

**MARATHON MEDICARE SUPPLEMENT PLAN (MSP) 2010
MEDICAL/SURGICAL DEDUCTIBLES AND STOP-LOSS AMOUNTS**

MEDICAL/SURGICAL OUT-OF-POCKET	\$2,500
LIFETIME MAXIMUM	\$3,000,000 combined lifetime maximum including pre-65 Health Plan

UNDERSTANDING YOUR BENEFITS

- All medical/surgical claims must first be processed by Federal Medicare before being filed with the Claims Administrator, Health Design Plus (HDP).
- Health Design Plus offers Medicare Crossover claims processing which means that transfer of information will occur automatically from Medicare. There is generally no need for you or your provider to file a claim with Health Design Plus. However, if for some reason a claim needs to be filed manually, the address is: Health Design Plus, PO Box 2580, Hudson, OH 44236-2580.
- HDP receives the claim from Medicare and calculates the Plan's reimbursement amount--80% of the Medicare approved amount.
- The amount already paid by Federal Medicare on the processed claim is then subtracted from the amount payable by the MSP. This subtraction is defined as a "carve-out" or "Benefit Less Benefit." The Plan pays the difference between the calculated amount and the amount paid by Medicare. This assures that at least 80% of the approved amount is covered by either Medicare or the Plan. If the amount paid by Federal Medicare is equal to or more than the amount payable by the MSP, there is no further payment from the MSP until the Plan's out-of-pocket maximum is met.
- The Plan's out-of-pocket maximum for 2010 is \$2,500. This out-of-pocket maximum limits the patient's coinsurance responsibility after payment has been made by Medicare and the MSP. Once the annual maximum has been met, the Plan's calculated amount increases from 80% to 100% for the balance of the calendar year. At that point, the Plan will pay 100% of the approved amount remaining after Medicare pays.
- To summarize, in 2010, after Federal Medicare has processed medical/surgical claims, the member pays up to \$2,500 total out-of-pocket before the MSP pays at 100% after Federal Medicare.
- The Explanation of Benefits from Health Design Plus shows the accumulators on the middle of the left hand side under the heading Accumulators. This tally reflects the out-of-pocket amounts met as claims are processed.

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MARATHON OIL COMPANY MEDICARE SUPPLEMENT PLAN 2010 PRESCRIPTION DRUG PROVISIONS

Note: All prescription and self-injectable drugs **must** be purchased through Medco Mail Order or at a Participating Medco Network Pharmacy.

RETAIL: The 2010 deductible at the retail pharmacy is \$100. Members must pay the deductible before the plan begins providing coverage for prescriptions purchased at a participating retail pharmacy.

Type of Medication	Benefit Level (Coinsurance)		2010 Minimum Charges
	Plan pays	Member pays	
Generics	80%	20%	\$5
Brand Name Drugs on the Formulary	80%	20%	\$25
Brand Name Drugs Not on the Formulary	50%	50%	\$35

Mail-Order: There is no deductible for drugs purchased at mail-order. Mail-order drugs are subject to a \$3,500 stop-loss per individual. Once a member has spent \$3,500 on all mail-order prescriptions during a calendar year, the Plan will begin to pay at 100%.

Type of Medication-90 day supply	Benefit Level (Coinsurance)		2010 Minimum Charges
	Plan pays	Member pays	
Generics	80%	20%	\$10
Brand Name Drugs on the Formulary	80%	20%	\$50
Brand Name Drugs Not on the Formulary	50%	50%	\$100
The maximum charge for any one generic or brand name formulary mail-order prescription is \$200 for a 90-day supply. This does not apply to brand name non-formulary drugs.			

Maintenance Drugs:

If a member continues to purchase maintenance drugs (drugs which are meant to be taken over a long period of time) at retail, the chart below describes how the Plan will pay after the second refill.

Type of Medication	Benefit Level (Coinsurance)	
	Plan pays	Member pays
Generics	60%	40%
Brand Name Drugs on the Formulary	60%	40%
Brand Name Drugs Not on the Formulary	20%	80%

If a brand name drug is purchased for any reason and a generic equivalent is available, the Plan will only cover the "Plan Pays" portion of the cost of the generic equivalent drug, and the member will pay the remaining cost.

For a detailed description of the Formulary Drugs, please go to the MedcoHealth website—www.medco.com, or call Medco at 1-800-841-3423.

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