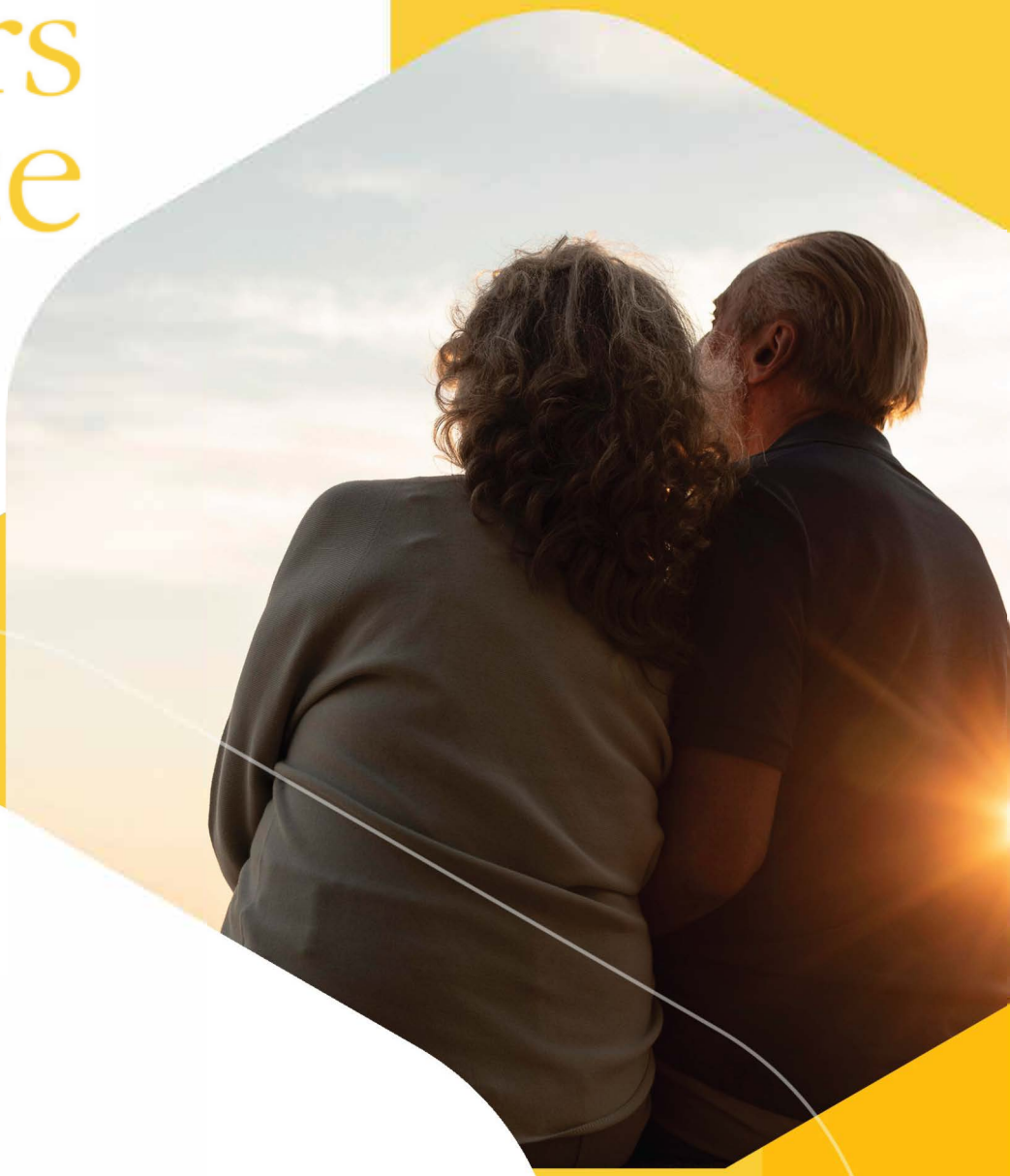
Seniors Choice



SENIORS CHOICE

2026 GROUP RETIREE MEDICAL WITH OPTIONAL PART D COVERAGE

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SENIORS CHOICE ENROLLMENT CHECKLIST

For New Sponsoring Entity

Required paperwork:

☐ Employer Trust Agreement (with **physical** address)

☐ Supporting Business Entity Documentation (Depending on Entity Type – Specification are listed on the Employer Trust Participation Agreement and in the Eligibility Guidelines)

For New Enrollee

Required paperwork:

☐ Enrollment Application (with **physical** address)

☐ Copy of Medicare card

☐ First month's premium is due at time of request for new groups and for add-ons of individually billed groups. Add-ons for individually billed groups must pay via EFT or CC. For groups, we will accept a copy of the check payable to: "Seniors Choice" to start the process and approve, but the check must be received by the enrollment deadline date. Otherwise, enrollment will be pushed to the next month.

Enrollment Submission Deadline Dates

Effective Date	Enrollment Receipt Deadline **Seniors Choice Medical** **(By Noon MST)**	Enrollment Receipt Deadline **Seniors Choice Part D** **(By Noon MST)**
1-Jan	6-Jan	5-Dec
1-Feb	5-Feb	6-Jan
1-March	5-March	5-Feb
1-April	6-April	5-March
1-May	5-May	6-April
1-June	5-June	5-May
1-July	6-July	5-June
1-Aug	5-Aug	6-July
1-Sept	4-Sept	4-Aug
1-Oct	5-Oct	5-Sept
1-Nov	5-Nov	5-Oct
1-Dec	4-Dec	5-Nov

Merchants Benefit Administration

18700 N Hayden Rd, Suite 390
Scottsdale, AZ 85255

480-776-5040
accountservices@mbaadmin.com

Seniors Choice

Seniors Choice Group Retiree Medical & Rx Enrollment form

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Section 1 – *Enrollee Information* *(Please Attach a Copy of your Medicare Card)*

Enrollee Name: _____
First MI Last

Street Address: _____

City, State, Zip: _____

Telephone #: (___)_____ **SSN:** _____

Medicare # (MBI#): _____ **Date of Birth:** _____/_____/_____

Email: _____ **Sex:** ☐ Male ☐ Female

Section 2 – *Sponsoring Entity Information*

Sponsoring Entity Name: _____

Are you currently employed by your sponsoring entity? ☐ Yes ☐ No

If Yes: ☐ Full-Time ☐ Part-Time **If No**: ☐ Retired ☐ Spouse ☐ Other

Section 3 – *Current Coverage Information*

Do you have Medicare Part B coverage? ☐ Yes ☐ No

(You must have Part B coverage effective on or before the requested effective date.)

Are you currently covered under any employer/union provided group medical plan, Medicare Supplement Plan, or Medicare Advantage Plan? ☐ Yes ☐ No

(If yes, in order to be eligible for Seniors Choice you must terminate this coverage on or before the requested effective date.)

