



# EMPLOYER GROUP RETIREE OVERVIEW PROGRAM N

The 2019 Medicare A and B deductibles were not published as of the time of this printing. All tables reflect 2018 amounts. Please read your *Medicare and You* booklet for the 2019 dollar amounts.

## Medicare (Part A) Hospital Services per benefit period

Services	Medicare Pays	Program N Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,340	\$1,340 (Part A Deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$335 a day	\$335 a day	\$0
91 <sup>st</sup> day and after:			
- While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
- Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> thru 100 <sup>th</sup> day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

## Medicare (Part B) Medical Services per benefit period

Services	Medicare Pays	Program N Pays	You Pay
<b>Medical Expenses</b> In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$183* of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare-approved amounts)	\$0	\$0	All costs
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
First \$183 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$183 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> Tests for diagnostic services	100%	\$0	\$0

## Medicare Parts A and B

Services	Medicare Pays	Program N Pays	You Pay
<b>Home Health Care</b> MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable Medical Equipment: - First \$183 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$183 (Part B deductible)
- Remainder of Medicare-approved amounts	80%	20%	\$0

## Other Benefits Not Covered by Medicare

Services	Medicare Pays	Program N Pays	You Pay
<b>Foreign Travel Emergency Care</b> NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning the first 60 days of each trip outside the USA			
- First \$250 each calendar year	\$0	\$0	\$250
- Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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

<sup>2</sup> NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days provided in the policy's "Basics Benefits." During that time, the hospital is prohibited from billing you for the balance on the difference between its billed charges and the amount Medicare would have been paid.

<sup>3</sup> Once you have been billed for the first \$183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the Benefits Certificate and enrollment regulations in force when the Benefits Certificate becomes effective. For complete details of Medicare benefits and exclusions, you may obtain a copy of *Medicare and You* from the Social Security Administration, or visit [www.medicare.gov](http://www.medicare.gov).

**THIS IS AN EMPLOYER GROUP RETIREE PROGRAM. THIS IS NOT A MEDICARE SUPPLEMENT POLICY.**