



GRAND VALLEY
STATE UNIVERSITY

*SUMMARY OF MEDICAL BENEFITS
FOR OFFICIAL GVSU RETIREES*

For those employees retiring after January 1, 2009

Medical Coverage

Official Retirees of GVSU may purchase medical coverage in the GVSU Retiree Medical Plan until they turn 65. An Official Retiree is an individual whose years of service at GVSU and age total a minimum of 75 at the time of retirement. The amount paid towards a retiree's medical coverage is based on years of service, with 25 years needed to be eligible for the maximum.

After age 65, the University recommends that official retirees secure a Medicare Supplement policy that meets their needs. The retiree makes premium payments to the insurance company and the University reimburses the retiree for a portion of the cost of their Medicare Supplement policy based on years of service. A reimbursement schedule is included in this document. The retiree must also purchase Medicare Part B.

Spouses of official retirees are also eligible for reimbursements. The spouse monthly reimbursement is \$25 less than the amount reimbursed for the retiree.

Prescription Coverage

Prescription drug coverage is not included in the GVSU retiree medical plan or most Medicare supplements. Regardless of age, all official retirees of GVSU have the opportunity to participate in a prescription discount program. This discount program is coordinated with GVSU's current group prescription provider. Information on this program is available from Human Resources at 616-331-2220. Retirees over the age of 65 should investigate Medicare Part D prescription drug coverage.

Dental Insurance

Dental coverage ends at retirement. Insurance may be continued for up to 18 months, provided the retiree pays the appropriate COBRA premiums.

Life Insurance

Life insurance coverage ends at retirement. A retiree may convert the GVSU term life insurance to whole life insurance by paying the appropriate conversion premium.

Other Benefits

Official retirees are eligible to use the Faculty/Staff Assistance Plan through Encompass. They may also use the Recreation Center, participate in the Campus Wellness Program and use the Library. They enjoy free campus parking (contact the President's Office or Human Resources for a permit), may maintain e-mail access, receive GVSU publications and are invited to University events. In addition, official retirees remain eligible for the Academic Participation program, have use of the Relocation Assistance Program and may attend classes offered by Academic Computing.

The University retains the right to modify or terminate this plan upon reasonable notice to faculty, staff and retirees.

GVSU Retiree Medical Plan Highlights

BENEFITS	In Network	Out of Network
Office Visits/Urgent Care Centers	\$20 copay per visit	70% coverage after deductible
Hospital-Emergency Room Care	\$50 copay per visit waived if admitted	\$50 copay per visit waived if admitted
Routine Physicals, Well Child Care/Immunization/Education and Counseling	\$20 copay per visit	70% coverage after deductible (\$400 annual maximum benefit)
<i>Birth to 2 years:</i>	\$1500 annual maximum	
<i>2 to 39 years:</i>	\$400 annual maximum	
<i>40 +:</i>	\$800 annual maximum	
Routine Colonoscopy	100% coverage (age 50 and over)	70% coverage after deductible
Mental Health Outpatient Care	\$20 copay per visit (up to 20 visits per calendar year - per person)	70% coverage after deductible (up to 20 visits per calendar year - per person)
Chiropractic Services	\$20 copay per visit (\$600 maximum)	70% coverage after deductible (\$600 maximum)
Outpatient Substance Abuse Treatment	\$20 copay per visit. Covered up to the state mandated amount which is adjusted yearly.	70% coverage after the deductible. Covered up to the State Mandated amount which is adjusted yearly.
Nursing Services in the Home	\$20 copay per visit (60 day maximum per period)	
Home Health Care (In lieu of hospital confinement) Conditions and Limitations Apply	\$20 copay per visit (60 day maximum per period)	
Annual Medical Deductible (Copays do not apply)		
<i>Per Individual</i>	\$250	\$500
<i>Per Family</i>	\$500	\$1,000
Annual Out of Pocket Limit (Excludes deductibles, copays & amounts over R&C)		
<i>Per Individual</i>	\$1,000	\$2,500
<i>Per Family</i>	\$2,000	\$5,000

