

Group Retiree Insurance Overview

Program II

Medicare (Part A) Hospital Services PER BENEFIT PERIOD

Services		Medicare Pays	Program II Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
	Days 61–90	All but \$352 a day	\$352 a day	\$0
	Day 91 and after: • While using 60 lifetime reserve days	All but \$704 a day	\$704 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ 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
	Days 21–100	All but \$176 a day	Up to \$176 a day	\$0
	Days 101–130	\$0	All approved amounts	\$0
	Day 131 and after	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services		All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

¹ A benefit period begins on the first day you receive service 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.

² 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 as provided in the policy's "Basic Benefits."

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Wellmark Blue Cross and Blue Shield of Iowa.

Medicare (Part B) Medical Services PER BENEFIT PERIOD

Services		Medicare Pays	Program II Pays	You Pay
Medical Expenses 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 \$198 of Medicare- approved amounts ³	\$0	\$198 (Part B deductible)	\$0
	Remainder of Medicare- approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$198 of Medicare- approved amounts ³	\$0	\$198 (Part B deductible)	\$0
	Remainder of Medicare- approved amounts	80%	20%	\$0
Clinical Laboratory Services BLOOD TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

Medicare Parts A & B

Services		Medicare Pays	Program II Pays	You Pay
Home Health Care MEDICARE-APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable Medical Equipment: • First \$198 of Medicare- approved amounts ³	\$0	\$198 (Part B deductible)	\$0
	• Remainder of Medicare- approved amounts	80%	20%	\$0
At-Home Recovery Services NOT COVERED BY MEDICARE Home Care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan	Benefit for each visit	\$0	\$0	All costs
	Number of visits covered (must be received within 8 weeks of last Medicare- approved visits)	0 visits	0 visits	All costs
	Calendar year maximum	\$0	\$0	All costs

³ Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A & B continued

Services	Medicare Pays	Program II Pays	You Pay
Preventive Medical Care Benefit COVERED BY MEDICARE Some annual physical and preventive tests and services administered by a participating provider who accepts Medicare.	100%	\$0	\$0

Other Benefits Not Covered by Medicare

Services	Medicare Pays	Program II Pays	You Pay	
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States	\$0	75% of approved charges	25% of approved charges

Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

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.

**Need more information about the services covered by Medicare?
Visit Medicare.gov to learn more.**

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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