Are you currently enrolled in a Prescription Drug Plan? ☐ Yes ☐ No

If yes, Plan Type:

☐ Medicare Part D ☐ Discount Drug Plan Carrier Name: _____

☐ Medicare Advantage PDP ☐ Employer/Union Group Plan Plan Name: _____

Section 4 – *Seniors Choice Medical & Prescription Plan Selection*

You can only enroll in a medical or prescription plan that has been elected by your sponsoring entity.

Requested Effective Date: _____

☐ Medical & Prescription ☐ Medical Only ☐ Prescription Only

Medical Plan Selection:

☐ Co-pay
☐ No Co-pay

☐ $0 Deductible Plan
☐ $100 Deductible Plan
☐ $150 Deductible Plan
☐ $250 Deductible Plan
☐ $500 Deductible Plan
☐ $750 Deductible Plan
☐ $1000 Deductible Plan
☐ $1500 Deductible Plan
☐ $2000 Deductible Plan
☐ $2500 Deductible Plan
☐ $3000 Deductible Plan
☐ $4000 Deductible Plan

Prescription Plan Selection:

☐ Preferred Prescription Drug Plan ☐ Premier Prescription Drug Plan

Seniors Choice

Seniors Choice
Group Retiree Medical & Rx
Enrollment Form

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Terms and Conditions of Enrollment:

Seniors Choice is not a Medicare Supplement Plan. Seniors Choice is an Employer Group Retiree Medical Plan that coordinates with Medicare. You must be age 65 or over and be enrolled in Medicare Parts A & B to participate in this program. If you have a Medicare Supplement plan, you may not need both the Medicare Supplement plan and the Seniors Choice Employer Group Retiree Program.
On behalf of myself, and my eligible dependents, I am requesting enrollment under the Senior Choice Plans offered through my former (or current TEFRA eligible) employer. By signing this enrollment form, I agree to and understand the following:

1) **Medical Coverage**: Subject to the terms and conditions of the GTL Master Policy.
2) **Medical Coverage**: GTL or its designee shall have access to and use of me and my dependents medical records for purposes of utilization review, processing claims, financial audit or other purposes reasonably related to the performance of this Enrollment form.
3) **Medical Coverage**: Do not cancel existing medical coverage until approved in writing by MBA, Inc. During the time that you are covered by an employer's health plan that is primary to Medicare, the Seniors Choice plan will not provide coverage.
4) **Prescription Coverage:** Is provided by Humana. The Medicare Prescription Drug Coverage is provided by Humana Medicare Prescription Drug Plan which is a creditable Part D Plan as governed by CMS.
5) **Prescription Coverage:** By joining this Medicare Prescription Drug Plan, I acknowledge that Humana Medicare Prescription Drug Plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Humana Medicare Prescription Drug Plan will release my information, including my prescription drug event date, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.
6) **The Seniors Choice Prescription Drug Plan** is a Medicare drug plan and is in addition to my coverage under Medicare; therefore, I will need to keep my Medicare coverage. It is my responsibility to inform the Seniors Choice Prescription Drug Plan of any prescription drug coverage that I have or may get in the future. I can only be in one Medicare prescription drug plan at a time. If I am currently in a Medicare prescription drug plan, my enrollment in the Seniors Choice Prescription Drug Plan will end that enrollment. Enrollment in this plan is generally for the entire year. I may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to:
    a. The Seniors Choice Prescription Drug Plan or by calling 1-800-Medicare, 24 hours per day, 7 days per week.
    b. TTY users should call 1-877-486-2048. Final approval of the effective date of enrollment is determined by CMS.
7) **Prescription Coverage**: I understand that if I leave this plan and do not have or obtain other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), I may have to pay a late enrollment penalty in addition to my premium for Medicare prescription drug coverage in the future.
8) **Prescription Coverage**: Once I am a member of Humana Medicare Prescription Drug Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Humana Medicare Prescription Drug Plan when I receive it to know which rules I must follow in order to receive coverage with this Medicare drug plan.
9) The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be dis-enrolled from the plan.
10) I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that:
    a. This person is authorized under State law to complete this enrollment and
    b. Documentation of this authority is available upon request by the Seniors Choice Prescription Drug Plan or by Medicare.
11) Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
12) A retiree or the dependent spouse or domestic partner of a retiree must: (a) be age 65 or older, (b) be covered under Medicare Parts A and B, (c) not be eligible for Medicaid, (d) not be covered under a Medicare Supplement policy or certificate, (e) not be covered by an employer's health plan which is primary to Medicare due to employment of such person, and (f) not be confined to a Hospital or Skilled Nursing Home on the effective date of coverage. If a retiree or dependent spouse is confined to a Hospital or Skilled Nursing Home on the effective date of coverage, coverage will be delayed until the day after the date of release from the Hospital or Skilled Nursing Home.

Enrollee Signature: _____ Date: _____

For more information, contact MBA, Inc. at (480) 776-5040 or visit https://main.mbaadmin.com/

Medical Coverage Underwritten By:
Guarantee Trust Life Insurance Company

Administered By:
Merchants Benefit Administration, Inc.
Scottsdale, AZ

Prescription Coverage Provided by:
Humana Insurance Company

Seniors Choice

Employer Trust Participation Agreement

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Entity - Employer Information:

Entity Name: _____

Street Address: _____

City, State, Zip: _____

County: _____ **Telephone#:** (___)_____

Executive Contact: _____

Email Address: _____

Entity Type:

- ☐ Proprietorship (Schedule C or Occ. Lic.)
- ☐ Corporation (Business License)
- ☐ Government (Letter)
- ☐ Partnership/LLC (Form 1065)
- ☐ Union (Letter)
- ☐ Non-Profit/Religious (Letter)

All applying entities must attach the requested letter or document when initially applying for coverage.

Seniors Choice Coverage Information:

Requested Effective Date (1st day of the month): _____

Total number of full-time and part-time employees: _____

Total number of retirees 65 or over with Medicare Parts A and B: _____

Have you employed 20 or more full-time or part-time employees, 20 or more weeks in the current or previous calendar year? ☐ Yes ☐ No

(If yes, active employees eligible for the employer sponsored group health plan are not eligible for Seniors Choice)

Seniors Choice Plan Selection:

☐ Medical & Prescription ☐ Medical Only ☐ Prescription Only

Medical Plan Selection:

☐ Co-pay
☐ No Co-pay

☐ $0 Deductible Plan	☐ $500 Deductible Plan	☐ $2000 Deductible Plan
☐ $100 Deductible Plan	☐ $750 Deductible Plan	☐ $2500 Deductible Plan
☐ $150 Deductible Plan	☐ $1000 Deductible Plan	☐ $3000 Deductible Plan
☐ $250 Deductible Plan	☐ $1500 Deductible Plan	☐ $4000 Deductible Plan

Optional Benefit Plan Selection: *(If selected, all members must participate.)*

☐ Private Duty Nursing ☐ Comprehensive Wellness

☐ At Home Recovery ☐ Skilled Nursing Coverage *(101 through 365 days per Calendar Year)*

Prescription Drug Plan Selection: *(Select only one Plan)*

☐ Preferred Choice Prescription Drug Plan ☐ Premier Prescription Drug Plan

mba merchants benefit admin

Checks payable to: Seniors Choice
18700 N Hayden Rd, Suite 390,
Scottsdale, AZ 85255

Humana

Seniors Choice

Employer Trust Participation Agreement

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Offered through the Merchants Industry Fund Group Insurance Trust

Remittance:

The execution of this agreement does not imply financial responsibility to the entity/employer unless selected by same.

