



PBTLIC is owned by: ISMIE Mutual Insurance Company



Administered by Affinity Insurance Services, Inc.



Exclusively for ISMS and CMS Members...

MediCap steps in where your Medicare Coverage leaves off.

MediCap offers you three coverage options, each with a different degree of protection. This way, you can choose the plan that best works for your budget and requirements.

Choose the plan that best suits your needs:

- **Plan "A"** offers the most basic coverage to protect you against catastrophic medical costs. More thorough coverage is available through **Plan "G"** or **"J"**. **Whichever option you choose, your PBT MediCap Plan is economically priced.**
 - **Plan J** pays 100% of Part B excess charges. This option provides the most comprehensive coverage available and minimizes your out-of-pocket costs.
- Why choose MediCap over other Medicare Supplement plans?**
- Quick turn around claims payment upon receipt of Medicare's Explanation of benefits Form.
 - This is the plan that is sponsored by the Illinois State Medical Society and Chicago Medical Society exclusively for member physicians and their spouses.

Consider these benefits:

- Choose from three plan options that pick up where Medicare leaves off.
- Guaranteed acceptance into MediCap for members of the Illinois State Medical Society (ISMS) and Chicago Medical Society (CMS) and their spouses.
- An experienced and professional customer service staff committed to satisfying your insurance needs.
- Health Insurance coverage available for spouse and dependent children under other PBT Health Care Plus.
- Waiver of the preexisting condition limitation if transferring from another Medicare Supplement or Health Plan to MediCap.

Medicare (Part A) Hospital Services—Per Benefit Period

*A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been discharged from the hospital and have not received skilled care in any other facility for 60 consecutive days.

PBT MEDICAP SUPPLEMENT PLANS

SERVICES	MEDICARE PAYS	PLAN "A"	PLAN "G"	PLAN "J"
HOSPITALIZATION <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>				
First 60 days	All but \$1024*	0%*	100%*	100%*
61st through 90th Day	All but \$256 a day	100%	100%	100%
91st through 150th day	All but \$512 a day	100%	100%	100%
While Using 60 Lifetime Reserve Days	All but \$512 a day*	100%*	100%*	100%*
Additional 365 days <i>Once lifetime reserve days are used</i>	0%	100%	100%	100%
Beyond the Additional 365 Days	0%*	0%*	0%*	0%*
SKILLED NURSING FACILITY CARE <i>You must meet Medicare's requirements including having been in a hospital for at least three days and entering a Medicare-approved facility within 30 days after leaving the hospital.</i>				
First 20 days	All approved amounts	0%	0%	0%
21st through 100th Day	All but \$128 a day*	0%*	100%*	100%*
101st Day and After	0%	0%	0%	0%
BLOOD				
First 3 Pints	0%	100%	100%	100%
Additional Amounts	100%	0%	0%	0%
HOSPICE CARE <i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services respite care</i>	All but very limited coinsurance for outpatient drugs and inpatient	0%	0%	0%

SERVICES	MEDICARE PAYS	PLAN "A" PAYS	PLAN "G" PAYS	PLAN "J" PAYS
MEDICAL EXPENSES: In or Out of the Hospital & Outpatient Hospital <i>Such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic tests, durable medical equipment</i>				
1st \$131 of Medicare-approved Amts.	0%	0%	0%	100%
Remainder of Medicare-approved Amts.	80%	20%	20%	20%
Part B Excess Charges <i>(Above Medicare-approved Amts.)</i>	0%	0%	80%	100%
CLINICAL LABORATORY SERVICES/ BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	0%	0%	0%

PARTS A & B SERVICES	MEDICARE PAYS	PLAN "A" PAYS	PLAN "G" PAYS	PLAN "J" PAYS
HOME HEALTH CARE MEDICARE-APPROVED SERVICES				
Medically Necessary Skilled Care Services and Medical Supplies	100%	0%	0%	0%
Durable Medical Equipment:				
First \$135 of Medicare-Approved Amts.*	0%*	0%*	0%*	0%*
Remainder of Medicare-Approved Amts.	80%	20%	20%	20%
AT-HOME RECOVERY SERVICES NOT COVERED BY MEDICARE <i>Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan</i>				
Benefit for Each Visit	0%	0%	Actual charges to \$40 a visit	Actual charges to \$40 a visit
Number of Visits Covered <i>(Must be received within eight weeks of last Medicare-approved visit)</i>	0%	0%	Up to the number of Medicare-approved visits not to exceed 7 each week with an annual maximum of \$1,600	Up to the number of Medicare-approved visits not to exceed 7 each week with an annual maximum of \$1,600
Calendar Year Maximum			\$1,600	\$1,600

OTHER BENEFITS NOT COVERED BY MEDICARE SERVICES	MEDICARE PAYS	PLAN "A" PAYS	PLAN "G" PAYS	PLAN "J" PAYS
FOREIGN TRAVEL NOT COVERED BY MEDICARE <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA after you meet a \$250 deductible each year.</i>	0%	0%	80%	80%
Remainder of Charges	0%	0%	80% to lifetime maximum benefit of \$50,000	80% to lifetime maximum benefit of \$50,000
PREVENTIVE MEDICAL CARE BENEFIT NOT COVERED BY MEDICARE <i>Annual physical and preventive tests and services such as: Fecal Occult Blood Tests, Digital Rectal Exam, Mammogram, Hearing Screening, Dipstick Urinalysis, Diabetes Screening, Thyroid Function Test, Influenza Shot, Tetanus and Diphtheria Booster. Education administered or ordered by your doctor, when not covered by Medicare. Limited to \$120 per year.</i>	0%	0%	0%	100%

You may change MediCap plans one time per calendar year. To change plans, you must complete an Election Application.

MediCap is available only through Physicians' Benefits Trust Life Insurance Company and may not be purchased through any other source. This brochure is an explanation of this program and is not a contract. Individuals who become covered under the program will receive a Certificate of Insurance defining their coverage. In the event of any conflict or inconsistency between the provisions outlined in this brochure and the provisions of the Certificate of Insurance, the terms and conditions of the Certificate of Insurance shall govern in all respects.

* Amounts based upon 2008 Medicare guidelines subject to change annually.