

Part A and B Deductible and Daily Coinsurance Amounts for 2009 and Examples of Health Care Costs

- Part A Deductible..... \$1,068
- Part B Deductible.....\$135
- Coinsurance for hospital stays longer than 60 days \$267 per day
- Coinsurance for hospital stays longer than 90 days \$534 per day

Examples of Health Care Costs	Examples of what YOU Pay in 2009 if you are in the Original Medicare Plan and do not have a Medicare Supplement Plan.	TRH Medicare Supplement Plans that help pay all or some of these costs:
Medicare Part A Coinsurance and Hospital Benefits	For each benefit period, YOU PAY <ul style="list-style-type: none"> • \$267 per day for days 61-90 • \$534 per day for days 91-150 (while using your 60 lifetime reserve days). 	TRH Medicare Supplement Plans A, B, C, D, E, F, G, H-ND, I-ND, and J-ND pay the Part A Coinsurance up to an additional 365 days of inpatient care after Medicare Lifetime Benefit Days are exhausted.
Medicare Part B Coinsurance or Copayment	YOU PAY all coinsurance, generally 20% of the Medicare-approved amounts for most covered services and any copayment after you meet the \$135 yearly Part B deductible	TRH Medicare Supplement Plans A, B, C, D, E, F, G, H-ND, I-ND, and J-ND pay the 20% coinsurance for Medicare-approved, covered services after the deductible is met.
Skilled Nursing Facility Care Coinsurance	For each benefit period, YOU PAY <ul style="list-style-type: none"> • nothing for the first 20 days • up to \$133.50 per day for days 21-100 	TRH Medicare Supplement Plans C, D, E, F, G, H-ND, I-ND, and J-ND pays the coinsurance amount from days 21-100 – you must meet Medicare’s requirements, including a hospital stay of at least 3 days and entered in a Medicare-approved facility within 30 days of leaving the hospital.
Medicare Part B Deductible	YOU PAY the \$135 yearly deductible.	TRH Medicare Supplement Plans C, F, and J-ND pay the Part B Deductible – this is the deductible that must be met each calendar year before Medicare will pay.
Medicare Part B Excess Charges	YOU PAY the difference between the Medicare-approved amount and the limiting charge (no more than 15% above the Medicare-approved amount).	TRH Medicare Supplement Plans F, G, I-ND, and J-ND pay the amount above the Medicare approved amount that a physician, who does not accept Medicare assignment, can ask you to pay.
Foreign Travel Emergency	Generally, YOU PAY all costs.	TRH Medicare Supplement Plans C, D, E, F, G, H-ND, I-ND and J-ND will pay 80 percent of billed charges after a \$250 deductible – up to a lifetime maximum of \$50,000.
At-Home Recovery	YOU PAY <ul style="list-style-type: none"> • \$0 for Medicare-approved home health services • 100% for services not covered by Medicare 	TRH Medicare Supplement Plans D, G, I-ND, and J-ND will pay up to \$40 per visit for services to provide short-term, at-home assistance with daily living activities up to a calendar year maximum of \$1600. Member must be receiving Medicare approved skilled visits to qualify for this benefit.
Preventive Care not Covered by Medicare	YOU PAY all costs.	TRH Medicare Supplement Plans E and J-ND pay up to \$120 each calendar year for routine/preventive care ordered by your physician & not covered by Medicare.

TRH 65 Monthly Rates 2009 To determine a rate: **1.** Determine the plan that interests you. **2.** Find your age on the rate chart at the bottom of this page for the plan you selected. **3.** The monthly rate is listed to the right of your age. Your rate is based on your age at the time your coverage becomes effective. Since it usually takes 30 days from the time we receive your application until your coverage is in effect, if you have a birthday within 30 days after sending us your application, you will be charged the rate for the next age.

