

2020 Benefit Highlights

Group Medicare Supplement Plan G High Deductible



| Services/Benefits | After \$2,340 deductible is met by member, Health Alliance pays** | In addition to \$2,340 deductible, member pays** |
|---|---|--|
| Medicare (Part A) Hospital Services | | |
| Hospitalization | | |
| • First 60 days | \$1,408 Part A deductible | \$0 |
| • Days 61 through 90 | \$352 per day | \$0 |
| • 91 st day and after while using 60 lifetime reserve days | \$704 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 \$176 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 \$198 of Medicare-approved amounts** | \$0 | \$198 Part B deductible** |
| • 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 \$198 of Medicare-approved amounts** | \$0 | \$198 Part B deductible** |
| • Remainder of Medicare-approved amounts | 20% | \$0 |
| Clinical Laboratory Services or Tests for Diagnostic Services | \$0 | \$0 |

| Services/Benefits | After \$2,340 deductible is met by member, Health Alliance pays** | In addition to \$2,340 deductible, 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 \$198 of Medicare-approved amounts** ○ Remainder of Medicare-approved amounts | \$0 | \$198 Part B deductible** |
| | 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 \$198 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 high deductible plan pays the same benefits as Plan G after one has paid a calendar year \$2,340 deductible. Benefits from high deductible Plan G will not begin until out-of-pocket expenses exceed \$2,340. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

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