Semi-Private room & Intensive care, surgery, & all related Surgical services, anesthesia, laboratory tests & X-rays, consulting specialists, medicine & drugs, maternity services, and miscellaneous services	90% coverage after deductible	70% coverage after deductible
Outpatient Surgery	90% coverage after deductible	70% coverage after deductible
Laboratory Test, Diagnostic X-Rays, and Allergy Testing	90% coverage after deductible	70% coverage after deductible
Second Surgical Opinion	90% coverage after deductible	70% coverage after deductible
Pre-Admission Testing	90% coverage after deductible	70% coverage after deductible
Ambulance	90% coverage after deductible	
Chemotherapy, Radiation Therapy, Hemodialysis	90% coverage after deductible	70% coverage after deductible
Physical, Speech, and Occupational Therapy	90% coverage after deductible	70% coverage after deductible
Inpatient Mental Health Care	90% coverage after deductible, limited to 60 days per member per year, combined for inpatient substance abuse (365 day Lifetime Maximum, combined)	70% coverage after deductible, limited to 60 days per member per year, combined for inpatient substance abuse (365 day Lifetime Maximum)
Voluntary Sterilization (limitations apply)	90% coverage after deductible	70% coverage after deductible
Extended Care Facility	90% coverage after deductible (120 day maximum per calendar year)	70% after deductible (120 day maximum per calendar year)
Hospice	90% coverage	
Appliances, Prosthetic Devices and Durable Medical Equipment	90% coverage after deductible	70% coverage after deductible
Allergy Serum and Injectables	90% coverage after deductible	70% coverage after deductible

Hearing Care	90% coverage after deductible; exam, evaluation, test and basic hearing aid every 36 months. Maximum benefit payable for all services is \$750 per ear, every 36 months	70% coverage after deductible
Vision Care	\$20 copay, one vision exam every two years. Cost of exam applies to annual preventative care maximum benefit	70% coverage after deductible (limited to \$400 annual maximum benefit, combined for vision, routine physicals, well child care, immunizations, education and counseling)
Enrollment of Dependents	Covered to age 19, to age 27 if full-time student	
Temporary Limitation of Benefits for New Hire's with Pre-existing Conditions	No	
Worldwide Coverage	Yes - Refer to Summary Plan Description for definition and details	
Conversion Option to Personal Policy Upon Termination	No	
Auto-Insurance Coordination	No	
Custodial Care (Nursing Home)	Not Covered	
Lifetime Maximum Benefit	\$2 million	

Network reference is PPOM (Preferred Providers of the Midwest). For further information see www.ppom.com/ppomui/index2.aspx, Phone: 1-800-831-1166.

This document contains the best information available at the time it was written. If any information in it differs from that found in the summary plan descriptions and/or other legal documents describing the particular topics in this material, the legal descriptions or other documents will prevail. These documents are available at www.healthandwellness@gvsu.edu or by contacting the Benefits Office at 616.331.2220.

GVSU RETIREES' MEDICAL PROGRAM FOR RETIREES UNDER THE AGE OF 65

Official retirees under the age of 65 may enroll in the GVSU Retiree Medical Plan at any time between their date of retirement and their 65th birthday. Spouses of official retirees are also eligible for this program. Premium amounts are based on the official retiree's years of service at GVSU. After completing and submitting an enrollment form the retiree is billed monthly by UMR for this coverage.

If the retiree obtains other employment after leaving GVSU and is covered by their new employer's medical plan the new employer's medical plan will be primary for the payment of medical claims. The GVSU Retirees' Medical Program will be the secondary payer.

