



## Prescription Drug Options

With our own Pharmacy Benefit Management Company (PBM) - IdealScripts and with our carrier partner as an approved Prescription Drug Plan (Sterling Retiree Rx), NEBCO can create unique prescription drug options for each BIO Member on a national basis. Solutions can be fully-insured, self-insured or integrated with the new Medicare Part D program. Integrating the Medicare Part D program into your overall retiree medical program will likely reduce your annual costs. Using the basic Medicare Part D plan and one of our prescription drug supplement plans can help reduce retiree prescription drug costs by 75%.

### Illustrative Rx Plan

Prescription Drugs Purchased	Sterling Retiree Rx PLUS Pays	Retiree Pays
First \$250	\$0	\$250
Next \$13,400	75%	25%
If you spend \$3,600 out of your own pocket, Medicare will then pay 95% for any additional prescription drugs	95%	5%

NEBCO's Group Prescription Drug products offer flexible solutions to employers and their retiree population. Some product features may include:

- Variety of deductibles, co-payments and maximum limits
- Retail and mail order Rx programs
- Open formulary with a preferred list

Additionally, coverage is administered through one source, eliminating the added burden on the retirees of having to select a separate PDP under Medicare Part D. Retirees will be served well with an integrated administrative solution that will provide both their medical benefits as well as their prescription drug program.

*The NEBCO promise - Group Benefits. Individual Attention.*

### Call Today For More Information

To learn more about NEBCO's solutions for BIO members, please contact your local ABD or Palmer & Cay broker.

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## Sensible Solutions for Employers

Today's marketplace demands that your company have a comprehensive group retiree medical program. BIO members now have better choices through National Employee Benefit Companies (NEBCO). NEBCO is a leading provider of unique group retiree medical solutions that can help customize the right Group Retiree Medical Plan for you and your retirees

Many retirees rely on Medicare as their sole healthcare coverage. However, Medicare does not cover all their medical and prescription drug needs. BIO members who currently offer a plan or those that wish to sponsor a plan that is beneficial to their organization and eligible retirees, will find that NEBCO has a number of comprehensive solutions.

With the cost of traditional medical plans and prescription drug costs rising, the Group Retiree Medical Plans that NEBCO administers are designed to meet your retirees' needs. These plan options will integrate with Medicare Parts A and B. In addition, NEBCO can offer Medicare Part D plans with supplemental options. NEBCO's solutions can help employers reduce their short-term annual premium expenses, as well as their long-term FAS 106 liability.

## Freedom of Choice for Retirees

NEBCO offers plans with the medical needs of your retirees in mind, including freedom to choose providers and flexible benefit designs that are not available with a standardized individual Medicare supplement plan. With more than 15 years of experience in the Retiree Medical market, NEBCO continues to deliver what is important to our clients.

- A rated Insurance carriers

- Flexible plan designs
- Opportunity to lower costs on retiree and active employee health plans
- Outpatient prescription drug coverage
- Simplified enrollment for retirees
- Extraordinary Customer Care
- Possible liability reduction of FAS 106
- Freedom of choice of medical providers
- Ability to waive pre-existing conditions
- End-to-end administration, including:
  - Choice of billing options: direct, list or split-bill
  - Electronic claims payment
  - Full service Customer Care Center
  - Customized benefits website
  - HIPAA compliance

**Eligible Groups:** Members of the Biotechnology Industry Organization.

**Eligible Persons:** Retirees, spouses, widow(ers) and domestic partners who are age 65 or older and enrolled in Medicare

**Group Size:** Minimum of 100 covered lives for stand alone customized plan, minimum of 2 covered lives for small group Trust plan with standardized plans.

**Contributions:** Plans can be offered with employer contributions or on a fully voluntary basis.

**Benefits:** Designed to partially or fully cover deductibles, co-payments, and out-of-pocket medical expenses not covered by Medicare

**Underwriting:** Guaranteed issue

Group Retiree Medical & Prescription Drug Plans Administered by:



in partnership with



All benefits are subject to the terms and conditions of the policy. Policies underwritten by approved companies will detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

## Group Retiree Medical Insurance Benefit Chart

NEBCO will analyze each employers specific program needs and help to design the appropriate solution for their retirees. Groups with over 100 lives will have a wide range of plan design flexibility, while smaller groups will choose from several standardized programs.

