



# Employer Group Retiree Program F

\* The 2017 Medicare A and B deductibles were not published as of the time of this printing. All tables reflect 2016 amounts. Please read your Medicare and You booklet for the 2017 dollar amounts.

## Medicare (Part A) Hospital Services per Medicare Benefit Period (amounts from 2016)

Services	Medicare Pays	Wellmark <sup>®</sup> Blue Cross <sup>®</sup> and Blue Shield <sup>®</sup> Pays	You Pay
<b>Hospitalization</b> <sup>1</sup> Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,288*	\$1,288* (Part A Deductible)	\$0
61 <sup>st</sup> thru 90 <sup>th</sup> day	All but \$322 a day*	\$322 a day*	\$0
91 <sup>st</sup> day and after:			
- While using 60 lifetime reserve days	All but \$644 a day*	\$644 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</b> <sup>1</sup> 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 \$161 a day*	Up to \$161 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

This is a general description of coverage. 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).

## Medicare (Part B) Medical Services per Calendar Year (amounts from 2016)

Services	Medicare Pays	Wellmark Blue Cross and Blue Shield 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 \$166* of Medicare-Approved Amounts <sup>3</sup>	\$0	\$166*	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$0	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	All costs	\$0
First \$166* of Medicare-Approved Amounts <sup>3</sup>	\$0	\$166*	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

## Medicare Parts A & B from 2016

Services	Medicare Pays	Wellmark Blue Cross and Blue Shield 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 \$166* of Medicare-Approved Amounts <sup>3</sup>	0%	\$166*	\$0
- Remainder of Medicare-Approved Amounts	80%	20%	\$0

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## Other Benefits Not Covered by Medicare (amounts from 2016)

Services	Medicare Pays	Wellmark Blue Cross and Blue Shield Pays	You Pay
<b>Foreign Travel Emergency Care</b> NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during 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 \$166\* of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

NOTE: Medicare benefits are subject to change.

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

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意: 如果您说普通话, 我们可免费为您提供语言协助服务。请拨打 800-524-9242 或 (听障专线: 888-781-4262)。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

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