GVSU will pay up to \$150/month for the retiree's coverage and up to \$125/month for the retiree's spouse's coverage. *Prescription drugs are not a covered benefit in this medical plan. However, a separate prescription discount program is available.*

Years of Service At GVSU	% of GVSU Contribution Cap	GVSU Monthly Contribution	2009 Retiree's Monthly Premium	2009 Retiree's Spouse's Premium
25	100%	\$150.00	\$85.00	\$110.00
24	95%	\$142.50	\$92.50	\$117.50
23	90%	\$135.00	\$100.00	\$125.00
22	85%	\$127.50	\$107.50	\$132.50
21	80%	\$120.00	\$115.00	\$140.00
20	75%	\$112.50	\$122.50	\$147.50
19	70%	\$105.00	\$130.00	\$155.00
18	65%	\$97.50	\$137.50	\$162.50
17	60%	\$90.00	\$145.00	\$170.00
16	55%	\$82.50	\$152.50	\$177.50
15	50%	\$75.00	\$160.00	\$185.00
14	45%	\$67.50	\$167.50	\$192.50
13	40%	\$60.00	\$175.00	\$200.00
12	35%	\$52.50	\$182.50	\$207.50
11	30%	\$45.00	\$190.00	\$215.00
10	25%	\$37.50	\$197.50	\$222.50
Less Than 10	20%	\$30.00	\$205.00	\$230.00

The University retains the right to modify or terminate this plan upon reasonable notice to faculty, staff and retirees.

**GVSU RETIREES' MEDICAL PROGRAM
FOR RETIREES OVER THE AGE OF 65**

Official retirees over the age of 65 may purchase Medigap coverage from the insurance vendor of their choice. GVSU will help to pay for this coverage prospectively. Checks are issued in January for the period of January 1 through June 30 and in July for the period of July 1 through December 31. The spouse of an official retiree is eligible for an amount equal to \$25 less than the retiree contribution.

Reimbursement amounts are based on the official retiree's years of service at GVSU.

Proof of purchase is required in order to receive reimbursement. A copy of a receipt, canceled check or statement showing a direct deposit are all acceptable forms of proof. The proof of purchase should be mailed to Human Resources annually in December. The amount of the reimbursement will be the actual cost of the policy or the amount shown in the reimbursement schedule below, whichever is less.

Years of Service at GVSU	% of GVSU Contribution Cap	GVSU Monthly Contribution for Retiree age 65-69	GVSU Monthly Contribution for Retiree age 70-75	GVSU Monthly Contribution for Retiree age 76 and over
25	100%	\$70.00	\$80.00	\$90.00
24	95%	\$66.50	\$76.00	\$85.50
23	90%	\$63.00	\$72.00	\$81.00
22	85%	\$59.50	\$68.00	\$76.50
21	80%	\$56.00	\$64.00	\$72.00
20	75%	\$52.50	\$60.00	\$67.50
19	70%	\$49.00	\$56.00	\$63.00
18	65%	\$45.50	\$52.00	\$58.50
17	60%	\$42.00	\$48.00	\$54.00
16	55%	\$38.50	\$44.00	\$49.50
15	50%	\$35.00	\$40.00	\$45.00
14	45%	\$31.50	\$36.00	\$40.50
13	40%	\$28.00	\$32.00	\$36.00
12	35%	\$24.50	\$28.00	\$31.50
11	30%	\$21.00	\$24.00	\$27.00
10	25%	\$17.50	\$20.00	\$22.50
less than 10	20%	\$14.00	\$16.00	\$18.00

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SOCIAL SECURITY

This fact sheet provides a snapshot of the most important features of the Social Security, Supplemental Security Income (SSI) and Medicare Programs. If you need specific information about any one of these Programs, call the toll-free number, 1-800-772-1213, to ask for Social Security publications or to speak to a Social Security representative. You may also access the Social Security Administration on the Internet at: <http://www.ssa.gov>.

The Social Security Number

The benefits you'll receive from Social Security will be calculated on the earnings and other information recorded under your Social Security number. So it's important that you always use the proper number. Also, you should make sure the name you use at work is the same as the name shown on your Social Security card. If you ever change your name, you should change the name on your Social Security card, too. Social Security does not charge for this service. Even young children have Social Security numbers because parents must show the number on their tax return to claim them as dependents.