Who should be billed for this coverage? ☐ The Entity/Employer ☐ The Enrollee

Premium Contribution: *(If the employer contributes to premium, employer is responsible for paying as invoiced.)*

If the enrollee contributes to the premium, enter the amount or percentage of the premium contribution.

Medical Plan %: _____ or $ _____ **Rx Plan %:** _____ or $ _____

Current Group Medical Coverage:

List any group medical coverage you are currently offering your employees, retirees, or members.

Insurer Name: _____

Policy Number: _____

Type of Coverage: _____

Effective Date: _____

Entity - Employer

Please Note: This application is subject to approval by MBA, Inc. Do not cancel existing coverage until approved in writing by MBA, Inc.

Signature of Sponsor: _____

Title of Sponsor: _____

Name of Sponsor: _____

Date: _____

Authority of Sponsor: ☐ Owner ☐ Corporate Officer ☐ Board member ☐ Trustee ☐ Legal Counsel ☐ Human Resources

Agent and General Agent information:

Agency Name: _____ **GA Name:** _____

Street Address: _____ **GA Phone #:** _____

City, State, Zip: _____

Phone Number: _____

Agency Tax ID: _____

Agent SSN: _____

Agent Email: _____

Agent Status: ☐ New Appointment ☐ Existing Agent

Commissions Paid To: ☐ Agent ☐ Agency

Stamp

For more information, contact MBA, Inc. at (480) 776-5040 or visit https://main.mbaadmin.com/

Medical Coverage Underwritten By:
Guarantee Trust Life Insurance Company
Glenview, IL

Administered By:
Merchants Benefit Administration, Inc
Scottsdale, AZ

Prescription Coverage Provided by:
Humana Insurance Company

Seniors Choice

2026 Prescription Drug Plans Rates

Humana®

	Preferred-Choice[2]	Premier
Stage 1: Yearly Deductible	$150 (Tiers 2, 3 and 4 Only)	$0

Stage 2: Initial Coverage	Up to $2,100		Up to $2,100[3]	
30 day supply, you pay				
Generic	$12.50		$12.50	
Preferred Brands	$45.00		$45.00	
Non-Preferred Brands	$75.00		$75.00	
Specialty	$100.00		$200.00	
90 day supply, you pay				
	Mail Order	Retail Pharmacy	Mail Order	Retail Pharmacy
Generic	$15	$30	$15	$30
Preferred Brands	$60	$95	$60	$95
Non-Preferred Brands	$100	$155	$100	$155
Specialty	N/A	N/A	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. See the Prescription Drug Guide to identify commonly prescribed prescription drugs in each tier.

Stage 3: Catastrophic Coverage	After your yearly out-of-pocket drug costs reach $2,100 you pay the greater of:	
30-90 day supply1, you pay		
Generic (including Brand drugs treated as Generic)	$0	$0
All Others	$0	$0
Or the greater of (including Generic)	$0	$0

Monthly Premium*	$190.27	$558.79

1 The benefit for a 90 day supply is limited to Rx formulary tiers 1-2 and most drugs on tier 3. Regardless of tier placement, Specialty Drugs are limited to a 30 day supply.
2 Home infusion drugs: after the deductible has been met, these drugs will be covered at the specified copayments until the member reaches the Catastrophic level.
3 Medicare sets rules about what counts and what does not count as your out-of-pocket costs. Refer to your evidence of coverage for full details.
*Premium does include $16.00 administration fee

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change each year. You must continue to pay your Part B premium.

Prescription Drug Coverage Provided by Humana.

20221004

For more information, contact MBA, Inc. at (480) 776-5040 or visit
www.mbaadmin.com

Seniors Choice

2026 Seniors Choice Group Retiree Medical Plan Benefits

No Lifetime Plan Maximum

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Annual Plan Deductible Options
$0 • $100 • $150 • $250 • $500 • $750 • $1000 • $1500 • $2000 • $2500 • $3000 • $4000

MEDICARE PART A

Hospitalization

Semi-Private room and board, general nursing and miscellaneous services and supplies.

Services	Medicare Pays	Plan Pays	You Pay
First 60 Days	All but $1,632	$1,632 - Part A Deductible	$0 after you have satisfied your annual plan deductible
Days 61 Through 90	All but $408 per day	$408 per day	
Days 91 Through 150 (60 Lifetime Reserve Days)	All but $816 per day	$816 per day	
Additional 365 Days	$0	100% of Medicare Eligible Expenses	
Private Duty Nursing Benefits Available with Seniors Choice Optional Plans.			

Skilled Nursing Facility

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.

Services	Medicare Pays	Plan Pays	You Pay
First 20 Days	All Approved Amounts	$0	$0 after you have satisfied your annual plan deductible
Days 21 Through 100	All but $204 per day	$204 per day	
Days 101 and After	$0	$0	100%
Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans.			

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	$0	100%	$0 after you have satisfied your annual plan deductible
Additional Amounts	100%	$0	

All Medicare deductibles are included in plan deductible(s).
Co-Payments apply after the annual plan deductible has been satisfied.

mba merchants benefit admin

Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.
For more information, contact
(800) 800-6543 or visit https://main.mbaadmin.com

2026 Seniors Choice Group Retiree Medical Plan Benefits

Underwritten by:
Guarantee Trust Life Insurance Company

MEDICARE PART B

Medical Services

In or out of the hospital and outpatient hospital treatment – All Part B services covered after annual plan deductible has been satisfied and the co-payment amount has been paid. Medicare Part B deductible is included in the annual plan deductible.

Services	Medicare Pays	Plan Pays	You Pay
Medicare Approved Amounts	$0	$240	$0 after you have satisfied your annual plan deductible
Remainder of Medicare Approved Amounts	80%	20%	
Part B Excess Charges – Above Medicare Approved Amounts	$0	100%	

*Medical Services Co-Payment Amounts by Service

Doctor's Office Visit	$10 Co-pay	Outpatient Services per Visit	$20 Co-pay
Durable Medical Equipment	$10 Co-pay	X-rays or Lab Work in Doctor's Office per Visit	$10 Co-pay
X-rays or Lab Work in Outpatient Facility Per Visit	$20 Co-Pay		

Co-payments apply after the annual deductible has been satisfied

Emergency Room

Services	You Pay
Emergency Room Professional Services per Visit for Non-Hospital Admission *(Applies to both Co-Pay and no Co-Pay Plans)*	$100 Co-Pay

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	$0	100%	$0 after you have satisfied your annual plan deductible
Additional Amounts	80%	20%	

Clinical Laboratory Services

Services	Medicare Pays	Plan Pays	You Pay
Blood Tests for Diagnostic Services	100%	$0	$10 after you have satisfied your annual plan deductible

MEDICARE PARTS A & B

Home Health Services

Covered when provided by a Medicare certified home health agency.

