

# 2019 Benefit Highlights

## Group Medicare Supplement Plan A



Services/Benefits	Health Alliance Pays	Member Pays
<b>Medicare (Part A) Hospital Services</b>		
<b>Hospitalization</b>		
• First 60 days	\$0	\$1,364 Part A deductible
• Days 61 through 90	\$341 per day	\$0
• 91 <sup>st</sup> day and after while using 60 lifetime reserve days	\$682 per day	\$0
• Additional 365 days (after lifetime days are used)	100% of Medicare-eligible expenses	\$0**
• Beyond 365 days	\$0	All costs
<b>Skilled Nursing Facility</b>		
• First 20 days	\$0	\$0
• Days 21 through 100	\$0	Up to \$170.50 per day
• Day 101 and after	\$0	All costs
<b>Blood</b>		
• First three pints	Cost of three pints	\$0
• Additional pints	\$0	\$0
<b>Hospice Care</b>	Medicare copayment/coinsurance	\$0
<b>Medicare (Part B) Medical Services</b>		
<b>Medical Expenses</b>		
• First \$185 of Medicare-approved amounts*	\$0	\$185 Part B deductible*
• Remainder of Medicare-approved amounts	Generally 20%	\$0
<b>Part B Excess Charges</b> (above Medicare-approved amounts)	\$0	All costs
<b>Blood</b>		
• First three pints	All costs	\$0
• Next \$185 of Medicare-approved amounts*	\$0	\$185 Part B deductible*
• Remainder of Medicare-approved amounts	20%	\$0
<b>Clinical Laboratory Services or Tests for Diagnostic Services</b>	\$0	\$0

<b>Services/Benefits</b>	<b>Health Alliance Pays</b>	<b>Member Pays</b>
<b>Medicare (Parts A and B) Services</b>		
<b>Home Health Care</b>		
<ul style="list-style-type: none"> <li>• Medically necessary services and medical supplies</li> </ul>	\$0	\$0
<ul style="list-style-type: none"> <li>• Durable medical equipment <ul style="list-style-type: none"> <li>○ First \$183 of Medicare-approved amounts*</li> <li>○ Remainder of Medicare-approved amounts</li> </ul> </li> </ul>	\$0	\$185 Part B deductible*
	20%	\$0
<b>Other Benefits Not Covered by Medicare</b>		
<b>Foreign travel not covered by Medicare</b>		
<ul style="list-style-type: none"> <li>• First \$250</li> </ul>	\$0	All costs
<ul style="list-style-type: none"> <li>• Remainder of charges</li> </ul>	\$0	All costs

\*\*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 \$185 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.