Paying Social Security Taxes

While you work at GVSU, we withhold Social Security and Medicare taxes from your paycheck, match that amount, sends those taxes to the Internal Revenue Service (IRS) and report your earnings to Social Security.

Earning Social Security "Credits"

As you work and pay taxes, you earn credits that count toward eligibility for future Social Security benefits. You can earn a maximum of four credits each year. Most people need 40 credits (10 years of work) to qualify for benefits. Fewer credits are needed to qualify for disability or survivors benefits.

Social Security Benefits

Your Social Security benefit is a percentage of your earnings averaged over most of your working lifetime. Social Security was never intended to be your only source of income when you retire or become disabled, or your family's only income if you die or are disabled. It is intended to supplement other income you may have through pension plans, savings, investments, etc. The Social Security Office provides all eligible participants with an estimated benefit on an annual basis. This calculation is normally sent to you by mail in the month in which you were born.

Social Security Benefits

There are five major categories of benefits paid for through your Social Security taxes: retirement, disability, family benefits, survivors and Medicare. (SSI benefits, which are not financed by Social Security taxes, are discussed in another section.)

Retirement

Full retirement age (also called "normal retirement age") had been 65 for many years. However, beginning with people born in 1938 or later, that age gradually increases until it reaches 67 for people born after 1959. People who delay retirement beyond age 65 receive a special increase in their benefits when they do retire.

Disability

Benefits are payable at any age to people who have enough Social Security credits and who have a severe physical or mental impairment that is expected to prevent them from doing "substantial" work for a year or more or who have a condition that is expected to result in death. Generally, earnings of \$500 or more per month are considered substantial. The disability program includes incentives to smooth the transition back into the workforce, including continuation of benefits and health care coverage while a person attempts to work.

Family Benefits

If you are eligible for retirement or disability benefits, other members of your family might receive benefits, too. These include: your spouse if he or she is at least 62 years old or under 62 but caring for a child under age 16; and your children if they are unmarried and under age 18, under 19 but still in school or 18 or older but disabled. If you are divorced, your ex-spouse could be eligible for benefits on your record.

Survivors

When you die, certain members of your family may be eligible for benefits if you earned enough Social Security credits while you were working. The family members include: a widow(er) age 60 or older, 50 or older if disabled or any age if caring for a child under age 16; your children if they are unmarried and under age 18, under 19 but still in school or 18 or older but disabled; and your parents if you were their primary means of support. A special one-time payment of \$255 may be made to your spouse or minor children when you die. If you are divorced, your ex-spouse could be eligible for a widow(er)'s benefit on your record.

Supplemental Security Income Benefits

SSI makes monthly payments to people who have a low income and few assets. To get SSI, you must be 65 or older or be disabled. Children as well as adults qualify for SSI disability payments. As its name implies, Supplemental Security Income "supplements" your income up to various levels--depending on where you live.

The federal government pays a basic rate and some states add money to that amount. Check with your local Social Security office for the SSI rates in your state. Generally, people who get SSI also qualify for Medicaid, food stamps and other assistance.

SSI benefits are not paid from Social Security trust funds and are not based on past earnings. Instead, SSI benefits are financed by general tax revenues and assure a minimum monthly income for elderly and disabled persons.

When And How To File For Social Security Or SSI

You should file for Social Security or SSI disability benefits when you become too disabled to work and for survivors benefits when a family breadwinner dies. When you're thinking about retirement, you should talk to a Social Security representative 12 to 18 months before you plan to retire. It may be to your advantage to start your retirement benefits before you actually stop working.

To file for benefits, get information or speak to a Social Security representative, call the toll-free Number: 800-772-1213. You also can use that number to set up an appointment to visit your local Social Security office. The lines are busiest early in the week and early in the month, so, if your business can wait, it's best to call at other times.

When you file for benefits, you need to submit documents that show you're eligible, such as a birth certificate for each family member applying for benefits, a marriage certificate if your spouse is applying and your most recent W-2 form (or tax return if you're self-employed).

The Social Security Administration treats all calls confidentially whether they're made to the toll-free numbers, or to one of the local offices.