Services	Medicare Pays	Plan Pays	You Pay
Limited to Reasonable and Necessary Part-Time or Intermittent Skilled Care	100%	$0	$0 after you have satisfied your annual plan deductible
Health Equipment not Limited to Hospital Beds, Oxygen and Medical Supplies for Use at Home	80%	20%	
At Home Recovery Benefits Available with Seniors Choice Optional Plans.			

Foreign Travel Emergency Care

Benefits provided for Medicare approved expenses during the first 60 days of a trip outside of the U.S.A. After a $250 calendar year deductible, Seniors Choice pays at 80%, up to a $50,000 lifetime maximum.

*Only applicable to co-pay plans.

Seniors Choice

2026 New Business Group Retiree Medical Co-pay Plans – Rating Areas by Zip Code

Effective 1/01/2024

Please contact MBA Marketing for updated state availability

STATE	AVAILABILITY	AREA I	AREA II	AREA III	AREA IV	AREA V
Alabama	Available	None	All Other Zips	350-352, 354, 356-359, 361-362, 366	None	None
Alaska	Available	None	None	All AK Zips	None	None
Arizona	Available	None	All Other Zips	850-853	None	None
Arkansas	Available	None	All Other Zips	718-723	None	None
California	Available	None	922, 931-932, 934, 936-938, 956-958	All Other Zips	913-915, 923-928, 930, 933, 940-948	900-908, 910-912, 916-918, 953, 960
Colorado	Available	None	All Other Zips	800-802, 804, 806	None	None
Connecticut	Pending	None	None	All Other Zips	065-066, 068-069	None
Delaware	Available	None	None	All DE Zips	None	None
District of Columbia	Available	None	None	All DC Zips	None	None
Florida	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Georgia	Available	None	All Other Zips	300-303, 307, 311-316	None	None
Hawaii	Pending	All HI Zips	None	None	None	None
Idaho	Available	All Other Zips	834	835, 838	None	None
Illinois	Available	617-618	All Other Zips	600-609, 620, 622	None	None
Indiana	Available	None	All Other Zips	460-462, 469-471, 478	463-464	None
Iowa	Available	All Other Zips	500-503, 506-507, 510-511, 515, 520, 527-528	None	None	None
Kansas	Available	None	All Other Zips	660-662	None	None
Kentucky	Available	None	All Other Zips	400-402, 410-412, 427	None	None
Louisiana	Available	None	703	705, 707, 713-714	All Other Zips	712
Maine	Pending	None	All ME Zips	None	None	None
Maryland	Available	None	217	206, 216, 218, 219	All Other Zips	None
Massachusetts	Available	None	None	All Other Zips	015, 018-021, 024, 026	None
Michigan	Available	All Other Zips	480-488, 490, 492	None	None	None
Minnesota	Pending	All Other Zips	556, 559	550-555	None	None
Mississippi	Available	None	None	All Other Zips	395	None
Missouri	Available	656-658	All Other Zips	630-631, 633, 640-641, 644-645, 650-651	None	None
Montana	Pending	All Other Zips	594, 598	None	None	None
Nebraska	Available	None	All NE Zips	None	None	None
Nevada	Available	None	All Other Zips	894, 897	890-891	None
New Hampshire	Available	None	All NH Zips	None	None	None
New Jersey	Available	None	None	080	All Other Zips	070, 073, 077, 085-086, 088-089
New Mexico	Available	All NM Zips	None	None	None	None
New York	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
North Carolina	Available	None	All NC Zips	None	None	None
North Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Ohio	Available	None	All Other Zips	430-432, 434-436, 439-448, 450-452, 455-458	None	None
Oklahoma	Available	None	All Other Zips	731	None	None
Oregon	Pending	973	All Other Zips	974-975	None	None
Pennsylvania	Available	177	164-165, 168, 173-176	All Other Zips	150-152	189-191, 193-194
Rhode Island	Available	None	None	All RI Zips	None	None
South Carolina	Available	None	All Other Zips	294-296, 299	None	None
South Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Tennessee	Available	None	All Other Zips	370-372, 374, 381	None	None
Texas	Available	None	767, 769, 796-799	All Other Zips	772-777, 794	None
Utah	Available	All Other Zips	840-841, 846-847	None	None	None
Vermont	Pending	None	All VT Zips	None	None	None
Virginia	Available	228, 242, 245	All Other Zips	201, 220-223, 226	None	None
Washington	Available	982	All Other Zips	994	None	None
West Virginia	Available	None	None	All Other Zips	260, 267	None
Wisconsin	Available	All Other Zips	531, 532, 534, 540	None	None	None
Wyoming	Available	None	All WY Zips	None	None	None

Seniors Choice

2026 New Business Group Retiree Medical
Co-Pay Monthly Plan Rates
For groups with effective dates beginning 1/1/26
Rates are all inclusive of premium and fees

