

Group Retiree Insurance Overview Program F

Medicare (Part A) Hospital Services PER BENEFIT PERIOD

Services		Medicare Pays	Program F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61–90	All but \$408 a day	\$408 a day	\$0
	Day 91 and after: • While using 60 lifetime reserve days	All but \$816 a day	\$816 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 \$204 a day	Up to \$204 a day	\$0
	Day 101 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 copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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 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 at [Medicare.gov](https://www.medicare.gov).

Medicare (Part B) Medical Services PER CALENDAR YEAR

Services		Medicare Pays	Program F 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 \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare-Approved Amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	3 pints	\$0
	Next \$240 of Medicare-approved amounts ³	\$0	\$240 (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 F Pays	You Pay
Home Health Care MEDICARE-APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable Medical Equipment: • First \$240 of Medicare-approved amounts ³	\$0	\$240 (Part B deductible)	\$0
	• Remainder of Medicare-approved amounts	80%	20%	\$0
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

³ Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Program F 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 <ul style="list-style-type: none">• First \$250 each calendar year	\$0	\$0	\$250
	<ul style="list-style-type: none">• Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Medicare benefits are subject to change.

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 [Medicare.gov](https://www.medicare.gov).

Need more information about the services covered by Medicare?
Visit [Medicare.gov](https://www.medicare.gov) to learn more.



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