MEDICARE

The following provides basic information about what Medicare is, who is covered and some of the options you have for choosing Medicare coverage. For the latest information about Medicare, visit the website or call the toll-free number listed below.

Website: www.medicare.gov

Toll-free number: 1-800-MEDICARE (1-800-633-4227)

TTY number: 1-877-486-2048

Medicare is our country's health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare, too, including those who have disabilities and those who have permanent kidney failure or amyotrophic lateral sclerosis (Lou Gehrig's disease). The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care.

Medicare is financed by a portion of the payroll taxes paid by workers and their employers. It also is financed in part by monthly premiums deducted from Social Security checks.

The Centers for Medicare & Medicaid Services is the agency in charge of the Medicare program. But you apply for Medicare at Social Security, and we can give you general information about the Medicare program.

Medicare has four parts

- Hospital insurance (Part A) that helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), some home health care and hospice care.
- Medical insurance (Part B) that helps pay for doctors' services and many other medical services and supplies that are not covered by hospital insurance.
- Medicare Advantage (Part C) plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C.
- Prescription drug coverage (Part D) that helps pay for medications doctors prescribe for treatment.

You can get more detailed information about what Medicare covers from Medicare & You (Publication No. CMS-10050). To get a copy, call the Medicare toll-free number, 1-800-MEDICARE (1-800-633-4227), or go to www.medicare.gov. If you are deaf or hard of hearing, you may call TTY 1-877-486-2048.

Hospital insurance (Part A)

Most people age 65 or older who are citizens or permanent residents of the United States are eligible for free Medicare hospital insurance (Part A). You are eligible at age 65 if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or

- You or your spouse (living or deceased, including divorced spouses) worked long enough in a government job where Medicare taxes were paid; or
- You are the dependent parent of someone who worked long enough in a government job where Medicare taxes were paid.

If you do not meet these requirements, you may be able to get Medicare hospital insurance by paying a monthly premium. Usually, you can sign up for this hospital insurance only during designated enrollment periods.

NOTE: Even though the full retirement age is no longer 65, you should sign up for Medicare three months before your 65th birthday.

Before age 65, you are eligible for free Medicare hospital insurance if:

- You have been entitled to Social Security disability benefits for 24 months; or
- You receive a disability pension from the railroad retirement board and meet certain conditions; or
- You have Lou Gehrig's disease (amyotrophic lateral sclerosis); or
- You worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program; or
- You are the child or widow(er) age 50 or older, including a divorced widow(er) of someone who has worked long enough in a government job where Medicare taxes were paid and you meet the requirements of the Social Security disability program.
- You have permanent kidney failure and you receive maintenance dialysis or a kidney transplant and:
 - You are eligible for or receive monthly benefits under Social Security or the railroad retirement system; or
 - You have worked long enough in a Medicare-covered government job; or
 - You are the child or spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

Medical insurance (Part B)

Anyone who is eligible for free Medicare hospital insurance (Part A) can enroll in Medicare medical insurance (Part B) by paying a monthly premium. Some beneficiaries with higher incomes will pay a higher monthly Part B premium. For more information, ask for Medicare Part B Premiums: New Rules For Beneficiaries With Higher Incomes (Publication No. 05-10161) or visit www.socialsecurity.gov/mediinfo.htm .

If you are not eligible for free hospital insurance, you can buy medical insurance, without having to buy hospital insurance, if you are age 65 or older and you are—

- A U.S. citizen; or
- A lawfully admitted noncitizen who has lived in the U.S. for at least five years.

Medicare Advantage plans (Part C)

If you have Medicare Parts A and B, you can join a Medicare Advantage plan. With one of these plans, you do not need a Medigap policy, because Medicare Advantage plans generally cover many of the same benefits that a Medigap policy would cover, such as extra days in the hospital after you have used the number of days that Medicare covers.

Medicare Advantage plans include:

- Medicare managed care plans;
- Medicare preferred provider organization (PPO) plans;
- Medicare private fee-for-service plans; and
- Medicare specialty plans.