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Plan Deductible:	$0	$100	$150	$250	$500	$750	$1,000	$1,250	$1,500	$1,750	$2,000	$2,250	$2,500	$3,000	$4,000	$5,000
Area 1 65	$196.29	$183.50	$177.19	$169.23	$151.57	$136.76	$123.07	$111.94	$101.92	$93.82	$85.78	$79.38	$74.08	$65.43	$55.08	$48.85
66	$212.47	$198.51	$191.62	$182.94	$163.65	$147.44	$132.52	$120.37	$109.44	$100.60	$91.83	$84.83	$79.04	$69.58	$58.29	$51.47
67	$219.23	$204.76	$197.62	$188.65	$168.68	$151.91	$136.46	$123.89	$112.57	$103.41	$94.33	$87.09	$81.12	$71.33	$59.64	$52.59
68	$225.81	$210.87	$203.51	$194.24	$173.61	$156.28	$140.31	$127.32	$115.65	$106.17	$96.79	$89.31	$83.13	$73.03	$60.95	$53.68
69	$232.26	$216.85	$209.25	$199.69	$178.41	$160.55	$144.08	$130.69	$118.65	$108.87	$99.20	$91.50	$85.12	$74.70	$62.24	$54.71
70-74	$269.88	$254.95	$247.36	$238.06	$216.52	$197.73	$179.97	$165.22	$151.81	$140.70	$129.60	$120.53	$112.86	$100.00	$83.39	$72.19
75-79	$314.90	$299.47	$291.42	$281.72	$258.59	$237.97	$218.11	$201.50	$186.19	$173.37	$160.45	$149.74	$140.57	$125.01	$104.10	$89.27
80-84	$381.07	$364.68	$355.87	$345.04	$319.08	$295.52	$272.73	$253.27	$235.19	$219.73	$204.24	$191.18	$179.78	$160.35	$133.19	$113.26
85+	$406.10	$389.28	$380.12	$368.59	$341.31	$316.54	$292.64	$272.08	$252.96	$236.47	$220.03	$206.10	$193.87	$172.99	$143.54	$121.77
AREA 2 65	$222.74	$208.01	$200.78	$191.62	$171.31	$154.27	$138.53	$125.73	$114.19	$104.88	$95.63	$88.29	$82.19	$72.25	$60.33	$53.16
66	$241.33	$225.26	$217.38	$207.39	$185.19	$166.56	$149.40	$135.40	$122.87	$112.66	$102.60	$94.56	$87.89	$77.03	$64.06	$56.22
67	$249.10	$232.46	$224.30	$213.95	$190.98	$171.72	$153.94	$139.46	$126.48	$115.89	$105.49	$97.18	$90.29	$79.02	$65.58	$57.49
68	$256.69	$239.51	$231.08	$220.37	$196.65	$176.76	$158.38	$143.41	$130.00	$119.08	$108.32	$99.72	$92.61	$80.98	$67.11	$58.72
69	$264.09	$246.37	$237.67	$226.65	$202.19	$181.64	$162.70	$147.28	$133.44	$122.17	$111.08	$102.22	$94.89	$82.90	$68.59	$59.94
70-74	$307.36	$290.19	$281.46	$270.76	$245.98	$224.38	$203.94	$187.03	$171.59	$158.80	$146.03	$135.61	$126.77	$111.97	$92.90	$80.03
75-79	$359.11	$341.37	$332.16	$320.98	$294.36	$270.67	$247.85	$228.72	$211.11	$196.37	$181.50	$169.22	$158.67	$140.76	$116.71	$99.64
80-84	$435.20	$416.37	$406.25	$393.79	$363.93	$336.86	$310.63	$288.25	$267.46	$249.70	$231.88	$216.87	$203.76	$181.40	$150.18	$127.23
85+	$464.02	$444.65	$434.14	$420.89	$389.51	$361.03	$333.52	$309.90	$287.89	$268.96	$250.03	$234.01	$219.94	$195.93	$162.06	$137.02
AREA 3 65	$240.37	$224.37	$216.49	$206.55	$184.46	$165.92	$148.82	$134.92	$122.41	$112.25	$102.22	$94.22	$87.59	$76.78	$63.86	$56.06
66	$260.59	$243.13	$234.52	$223.67	$199.54	$179.32	$160.65	$145.44	$131.80	$120.72	$109.77	$101.03	$93.82	$82.00	$67.89	$59.37
67	$269.03	$250.94	$242.05	$230.82	$205.83	$184.90	$165.59	$149.85	$135.72	$124.24	$112.92	$103.87	$96.40	$84.15	$69.56	$60.75
68	$277.28	$258.59	$249.40	$237.78	$212.00	$190.35	$170.39	$154.15	$139.56	$127.70	$115.98	$106.64	$98.94	$86.30	$71.21	$62.09
69	$285.32	$266.05	$256.58	$244.60	$218.00	$195.69	$175.10	$158.34	$143.30	$131.07	$119.00	$109.35	$101.39	$88.38	$72.82	$63.40
70-74	$332.36	$313.69	$304.19	$292.57	$265.64	$242.15	$219.95	$201.54	$184.75	$170.86	$157.00	$145.66	$136.08	$119.98	$99.24	$85.26
75-79	$388.61	$369.34	$359.30	$347.14	$318.23	$292.46	$267.65	$246.88	$227.74	$211.70	$195.54	$182.19	$170.72	$151.26	$125.12	$106.59
80-84	$471.32	$450.83	$439.82	$426.30	$393.84	$364.40	$335.90	$311.58	$288.96	$269.67	$250.31	$233.99	$219.73	$195.44	$161.47	$136.56
85+	$502.62	$481.59	$470.14	$455.75	$421.64	$390.69	$360.79	$335.10	$311.21	$290.61	$270.05	$252.65	$237.30	$211.24	$174.41	$147.21
AREA 4 65	$258.01	$240.72	$232.22	$221.47	$197.61	$177.62	$159.13	$144.10	$130.59	$119.64	$108.79	$100.17	$93.00	$81.33	$67.38	$58.92
66	$279.83	$260.97	$251.68	$239.97	$213.92	$192.05	$171.91	$155.46	$140.76	$128.77	$116.96	$107.52	$99.71	$86.96	$71.72	$62.50
67	$288.93	$269.42	$259.80	$247.67	$220.70	$198.09	$177.20	$160.24	$145.00	$132.59	$120.36	$110.60	$102.50	$89.29	$73.52	$63.99
68	$297.86	$277.68	$267.74	$255.20	$227.37	$203.99	$182.43	$164.86	$149.12	$136.31	$123.67	$113.59	$105.24	$91.59	$75.28	$65.45
69	$306.53	$285.75	$275.51	$262.57	$233.84	$209.75	$187.51	$169.41	$153.17	$139.96	$126.93	$116.51	$107.90	$93.84	$77.02	$66.87
70-74	$357.37	$337.18	$326.95	$314.38	$285.29	$259.90	$235.97	$216.03	$197.93	$182.94	$167.94	$155.72	$145.35	$127.99	$105.58	$90.46
75-79	$418.10	$397.27	$386.44	$373.33	$342.11	$314.25	$287.47	$265.03	$244.37	$227.03	$209.63	$195.16	$182.78	$161.77	$133.52	$113.51
80-84	$507.41	$485.29	$473.41	$458.78	$423.77	$391.95	$361.15	$334.89	$310.49	$289.64	$268.72	$251.10	$235.70	$209.47	$172.79	$145.90
85+	$541.24	$518.51	$506.17	$490.58	$453.75	$420.33	$388.05	$360.32	$334.48	$312.26	$290.08	$271.24	$254.70	$226.55	$186.76	$157.39
AREA 5 65	$284.44	$265.25	$255.79	$243.84	$217.34	$195.12	$174.62	$157.89	$142.88	$130.71	$118.67	$109.06	$101.11	$88.13	$72.63	$63.25
66	$308.69	$287.76	$277.44	$264.40	$235.45	$211.18	$188.78	$170.54	$154.18	$140.86	$127.71	$117.26	$108.56	$94.39	$77.46	$67.24
67	$318.82	$297.12	$286.46	$272.96	$243.01	$217.88	$194.70	$175.80	$158.88	$145.10	$131.51	$120.67	$111.66	$97.00	$79.48	$68.90
68	$328.72	$306.29	$295.28	$281.34	$250.40	$224.43	$200.50	$181.00	$163.47	$149.25	$135.19	$123.99	$114.72	$99.54	$81.43	$70.51
69	$338.36	$315.28	$303.89	$289.53	$257.60	$230.84	$206.13	$186.01	$167.95	$153.29	$138.80	$127.27	$117.68	$102.04	$83.36	$72.09
70-74	$394.84	$372.41	$361.04	$347.11	$314.75	$286.58	$259.93	$237.83	$217.70	$201.06	$184.37	$170.80	$159.29	$139.99	$115.09	$98.30
75-79	$462.34	$439.19	$427.15	$412.57	$377.86	$346.93	$317.18	$292.25	$269.28	$250.03	$230.67	$214.62	$200.86	$177.51	$146.13	$123.91
80-84	$561.56	$536.98	$523.80	$507.55	$468.62	$433.27	$399.09	$369.89	$342.76	$319.61	$296.36	$276.78	$259.66	$230.52	$189.78	$159.89
85+	$599.15	$573.90	$560.14	$542.87	$501.95	$464.80	$428.93	$398.13	$369.43	$344.73	$320.04	$299.14	$280.77	$249.52	$205.32	$172.64