In addition to the benefits listed below, you can customize your plan by adding any of the following options:

- Calendar Year Maximum: \$0 or amount between \$50,000 and \$500,000 in \$50,000 increments
- Lifetime Maximum: \$1,000,000, \$2,000,000 or unlimited
- Calendar Year Deductible: From \$100 to \$1,500

Retiree is responsible for balance after Medicare and chosen benefit payments. Amounts are based on 2006 Medicare figures.

Services	Medicare Pays	Plan Coverage Options
<b>Hospitalization *</b> First 60 days Day 1-60	All but \$952 (Medicare Part A ded.)	0%, 25%, 50% or 100% of \$952
61st through 90th day	All but \$238 per day	0%, 25%, 50% or 100% of \$238
91st day and after (While using 60 lifetime reserve days)	All but \$476 per day	0%, 25%, 50% or 100% of \$476
Once lifetime reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime		
Day 1-365	\$0	0%, 25%, 50%, 75% or 100% of Medicare-eligible expenses
Day 1-30	\$0	Any amount between 0-100% in 25% increments for each segment of days, not to exceed 100% for all segments combined
Day 31-70		
Day 71-100		
Day 101-365		
<b>Skilled Nursing Facility Care</b> First 20 days 21st through 100th day 101st through 365th day	All approved amounts All but \$119 per day \$0	\$0 0%, 50%, 100% or \$119 per day Specified dollar amount (in \$50 increments) not to exceed \$250/day
<b>Blood (Part A &amp; B)</b> When furnished by a Hospital or Skilled Nursing Facility during a covered stay First 3 pints Additionally amounts	\$0 100%	3 pints \$0
<b>Hospice Care</b>	All but very limited coinsurance for out-patient drugs and in-patient respite care	All approved charges except coinsurance charges for in-patient respite care, drugs and biologicals

\*A benefit period begins on the first day the covered person receives services as an in-patient in a hospital and ends after the covered person has been out of the hospital or has not received skilled care in any other facility for 60 consecutive days.

\*\*Once the covered person has been billed \$124 of Medicare-approved amounts for covered services (which are noted with an asterisk), the Part B deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Coverage Options
<b>Out-patient Medical Expenses</b> First \$124 Medicare-approved amounts ** (Medicare Part B ded.) Remainder of Medicare-approved amounts **	\$0 Generally 80%	0%, 50% or 100% of \$124 Part B ded. (Generally, as a % of 20%) 0%, 100% or other value in 10% increments, or chosen value in 10% increments up to out-of-pocket amount of either \$500, \$1,000, \$1,500 or \$2,000, then 100%
Part B excess charges (above Medicare-approved amounts)		
80%	\$0	80%
100%	\$0	100%

### Additional Benefits Not Covered By Medicare

Services	Medicare Pays	Plan Coverage Options
<b>Foreign Travel Emergency</b> Calendar year deductible Remainder of charges	\$0 \$0	Deductibles of \$25, \$500, \$1,000, \$2,500 or \$5,000 and maximum benefit of \$10,000, \$25,000, \$50,000, \$100,000 or \$250,000
<b>At Home Recovery Services</b> Benefit for each visit Number of visits covered (must be received within 8 weeks of last Medicare-approved visit) Calendar year maximum	\$0 0 \$0	Actual charges to \$40 per visit Up to the number of Medicare-approved visits, not to exceed 7/week  \$1,600
<b>Private Duty Nursing</b>	\$0	Maximum benefit amount options: \$25, \$50, \$75 or \$100 per 8 hour shift Maximum number of shift options: 30 - 100 shifts in increments of 10
<b>Preventative Medical Care</b>	Come tests are covered 100%, others are 80% of Medicare-approved amount after Part B deductible	Maximum benefit of \$120 per calendar year
<b>Preventative Care Cancer Screening</b> Pap Test and Pelvic examination (includes clinical breast exam) Once during a calendar year	100% of Pap lab test, 80% of Medicare-approved (or a co-payment amount) for Pap test collection and pelvic and breast exam	100% of the remaining usual and customary charges incurred after Medicare has paid
Prostate Cancer screening Once during a calendar year	For men 50 and older, 80% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible	100% of the remaining usual and customary charges incurred after Medicare has paid
Mammogram screening Once during a calendar year	80% of the Medicare-approved amount	100% of the remaining usual and customary charges incurred after Medicare has paid