If you decide to join a Medicare Advantage plan, you use the health card that you get from your Medicare Advantage plan provider for your health care. Also, you might have to pay a monthly premium for your Medicare Advantage plan because of the extra benefits it offers.

People who become newly entitled to Medicare should enroll during their initial enrollment period (as explained under Signing up for Medicare) or during the annual coordinated election period from November 15 – December 31 each year. There also will be special enrollment periods for some situations.

Medicare prescription drug plans (Part D)

Anyone who has Medicare hospital insurance (Part A), medical insurance (Part B) or a Medicare Advantage plan (Part C) is eligible for prescription drug coverage (Part D). Joining a Medicare prescription drug plan is voluntary, and you pay an additional monthly premium for the coverage. You can wait to enroll in a Medicare Part D plan if you have other prescription drug coverage but, if you don't have prescription coverage that is, on average, at least as good as Medicare prescription drug coverage, you will pay a penalty if you wait to join later. You will have to pay this penalty for as long as you have Medicare prescription drug coverage.

People who become newly entitled to Medicare should enroll during their initial enrollment period (as explained under Signing up for Medicare). After the initial enrollment periods, the annual coordinated

election period to enroll or make provider changes will be November 15 – December 31 each year. There also will be special enrollment periods for some situations.

When should I apply?

If you are already getting Social Security retirement or disability benefits or railroad retirement checks, you will be contacted a few months before you become eligible for Medicare and given the information you need. You will be enrolled in Medicare Parts A and B automatically. However, because you must pay a premium for Part B coverage, you have the option of turning it down.

If you are not already getting retirement benefits, you should contact us about three months before your 65th birthday to sign up for Medicare. You can sign up for Medicare even if you do not plan to retire at age 65.

Once you are enrolled in Medicare, you will receive a red, white and blue Medicare card showing whether you have Part A, Part B or both. Keep your card in a safe place so you will have it when you need it. If your card is ever lost or stolen, you can apply for a replacement card or call Social Security's toll-free number. You will also receive a Medicare & You (Publication No. CMS-10050) handbook that describes your Medicare benefits and Medicare plan choices.

Special enrollment situations

You also should contact Social Security about applying for Medicare if:

- You are a disabled widow or widower between age 50 and age 65, but have not applied for disability benefits because you are already getting another kind of Social Security benefit;
- You are a government employee and became disabled before age 65;
- You, your spouse or your dependent child has permanent kidney failure;
- You had Medicare medical insurance in the past but dropped the coverage; or
- You turned down Medicare medical insurance when you became entitled to hospital insurance (Part A).

Initial enrollment period for Part B

When you first become eligible for hospital insurance (Part A), you have a seven-month period (your initial enrollment period) in which to sign up for medical insurance (Part B). A delay on your part will cause a delay in coverage and result in higher premiums.

If you are eligible at age 65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn age 65 and ends three months after that birthday. If you are eligible for

Medicare based on disability or permanent kidney failure, your initial enrollment period depends on the date your disability or treatment began.

When does my enrollment in Part B become effective?

If you accept the automatic enrollment in Medicare Part B, or if you enroll in Medicare Part B during the first three months of your initial enrollment period, your medical insurance protection will start with the month you are first eligible. If you enroll during the last four months, your protection will start from one to three months after you enroll.

General enrollment period for Part B

If you do not enroll in Medicare Part B during your initial enrollment period, you have another chance each year to sign up during a “general enrollment period” from January 1 through March 31. Your coverage begins the following July. However, your monthly premium increases 10 percent for each 12-month period you were eligible for, but did not enroll in, Medicare Part B.

Special enrollment period for people covered under an employer group health plan

If you are 65 or older and are covered under a group health plan, either from your own or your spouse’s current employment, you have a “special enrollment period” in which to sign up for Medicare Part B. This means that you may delay enrolling in Medicare Part B without having to wait for a general enrollment period and paying the 10 percent premium surcharge for late enrollment. The rules allow you to:

- Enroll in Medicare Part B any time while you are covered under the group health plan based on current employment; or
- Enroll in Medicare Part B during the eight-month period that begins with the month your group health coverage ends, or the month employment ends—whichever comes first.