Premium is based on age; a rate increase will take effect the month a member ages into a new age bracket.

mba merchants benefit admin

Medical Coverage Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.

For more information, contact MBA, Inc at (800) 800-6543 or visit https://main.mbaadmin.com

2026 Group Retiree Medical Optional Benefits

Monthly Plan Rates for groups with effective dates beginning 1/1/2026

Underwritten by:

Guarantee Trust Life Insurance Company

Additional Skilled Nursing — $10.07 per month

Covered after Seniors Choice Insurance deductible, from 101 through 365 days; up to $125 per day

Private Duty Nursing — $11.63 per month

Covered after Seniors Choice Insurance deductible, $100 per 8 hour shift; 30 shifts per calendar year

At Home Recovery — $25.54 per month

Covered after Seniors Choice Insurance deductible, up to $40/visit and 7 visits/week; $1600 calendar year maximum

Comprehensive Wellness — $18.58 per month

Subject to a calendar year maximum benefit amount of $250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling

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2026 Seniors Choice Group Retiree Medical No Co-Pay Plan Benefits

No Lifetime Plan Maximum

Underwritten by:

Guarantee Trust Life Insurance Company

Annual Plan Deductible Options
$0 • $100 • $150 • $250 • $500 • $750 • $1000 • $1500 • $2000 • $2500 • $3000 • $4000

MEDICARE PART A

Hospitalization

Semi-Private room and board, general nursing and miscellaneous services and supplies.

Services	Medicare Pays	Plan Pays	You Pay
First 60 Days	All but $1,632	$1,632 - Part A Deductible	$0 after you have satisfied your annual plan deductible
Days 61 Through 90	All but $408 per day	$408 per day	
Days 91 Through 150 (60 Lifetime Reserve Days)	All but $816 per day	$816 per day	
Additional 365 Days	$0	100% of Medicare Eligible Expenses	
Private Duty Nursing Benefits Available with Seniors Choice Optional Plans.			

Skilled Nursing Facility

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.

Services	Medicare Pays	Plan Pays	You Pay
First 20 Days	All Approved Amounts	$0	$0 after you have satisfied your annual plan deductible
Days 21 Through 100	All but $204 per day	$204 per day	
Days 101 and After	$0	$0	100%
Additional Skilled Nursing Facility Benefits Available with Seniors Choice Optional Plans.			

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	$0	100%	$0 after you have satisfied your annual plan deductible
Additional Amounts	100%	$0	

All Medicare deductibles are included in plan deductible(s).

merchants benefit admin

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2026 Seniors Choice Group Retiree Medical No Co-Pay Plan Benefits

Underwritten by:

Guarantee Trust Life Insurance Company

MEDICARE PART B

Medical Services

In or out of the hospital and outpatient hospital treatment – All Part B services covered after annual plan deductible has been satisfied and the co-payment amount has been paid. Medicare part B deductible is included in the annual plan deductible.

Services	Medicare Pays	Plan Pays	You Pay
Medicare Approved Amounts	$0	$240	$0 after you have satisfied your annual deductible
Remainder of Medicare Approved Amounts	80%	20%	
Part B Excess Charges – Above Medicare Approved Amounts	$0	100%	
Emergency Room Professional Services per Visit (Non-Hospital Admission) $100 Co-Pay			

Emergency Room

Services	You Pay
Emergency Room Professional Services per Visit for Non-Hospital Admission *(Applies to Both Co-Pay and No Co-Pay Plans)*	$100 Co-Pay

Blood

Services	Medicare Pays	Plan Pays	You Pay
First 3 Pints	$0	100%	$0 after you have satisfied your annual deductible
Additional Amounts	80%	20%	

Clinical Laboratory Services

Services	Medicare Pays	Plan Pays	You Pay
Blood Tests for Diagnostic Services	100%	$0	$0 after you have satisfied your annual deductible

MEDICARE PARTS A & B

Home Health Services

Covered when provided by a Medicare certified home health agency.

Services	Medicare Pays	Plan Pays	You Pay
Limited to Reasonable and Necessary Part-Time or Intermittent Skilled Care	100%	$0	$0 after you have satisfied your annual deductible
Health Equipment not Limited to Hospital Beds, Oxygen and Medical Supplies for Use at Home	80%	20%	
At Home Recovery Benefits Available with Seniors Choice Optional Plans.			
Foreign Travel Emergency Care			
Benefits provided for Medicare approved expenses during the first 60 days of a trip outside of the U.S.A. After a $250 calendar year deductible, Seniors Choice pays at 80%, up to a $50,000 lifetime maximum.			

