

FOR MEMBERS OF THE ORTHODOX HEALTH PLANS

ENDORSED AND RECOMMENDED BY THE ORTHODOX HEALTH PLANS

The Orthodox Health Plans certifies that it has approved and endorsed this Group Retiree Medical Insurance Plan.

The Orthodox Health Plans encourages all members to review this material and give this sponsored plan serious consideration.

ELIGIBILITY

All members and their spouses (unless they are legally separated) are eligible for coverage as long as they are at least age 65 and covered under parts A and B of Medicare.

A GUARANTEE OF SATISFACTION

After you receive and review your Certificate of Coverage, if you are not satisfied for any reason, you may return your Certificate within 30 days of receipt.

PRE-EXISTING CONDITION LIMITATION

Expenses for any injury or sickness for which the covered person was medically

treated or advised by a physician within the six months immediately prior to his\her effective date of coverage will not be eligible for consideration unless incurred after the covered person has been insured for six consecutive months from his\her effective date of coverage.

If this coverage replaces currently in force Medicare Supplement or primary hospital and medical reimbursement insurance coverage, then this pre-existing condition limitation will be waived for each covered person to the extent it was satisfied for similar benefits under the replaced coverage. This waiver will only apply if the prior insurance was in force at the time you applied for coverage under this policy.

EXCLUSIONS

Benefits will not be paid for any expenses which are not determined to be Medicare-eligible expenses by the federal Medicare Program or its administrators, except as otherwise specified in the policy.

Underwritten by:



Cedar Rapids, Iowa
an AEGON company

Coverage in New York
underwritten by



4 Manhattanville Road
Purchase, NY 10577
an AEGON company

Monumental Life Insurance Company and Transamerica Financial Life Insurance Company, both AEGON companies, are currently rated "A" (Excellent. Third of 16 ratings) by A.M. Best Company for financial strength and operating performance as of April 23, 2009 and rated "AA-" (Very Strong. Fourth of 21 ratings) by Standard & Poor's for financial strength as of March 31, 2009.

Any Questions? Please call:
1-800-785-4432
Monday through Friday,
9:00 a.m. to 5:00 p.m., Eastern Time.

Orthodox Health Plans

RETIREE MEDICAL INSURANCE PLAN

- ✓ Guarantees Acceptance to Members Who Are 65 and Over and Covered by Medicare Parts A and B
- ✓ Allows You to Choose Your Physicians
- ✓ Pays Medicare Part A Deductible and Coinsurance
- ✓ Keeps Pace With the Annual Changes in Medicare

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 \$1,100	\$1,100 (Part A Deductible)	\$0
61st through 90th day	All but \$275 a day	\$275 a day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the 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 \$137.50 a day	Up to \$137.50 a day	\$0
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 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.

** Once you have been billed \$155 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.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details please see the Master Policy.

Policy Form Number: LM1000GPM, LM1000GPM.PA
Certificate Form Number: LM1000GCM, LM1000GCM.PA, RM1000GCTF

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:			
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES			
Blood tests for Diagnostic Services	100%	\$0	\$0
HOME HEALTH CARE			
Medicare Approved Services: Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment: First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
FOREIGN TRAVEL 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 maximum of \$50,000	20% and amounts over the \$50,000 lifetime maximum
PRIVATE DUTY NURSING			
Service of Private Duty Nurse while hospital confined for a sickness or injury For licensed Registered or Practical Nurse	\$0	\$25 per shift; maximum number of shifts is 30 per benefit period	Balance