Special enrollment period rules do not apply if employment or employer-provided group health plan coverage ends during your initial enrollment period.

If you do not enroll by the end of the eight-month period, you will have to wait until the next general enrollment period, which begins January 1 of the next year. You also may have to pay a higher premium, as described in General enrollment period for Part B.

People who receive Social Security disability benefits and are covered under a group health plan from either their own or a family member’s current employment also have a special enrollment period and premium rights that are similar to those for workers age 65 or older.

WHAT MEDICARE DOES NOT COVER

There are many health care services that Medicare Parts A and B do not cover, including:

- Items or services not considered medically reasonable and necessary;
- Long-term nursing home stays;
- Custodial care in a nursing home;
- Private duty nurses at home;
- Homemaker services;
- Routine dental services and dentures;
- Routine physicals;
- Preventive care;
- Vision exams and eye glasses;
- Hearing tests and hearing aids;
- Routine foot care;
- Physician's charges above Medicare's approved amount;
- Care received outside of the US

PRIVATE SUPPLEMENTAL INSURANCE ("MEDIGAP")

Purchasing a good Medicare supplemental insurance policy is one way to fill the gaps in Medicare coverage and limit what you pay out of your own pocket for health care services. Private supplemental insurance policies usually fill the gaps in Medicare coverage (primarily deductibles and coinsurance).

Before purchasing a supplemental insurance policy, check with your State Insurance Commission for information to help you compare the various supplemental policies sold in your state. In Michigan, the Michigan Medicare/Medicaid Assistance Program (MMAP) will furnish a copy of the most recent Medigap policy comparison if you call them at ((800) 803-7174).

RETIREMENT RESOURCES

AARP	800-523-5800 www.aarp.org
PPOM	800-831-1166 www.ppom.com
FIDELITY INVESTMENTS	800 343-0860 www.wps.fidelity.com
TIAA-CREF	800-842-2733 www.tiaa-cref.org
DEPARTMENT OF HEALTH & HUMAN SERVICES	800-772-1213 www.ssa.gov
CITIZENS FOR BETTER CARE	800-782-2918
AREA AGENCY ON AGING	616-456-5664
ALZHEIMER'S ASSOCIATION	616-458-3392 www.alz.org
UNITED WAY FIRST CALL FOR HELP	616-459-2255
FAMILY LIFE CENTER	616-456-1620
HHS CARE MANAGEMENT	616-956-9440
CENTER FOR INDEPENDENT LIVING	616-243-0846
ENCOMPASS	616-459-9180 www.encompass.us.com
GVSU WorkLife Connections Program	616-331-2215 www.gvsu.edu/worklife
GVSU HUMAN RESOURCES	616-331-2215 www.gvsu.edu/hro



Medicare Supplemental Insurance Contact Sheet

General Information

- Centers for Medicare and Medicaid Services : www.cms.hhs.gov
- The Official U.S. Government Site for People with Medicare: www.medicare.gov
- 116 page document "Medicare and You" www.medicare.gov/publications/pubs/pdf/10050.pdf
- AARP: <http://www.aarp.org/health/medicare/>

Where to Purchase

- Your Personal Financial Advisor
- Your Personal Home and Auto Insurance Agent

Local Agent/Brokers

- Robert Baker: 616-454-0800
- Houlmont and Associates: 800-530-9233, www.houlmont.com
- Schullo & Associates, Patrick J. Schullo: 800-367-8933
- Weadock & Associates: 616-464-0760
- Dave Zylstra Agency, Inc: 616-791-4200

Local Underwriters

- Blue Cross Blue Shield of Michigan Medicare: 800-485-4415 <http://www.bcbsm.com/medicare/>
- Priority Health Medicare: 888-389-6676 <http://www.priorityhealth.com/medicare07/>