Seniors Choice

2026 New Business Group Retiree Medical No Co-pay Plans – Rating Areas by Zip Code

Effective 1/01/2024

Please contact MBA Marketing for updated state availability

STATE	AVAILABILITY	AREA I	AREA II	AREA III	AREA IV	AREA V
Alabama	Available	None	All Other Zips	350-352, 354, 356-359, 361-362, 366	None	None
Alaska	Available	None	None	All AK Zips	None	None
Arizona	Available	None	All Other Zips	850-853	None	None
Arkansas	Available	None	All Other Zips	718-723	None	None
California	Available	None	922, 931-932, 934, 936-938, 956-958	All Other Zips	913-915, 923-928, 930, 933, 940-948	900-908, 910-912, 916-918, 953, 960
Colorado	Available	None	All Other Zips	800-802, 804, 806	None	None
Connecticut	Pending	None	None	All Other Zips	065-066, 068-069	None
Delaware	Available	None	None	All DE Zips	None	None
District of Columbia	Available	None	None	All DC Zips	None	None
Florida	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Georgia	Available	None	All Other Zips	300-303, 307, 311-316	None	None
Hawaii	Pending	All HI Zips	None	None	None	None
Idaho	Available	All Other Zips	834	835, 838	None	None
Illinois	Available	617-618	All Other Zips	600-609, 620, 622	None	None
Indiana	Available	None	All Other Zips	460-462, 469-471, 478	463-464	None
Iowa	Available	All Other Zips	500-503, 506-507, 510-511, 515, 520, 527-528	None	None	None
Kansas	Available	None	All Other Zips	660-662	None	None
Kentucky	Available	None	All Other Zips	400-402, 410-412, 427	None	None
Louisiana	Available	None	703	705, 707, 713-714	All Other Zips	712
Maine	Pending	None	All ME Zips	None	None	None
Maryland	Available	None	217	206, 216, 218, 219	All Other Zips	None
Massachusetts	Available	None	None	All Other Zips	015, 018-021, 024, 026	None
Michigan	Available	All Other Zips	480-488, 490, 492	None	None	None
Minnesota	Pending	All Other Zips	556, 559	550-555	None	None
Mississippi	Available	None	None	All Other Zips	395	None
Missouri	Available	656-658	All Other Zips	630-631, 633, 640-641, 644-645, 650-651	None	None
Montana	Pending	All Other Zips	594, 598	None	None	None
Nebraska	Available	None	All NE Zips	None	None	None
Nevada	Available	None	All Other Zips	894, 897	890-891	None
New Hampshire	Available	None	All NH Zips	None	None	None
New Jersey	Available	None	None	080	All Other Zips	070, 073, 077, 085-086, 088-089
New Mexico	Available	All NM Zips	None	None	None	None
New York	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
North Carolina	Available	None	All NC Zips	None	None	None
North Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Ohio	Available	None	All Other Zips	430-432, 434-436, 439-448, 450-452, 455-458	None	None
Oklahoma	Available	None	All Other Zips	731	None	None
Oregon	Pending	973	All Other Zips	974-975	None	None
Pennsylvania	Available	177	164-165, 168, 173-176	All Other Zips	150-152	189-191, 193-194
Rhode Island	Available	None	None	All RI Zips	None	None
South Carolina	Available	None	All Other Zips	294-296, 299	None	None
South Dakota	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Tennessee	Available	None	All Other Zips	370-372, 374, 381	None	None
Texas	Available	None	767, 769, 796-799	All Other Zips	772-777, 794	None
Utah	Available	All Other Zips	840-841, 846-847	None	None	None
Vermont	Pending	None	All VT Zips	None	None	None
Virginia	Available	228, 242, 245	All Other Zips	201, 220-223, 226	None	None
Washington	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
West Virginia	Available	None	None	All Other Zips	260, 267	None
Wisconsin	Available	All Other Zips	531, 532, 534, 540	None	None	None
Wyoming	Available	None	All WY Zips	None	None	None

Seniors Choice

2026 New Business Group Retiree Medical

No Co-Pay Monthly Plan Rates

For groups with effective dates beginning 1/1/26 and later

Rates are all inclusive of premium and fees

Underwritten by:

