Coverage shall be extended to all "Eligible Members" as defined below:

Eligibility:

"Eligible Member" is a person who is:

1. Eligible for Medicare by reason of age;
2. Covered under Medicare Parts A and B;
3. Not eligible for Medicaid;
4. Not covered under a Medicare Supplement policy or certificate;
5. Not covered by an employer's health plan which is primary to Medicare due to employment of such person or his or her spouse; and
6. (a) a retiree of State of South Dakota
   (b) the spouse of a retiree described in 6 or
   (c) the spouse of an active employee of State of South Dakota

Enrollment Period:

"Enrollment Period" shall be defined as:

1. The thirty-one (31) day period following the policy's Issue Date; or
2. The period that begins on the date a person first becomes an Eligible Member and ends thirty-one (31) days later.

Renewability:

This certificate is renewable as long as the group contract remains in force and you remain a member of the group.

Dear Open Enrollee,

According to the State of South Dakota's records, you're eligible for medical insurance coverage[1]. We're writing to introduce ourselves and provide important information that will help you evaluate your options.

Strength

For more than 130 years, we've helped policyholders relieve their financial concerns. And with $14 billion in assets under management, Bankers will be there to support our policyholders when they need us most.

Service

Outstanding customer service is just one of the reasons more than 1.4 million policyholders trust us to meet their needs. By focusing on the ways we address our clients' specific concerns, Bankers backs the customer experience with dedicated career agents and timely claims payment.

Savings

Our State of South Dakota Retiree Health Benefit Plan Options are offered to you at discounted rates compared to what you might expect to pay for similar coverage elsewhere.

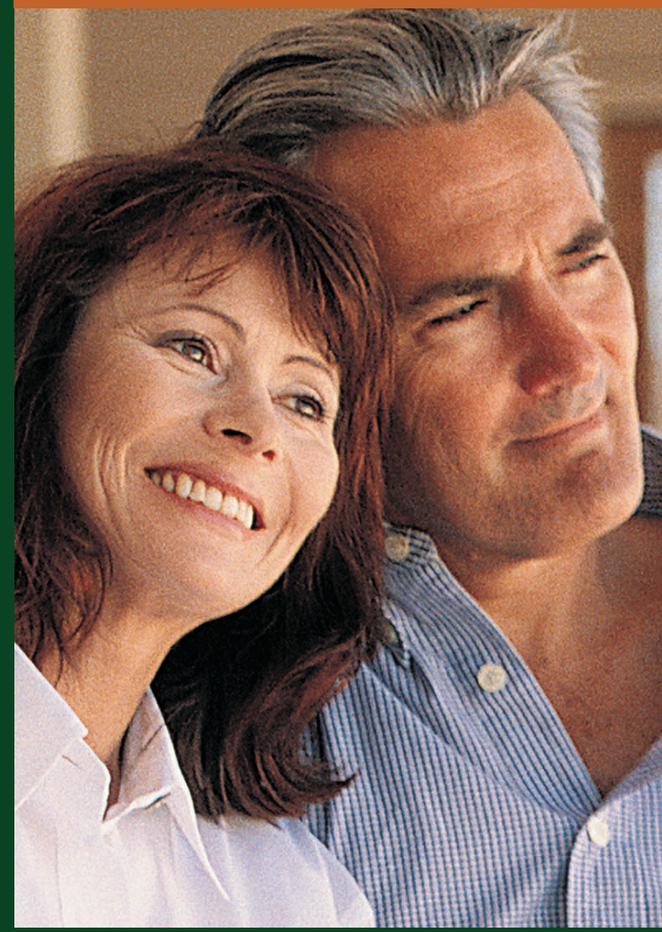
To help you take advantage of Bankers' State of South Dakota Retiree Health Benefit Plans, the following pages of this brochure will provide you with easy to use information on the plan options offered.

[1]*Applies to Medicare eligible individuals*

Important South Dakota Enrollment Information Enclosed!

2013 MEMBER BENEFITS

South Dakota Retiree Health Benefit Plans



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Bankers Life and Casualty Company, Chicago, IL

15136-SD

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For the life of your retirement

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Medicare Part A Hospital Services – Per Benefit Period[1]

Services	Medicare Pays	Plan Pays	You Pay
Hospitalization:			
Initial Deductible for First 60 Days	All but $1,184	$1,184 (Part A Deductible)	$0
61st Thru 90th Day	All but $296 per day	$296 per day	$0
91st Day Thru 150 Days of a Hospital Stay	All but $592 per day Up to a maximum 60 days over your lifetime.	$592 per day	$0
Once Lifetime Reserve Days Are Used Additional 365 Days (Lifetime Benefit)	$0	100% of Medicare Eligible Expenses	$0
Beyond 365 Days	$0	$0	All Costs
Skilled Nursing Facility Care:			
First 20 Days	All Approved Amounts	$0	$0
21st Thru 100th Day	All but $148 a Day	Up to $148 a Day	$0
101st Day and After	$0	$0	All Costs
Blood:			
First 3 Pints	$0	3 Pints	$0
Additional Amounts	100%	$0	$0
Care in a Foreign Country[2]:	$0	80% after $250 Deductible, to a Lifetime Maximum Benefit of $50,000	$250 Deductible, Then 20% and Amounts Over $50,000 Lifetime Maximum
Hospice Care: You must meet Medicare's requirements including a doctor's certification of terminal illness. In home room and board or nursing home facilities not covered.	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

[1] *A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and not received skilled care in any other facility for 60 days in a row.*

[2] *Coverage to the extent not covered by Medicare for Medicare Eligible Expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or sickness of sudden and unexpected onset.*

Medicare Part B Medical Services – Per Calendar Year

Services	Medicare Pays	Plan Pays	You Pay
Annual Deductible (Calendar Year): **Plan Option 1**	$0	$147 (Part B Annual Deductible)	$0
Plan Option 2 The benefits represented in this chart are the same for both Plan Options (1 & 2), however, Plan Option 2 includes an additional $250 Part B annual deductible that you are responsible for.	$0	$147 (Part B Annual Deductible)	$250 (Plan Option 2 Annual Deductible)
Medicare Part B Excess Charges: Coverage for all of 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 Medicare-approved Part B charge.	$0	100%	$0
At Home Recovery Benefit[3]:	$0	100% of actual charges for each visit up to a maximum reimbursement of $40/visit. Maximum benefit of $1,600 per calendar year. Maximum of 7 visits in any one week.	Amount over $40 per visit. Amounts over $1,600 per calendar year. Any charges for visits beyond 7 in any one week.
Blood: First 3 Pints	$0	3 Pints	$0
Clinical Laboratory: Tests for Diagnostic Services	100%	$0	$0

[3] *At Home Recovery Benefit: Coverage for services to provide short-term, at-home assistance with Activities of Daily Living for recovering from a sickness, injury or surgery. For purposes of this benefit, the following definitions shall apply:*

- *"Activities of Daily Living" include, but are not limited to bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered and changing bandages or other dressings.*
- *"Care Provider" means any individual employed by an organization that is a Medicare certified home health agency, and is accredited through a national accrediting organization such as the Joint Commission on Accreditation of Health Organizations (JCAHO), or the National League of Nursing (NLN), or the National Home Care Council (NHCC), and is licensed where state law requires.*
- *"Home" shall mean any place used by you as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or Skilled Nursing Facility shall not be considered your place of residence.*
- *"At Home Recovery Visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive 4 hours in a 24-hour period of services provided by a Care Provider is one visit.*