

2018 Benefit Highlights

Group Medicare Supplement Plan F



Services/Benefits	Health Alliance Pays	Member Pays
Medicare (Part A) Hospital Services		
Hospitalization		
• First 60 days	\$1,340 Part A deductible	\$0
• Days 61 through 90	\$335 per day	\$0
• 91 st day and after while using 60 lifetime reserve days	\$670 per day	\$0
• Additional 365 days (after lifetime days are used)	100% of Medicare-eligible expenses	\$0**
• Beyond 365 days	\$0	All costs
Skilled Nursing Facility		
• First 20 days	\$0	\$0
• Days 21 through 100	Up to \$167.50 per day	\$0
• Day 101 and after	\$0	All costs
Blood		
• First three pints	Cost of three pints	\$0
• Additional pints	\$0	\$0
Hospice Care	Medicare copayment/coinsurance	\$0
Medicare (Part B) Medical Services		
Medical Expenses		
• First \$183 of Medicare-approved amounts*	\$183 Part B deductible	\$0
• Remainder of Medicare-approved amounts	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	100%	\$0
Blood		
• First three pints	All costs	\$0
• Next \$183 of Medicare-approved amounts*	\$183 Part B deductible*	\$0
• Remainder of Medicare-approved amounts	20%	\$0
Clinical Laboratory Services or Tests for Diagnostic Services	\$0	\$0

Services/Benefits	Health Alliance Pays	Member Pays
Medicare (Parts A and B) Services		
Home Health Care		
<ul style="list-style-type: none"> • Medically necessary services and medical supplies 	\$0	\$0
<ul style="list-style-type: none"> • Durable medical equipment <ul style="list-style-type: none"> ○ First \$183 of Medicare-approved amounts* ○ Remainder of Medicare-approved amounts 	\$183 Part B deductible*	\$0
	20%	\$0
Other Benefits Not Covered by Medicare		
Foreign travel not covered by Medicare		
<ul style="list-style-type: none"> • First \$250 	\$0	\$250
<ul style="list-style-type: none"> • Remainder of charges 	80% to a lifetime maximum of \$50,000	20% and amount over the lifetime maximum of \$50,000

****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 “Core Benefits.” During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

This is a summary of benefits. For more information, please call Health Alliance Medicare Services at 1-877-933-0028.

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