G·T·L

Guarantee Trust Life Insurance Company

Plan Deductible	$0	$100	$150	$250	$500	$750	$1,000	$1,250	$1,500	$1,750	$2,000	$2,250	$2,500	$3,000	$4,000	$5,000
Area 1 65	$218.33	$203.25	$194.50	$184.02	$161.93	$144.56	$129.66	$117.26	$106.17	$97.16	$88.34	$81.36	$75.59	$66.70	$56.06	$49.66
66	$236.56	$220.05	$210.49	$199.11	$174.95	$155.97	$139.69	$126.19	$114.07	$104.22	$94.61	$86.99	$80.69	$70.97	$59.38	$52.37
67	$244.12	$227.09	$217.16	$205.37	$180.38	$160.74	$143.89	$129.91	$117.36	$107.19	$97.24	$89.35	$82.83	$72.77	$60.76	$53.50
68	$251.55	$233.95	$223.71	$211.52	$185.70	$165.39	$148.00	$133.53	$120.60	$110.08	$99.78	$91.62	$84.92	$74.52	$62.10	$54.62
69	$258.78	$240.63	$230.08	$217.51	$190.89	$169.93	$151.99	$197.08	$123.76	$112.69	$102.30	$93.88	$86.93	$76.21	$63.21	$55.69
70-74	$300.58	$282.61	$271.57	$258.86	$231.90	$208.85	$189.46	$173.00	$158.08	$145.72	$133.49	$123.61	$115.24	$102.04	$85.03	$73.55
75-79	$348.14	$329.43	$317.68	$304.28	$274.54	$250.12	$228.53	$210.08	$193.14	$179.00	$164.83	$153.22	$143.30	$127.37	$105.97	$90.84
80-84	$417.62	$397.78	$384.91	$370.02	$336.83	$309.13	$284.44	$262.98	$243.10	$226.14	$209.27	$195.21	$182.94	$163.12	$135.42	$115.10
85+	$437.39	$417.57	$404.96	$389.95	$356.46	$328.16	$302.65	$280.38	$259.75	$242.00	$224.36	$209.56	$196.58	$175.38	$145.44	$123.35
AREA 2 65	$248.09	$230.74	$220.65	$208.63	$183.23	$163.24	$146.10	$131.84	$119.08	$108.73	$98.58	$90.56	$83.93	$73.72	$61.47	$54.09
66	$269.02	$250.08	$239.08	$225.97	$198.20	$176.35	$157.66	$142.08	$128.20	$116.84	$105.80	$97.03	$89.81	$78.64	$65.29	$57.23
67	$277.73	$258.13	$246.77	$233.19	$204.45	$181.86	$162.50	$146.37	$131.99	$120.25	$108.80	$99.76	$92.27	$80.68	$66.87	$58.54
68	$286.27	$266.04	$254.28	$240.24	$210.56	$187.20	$167.20	$150.56	$135.70	$123.58	$111.74	$102.39	$94.64	$82.69	$68.42	$59.80
69	$294.61	$273.75	$261.60	$247.15	$216.54	$192.44	$171.80	$154.61	$139.32	$126.78	$117.63	$104.96	$96.99	$84.66	$69.95	$61.04
70-74	$342.66	$321.99	$309.31	$294.67	$262.84	$237.19	$214.86	$195.96	$178.80	$164.58	$150.51	$139.15	$129.51	$114.35	$94.73	$81.58
75-79	$397.35	$375.84	$362.34	$346.93	$312.70	$284.66	$259.85	$238.60	$219.11	$202.83	$186.56	$173.23	$161.77	$143.47	$118.88	$101.45
80-84	$477.26	$454.44	$439.64	$422.55	$384.34	$352.51	$324.11	$299.43	$276.60	$257.08	$237.68	$221.50	$207.40	$184.58	$152.75	$129.33
85+	$500.01	$478.20	$462.68	$446.44	$406.93	$374.37	$345.04	$319.43	$295.70	$275.27	$255.00	$238.00	$223.06	$198.67	$14,448.00	$138.85
AREA 3 65	$267.91	$249.06	$238.09	$225.03	$197.40	$175.68	$157.05	$141.56	$127.70	$116.46	$105.41	$96.70	$89.50	$78.36	$65.09	$57.08
66	$290.66	$270.07	$258.11	$243.85	$213.68	$189.95	$169.63	$152.72	$137.60	$125.28	$113.25	$103.74	$95.88	$83.74	$69.25	$60.45
67	$300.17	$278.84	$266.46	$251.71	$220.48	$195.92	$174.88	$157.36	$141.71	$128.98	$116.51	$106.67	$98.55	$85.98	$70.96	$61.88
68	$309.44	$287.42	$274.62	$259.39	$227.12	$201.73	$180.00	$161.92	$145.74	$132.57	$119.71	$109.54	$101.16	$88.15	$72.65	$63.25
69	$318.48	$295.79	$282.61	$266.88	$233.60	$207.43	$185.01	$166.35	$149.67	$136.11	$122.83	$112.36	$103.66	$90.29	$74.29	$64.62
70-74	$370.74	$348.24	$334.45	$318.56	$283.96	$256.08	$231.83	$211.25	$192.60	$177.15	$161.86	$149.52	$139.03	$122.55	$101.27	$86.92
75-79	$430.17	$406.80	$392.11	$375.35	$338.18	$307.66	$280.68	$257.60	$236.44	$218.70	$201.04	$186.54	$174.11	$154.21	$127.48	$108.54
80-84	$517.03	$492.21	$476.14	$457.54	$416.03	$381.42	$350.55	$323.70	$298.88	$277.69	$256.61	$239.02	$223.68	$198.90	$164.27	$138.87
85+	$541.72	$516.94	$501.15	$482.43	$440.57	$405.20	$373.32	$345.45	$319.68	$297.47	$275.46	$256.98	$240.70	$214.24	$176.81	$149.19
AREA 4 65	$287.76	$267.39	$255.55	$241.45	$211.61	$188.11	$168.01	$151.26	$136.30	$124.15	$112.24	$102.86	$95.05	$83.04	$68.70	$60.01
66	$312.30	$290.10	$277.16	$261.77	$229.18	$203.55	$181.59	$163.30	$147.02	$133.70	$120.72	$110.43	$101.93	$88.84	$73.17	$63.69
67	$322.56	$299.56	$286.17	$270.22	$236.53	$210.00	$187.26	$168.33	$151.45	$137.69	$124.24	$113.63	$104.82	$91.24	$75.04	$65.23
68	$332.57	$308.83	$294.98	$278.52	$243.71	$216.28	$192.80	$173.24	$155.82	$141.59	$127.69	$116.71	$107.63	$93.60	$76.84	$66.72
69	$342.35	$317.85	$303.60	$286.62	$250.69	$222.41	$198.20	$178.04	$160.06	$145.41	$131.07	$119.75	$110.36	$95.91	$78.63	$68.17
70-74	$398.81	$374.51	$359.63	$342.44	$305.07	$274.96	$248.77	$226.53	$206.41	$189.72	$173.19	$159.89	$148.56	$130.77	$107.79	$92.27
75-79	$462.98	$437.76	$421.89	$403.78	$363.65	$330.69	$301.52	$276.63	$253.78	$234.60	$215.53	$199.88	$186.44	$164.98	$136.09	$115.61
80-84	$556.80	$529.98	$512.62	$492.53	$447.73	$410.33	$376.98	$348.00	$321.18	$298.30	$275.53	$256.56	$239.98	$213.22	$175.80	$148.40
85+	$583.48	$556.70	$539.69	$519.41	$474.18	$436.00	$401.56	$371.51	$343.65	$319.68	$295.90	$275.92	$258.36	$229.76	$189.37	$159.56
AREA 5 65	$317.51	$294.87	$281.72	$266.04	$232.89	$206.82	$184.49	$165.86	$149.25	$135.72	$122.49	$112.05	$103.40	$90.04	$74.11	$64.48
66	$344.78	$320.10	$305.75	$288.62	$252.42	$223.96	$199.55	$179.23	$161.12	$146.34	$131.90	$120.51	$111.03	$96.47	$79.06	$68.57
67	$356.18	$330.62	$315.76	$298.04	$260.59	$231.11	$205.86	$184.83	$166.07	$150.78	$135.83	$124.04	$114.25	$99.16	$81.13	$70.28
68	$367.31	$340.90	$325.57	$307.27	$268.53	$238.09	$212.01	$190.30	$170.91	$155.11	$139.65	$127.48	$117.37	$101.78	$83.15	$71.92
69	$378.18	$350.94	$335.11	$316.23	$276.32	$244.92	$218.03	$195.60	$175.64	$159.34	$143.40	$130.84	$120.42	$104.35	$85.14	$73.55
70-74	$440.88	$413.88	$397.37	$378.29	$336.75	$303.28	$274.17	$249.50	$227.13	$208.60	$190.23	$175.40	$162.86	$143.05	$117.52	$100.30
75-79	$512.20	$484.16	$466.54	$446.43	$401.80	$365.17	$332.83	$305.12	$279.74	$258.44	$237.25	$219.85	$204.92	$181.08	$148.98	$126.24
80-84	$616.43	$586.64	$567.38	$545.03	$495.23	$453.68	$416.66	$384.45	$354.67	$329.25	$303.92	$282.83	$264.41	$234.67	$193.14	$162.63
85+	$646.09	$616.33	$597.40	$574.90	$524.65	$482.21	$443.94	$410.57	$379.60	$352.94	$326.53	$304.36	$284.84	$253.08	$208.20	$175.04

2026 Group Retiree Medical Optional Benefits

Monthly Plan Rates for groups with effective dates beginning 1/1/2026

Underwritten by:

Guarantee Trust Life Insurance Company

Additional Skilled Nursing — $10.07 per month

Covered after Seniors Choice Insurance deductible, from 101 through 365 days; up to $125 per day

Private Duty Nursing — $11.63 per month

Covered after Seniors Choice Insurance deductible, $100 per 8 hour shift; 30 shifts per calendar year

At Home Recovery — $25.54 per month

Covered after Seniors Choice Insurance deductible, up to $40/visit and 7 visits/week; $1600 calendar year maximum

Comprehensive Wellness — $18.58 per month

Subject to a calendar year maximum benefit amount of $250 (not subject to a plan deductible)

Wellness Care includes, but is not limited to:

- Alternative health care such as massage and acupuncture
- Dental and vision check-ups
- Annual physical examinations
- Chronic disease self-management programs
- Alcohol dependency, substance abuse prevention and violence prevention counseling

Medical Coverage Underwritten by Guarantee Trust Life Insurance Company
Offered through the Merchants Industry Fund Group Insurance Trust
Administered by Merchants Benefit Administration, Inc.
For more information, contact MBA, Inc at (800) 800-6543 or visit
https://main.mbaadmin.com

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