



YOUR GUIDE

to
Physicians' Benefits Trust
Medicare Supplement Insurance Portfolio of Plans

How to Use Your Guide

This Guide contains detailed information about the benefits of the Medicare Supplement insurance plans available to you through the Physicians' Benefits Trust MediCap Medicare Supplement Insurance Program. Physicians' Benefits Trust MediCap plans provide a wide choice of benefits to members of the Illinois State Medical Society (ISMS), the Chicago Medical Society (CMS), and the Illinois State Dental Society (ISDS), so you can choose the plan that best fits your individual health insurance needs.

To find the plan that is best for you:

- Look at the Cover Page. This shows the benefits of the Medicare Supplement plans we offer in Illinois. Benefits vary depending upon the plan you select.
- For more information on a specific plan, look at the Outline of Coverage which outline the benefits of that plan. The chart shows the expenses Medicare pays, the benefits the plan pays and the costs you would have to pay yourself.

If you have any questions, call Physicians' Benefits Trust toll free:

ISMS and CMS members, Call **1-800-621-0748**.

ISDS members, Call **1-866-898-0926**.

Glossary of Terms

Lifetime Reserve Days are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.

Medicare Eligible Expenses are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare's eligible expense as their fee amount. Your physician or surgeon may charge you more.

Hospital or Skilled Nursing Facility – A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.

Excess Charge is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge. Plans G and J pay benefits for Excess Charges when services are rendered in a jurisdiction not having a balance billing law.

General Information

This material describes the plans available through the Physicians' Benefits Trust insurance program but is not considered a health insurance contract or insurance certificate. Physicians' Benefits Trust (PBT) MediCap, Medicare Supplement Insurance Plans have been developed in line with federal standards. However, these plans are not connected with, or endorsed by, the U.S. government or the federal Medicare program. By enrolling, you are agreeing to the release of Medicare claim information to Physicians' Benefits Trust so your Medicare Supplement benefits can be processed automatically.

Guaranteed Acceptance

- Your acceptance is guaranteed if, within the last 6 months, you have either enrolled in Medicare Part B or turned age 65.
- If you lose health coverage and are an eligible ISMS, CMS or ISDS member, you may be considered an "Eligible Person" entitled to guaranteed acceptance, and you may have a guaranteed right to enroll in certain PBT MediCap Medicare Supplement Insurance Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health plan.
 2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan's termination and describe your right to guaranteed issue of Medicare Supplement insurance.

If you have any questions about your guaranteed right to coverage, you may wish to contact the administrator of your prior health plan or your local state department on aging.

EXCLUSIONS

- Benefits provided under Medicare
- Care not meeting Medicare's standards
- Stays beginning, or care or supplies received, before your plan's effective date
- Injury or sickness payable by Workers' Compensation or similar laws
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

YOU CANNOT BE SINGLED OUT FOR CANCELLATION

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Coverage may be canceled due to nonpayment of premium or material misrepresentation. Of course, you may cancel your protection any time you wish. All transactions are effective on the first of the month following receipt of the request.

PREMIUM INFORMATION

You may keep your plan in force by paying the required premium when due. Monthly rates shown reflect current premium levels and all rates are subject to change. Any change will apply to all members of the same class insured under your plan who reside in Illinois. Your premium can only be changed with the approval of the Illinois insurance department.

READ YOUR CERTIFICATE VERY CAREFULLY

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN THE CERTIFICATE

If you find that you are not satisfied with your coverage, you may return the certificate to PBT Insurance Services, 300 South Wacker Drive, Suite 700, Chicago, IL, 60606. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your premium payments. However, Physicians' Benefits Trust has the right to recover any claims paid during that period. Any premium refund otherwise due to you will be reduced by the amount of any claims paid during this period. If you have received claims payment in excess of the amount of your premium, no refund of premium will be made.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

NOTICE

The certificate may not fully cover all of your medical costs. Neither Physicians' Benefits Trust Life Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare & You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the enrollment application for the new certificate, be sure to answer all questions truthfully and completely. Physicians' Benefits Trust may cancel your certificate and refuse to pay any claims if you leave out or falsify important information. Review the enrollment application carefully before you sign it. Be certain that all information has been properly recorded.