AGE	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H-ND	PLAN I-ND	PLAN J-ND
65	\$49.25	\$62.00	\$84.50	\$77.50	\$69.75	\$86.50	\$77.25	\$85.75	\$75.50	\$98.50
66	\$52.86	\$67.04	\$91.15	\$83.51	\$74.69	\$93.27	\$83.33	\$96.63	\$85.15	\$111.64
67	\$58.08	\$71.86	\$97.79	\$89.53	\$80.02	\$100.08	\$89.72	\$106.78	\$94.71	\$122.61
68	\$61.53	\$76.66	\$104.68	\$95.99	\$85.50	\$106.93	\$95.78	\$116.93	\$104.32	\$135.42
69	\$64.95	\$81.87	\$111.51	\$102.01	\$91.14	\$113.76	\$101.85	\$127.03	\$113.69	\$147.04
70	\$68.38	\$85.14	\$118.10	\$108.03	\$96.51	\$120.96	\$107.92	\$137.20	\$123.06	\$158.57
71	\$71.79	\$88.58	\$124.76	\$114.91	\$102.29	\$127.79	\$113.96	\$147.21	\$132.19	\$170.52
72	\$75.24	\$91.86	\$131.42	\$120.94	\$107.64	\$134.59	\$120.00	\$157.17	\$141.53	\$180.74
73	\$78.67	\$96.69	\$138.03	\$126.94	\$112.09	\$141.43	\$126.10	\$167.19	\$150.89	\$192.79
74	\$81.72	\$101.53	\$143.95	\$132.31	\$116.48	\$147.62	\$131.50	\$176.34	\$159.41	\$203.69
75	\$85.65	\$109.58	\$151.19	\$137.08	\$122.09	\$155.08	\$138.21	\$187.49	\$169.55	\$216.82
76	\$89.23	\$114.14	\$157.54	\$142.83	\$127.16	\$161.97	\$144.33	\$193.69	\$178.99	\$230.68
77	\$92.51	\$118.37	\$163.31	\$148.02	\$131.85	\$168.24	\$149.90	\$199.20	\$187.72	\$241.87
78	\$95.48	\$122.19	\$168.72	\$152.86	\$136.10	\$174.01	\$155.02	\$204.71	\$195.85	\$250.55
79	\$98.28	\$125.72	\$173.65	\$157.28	\$140.05	\$179.37	\$159.78	\$211.91	\$203.52	\$260.33
80	\$100.91	\$129.02	\$178.27	\$161.46	\$143.78	\$183.70	\$163.75	\$218.55	\$205.37	\$269.19
81	\$103.37	\$132.19	\$182.54	\$165.34	\$147.23	\$189.07	\$167.67	\$224.81	\$211.05	\$276.99
82	\$105.64	\$135.09	\$186.62	\$169.00	\$150.45	\$192.94	\$171.38	\$232.71	\$216.65	\$284.32
83	\$107.76	\$137.83	\$190.38	\$172.41	\$153.53	\$197.60	\$174.89	\$238.29	\$221.88	\$291.29
84	\$109.78	\$140.41	\$194.03	\$175.68	\$156.43	\$200.70	\$178.22	\$243.23	\$227.06	\$297.86
85	\$112.33	\$142.92	\$197.53	\$178.78	\$159.21	\$204.23	\$181.35	\$247.73	\$231.65	\$304.07
86	\$113.60	\$145.26	\$200.68	\$181.70	\$161.79	\$207.60	\$184.31	\$251.31	\$236.11	\$309.99
87	\$115.27	\$147.45	\$203.83	\$184.45	\$164.27	\$210.82	\$187.20	\$257.66	\$240.48	\$315.65
88	\$117.06	\$149.53	\$206.71	\$187.08	\$166.62	\$213.88	\$189.91	\$262.04	\$244.54	\$321.02
89	\$118.51	\$151.54	\$209.52	\$189.57	\$168.83	\$216.83	\$192.65	\$265.63	\$248.46	\$326.14
90	\$120.07	\$153.49	\$212.23	\$192.00	\$170.96	\$219.63	\$195.05	\$271.68	\$252.28	\$331.20
91+	\$121.56	\$155.30	\$214.69	\$194.28	\$172.99	\$222.29	\$197.41	\$275.49	\$255.86	\$335.89

Once you start paying your billing, your age rating will stay the same until the billing on or following your next birthday. The bill you receive that month will indicate your move to the next age and rate. Otherwise, your rate can only be increased if the rate is increased for all other TRH Supplement customers with the same plan and age as yourself. Since rates are determined by the cost of benefits for TRH Medicare Supplement customers, the rates shown here could change. You will receive a 30-day advance notice of any change in your rate.