

# Medicare Supplemental Plan

## Summary of Benefits

Benefits	Other Payments Made		Member Payment	
	Remaining Costs after Medicare Payment	CareFirst Plan Payment	Provider Accepting Medicare Assignment	Provider Not Accepting Medicare Assignment
<b>FACILITY</b>				
<b>Inpatient Hospital</b> Days 1–60 Days 61–90 Lifetime reserve	Part A initial deductible \$1,364 \$341 per day \$682 per day	\$1,364 \$341 per day \$682 per day	No member payment No member payment No member payment No member payment	No member payment No member payment No member payment No member payment
<b>Skilled Nursing Facility</b> Days 1–20 Days 21–100	None \$170.50 per day	None \$170.50 per day	No member payment No member payment	No member payment No member payment
<b>Home Health</b>	None	None		
<b>Hospice Care</b>	Medicare pays most charges. Remaining costs include drug copayment and limited cost for respite care.	Remaining cost	No member payment	No member payment
<b>PHYSICIAN SERVICES</b>				
<b>Inpatient</b>	20% of Medicare's approved amount and Part B deductible if accepting assignment	100% up to CareFirst allowed benefit	No member payment	No member payment
<b>Emergency</b>	20% of Medicare's approved amount and Part B deductible	80% up to CareFirst allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Surgery</b>	20% of Medicare's approved amount and Part B deductible	100% up to CareFirst allowed benefit	No member payment	No member payment
<b>Laboratory Services</b>	100%	None	No member payments	N/A
<b>Radiology Services (Inpatient)</b>	20% of Medicare's approved amount and Part B deductible	100% up to CareFirst allowed benefit	No member payment	No member payment
<b>Radiology Services (Outpatient or Office)</b>	20% of Medicare's approved amount and Part B deductible	80% up to CareFirst allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Office Visit</b>	20% of Medicare's approved amount and Part B deductible	80% up to CareFirst allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Office Therapy</b>				
<b>Radiation/Chemotherapy</b>	20% of Medicare's approved amount	100% up to CareFirst allowed benefit	No member payment	No member payment
<b>Physical Therapy</b>	20% of Medicare's approved amount and Part B deductible	80% up to CareFirst allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge

The Medicare deductibles and coinsurance amounts shown are based on 2019 figures. Your benefits will automatically adjust to meet any amounts that change in 2020.

CareFirst's allowed benefit for services covered by Medicare and CareFirst will not exceed the Medicare approved amount/Medicare limiting charge.

## Medicare Supplemental Plan

Benefits	Other Payments Made		Member Payment	
	Remaining Costs after Medicare Payment	CareFirst Plan Payment	Provider Accepting Medicare Assignment	Provider Not Accepting Medicare Assignment
<b>OTHER SERVICES</b>				
<b>Ambulance Services</b>	20% of Medicare's approved amount and Part A/B deductible	80% up to allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Durable Medical Equipment</b>	20% of Medicare's approved amount and Part A/B deductible	80% up to allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Prosthetic Appliances</b>	20% of Medicare's approved amount deductible	100% up to allowed benefit	No member payment	No member payment
<b>Whole Blood</b> (In full—Part A, 3 pint deductible—Part B)	20% of Medicare's approved amount and Part A/B deductible	80% up to allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Medical Supplies</b>	20% of Medicare's approved amount and Part A/B deductible	80% up to allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Hearing Benefits</b> (once every 36 months)	20% of Medicare's approved amount and Part A/B deductible	80% up to allowed benefit	Balance up to Medicare's approved amount	Balance up to Medicare's limiting charge
<b>Physical Exam</b>		100% of allowed benefit	No member payment	No member payment
<b>Mammograms</b>	Pays for one every 12 months	Difference up to Medicare's approved amount or 100% of CareFirst allowed benefit when not covered by Medicare	No member payment	No member payment when Medicare approved. Difference between CareFirst allowed benefit and provider's charge when not Medicare approved.
<b>Prostate Cancer Screening</b>	Pays for one every 12 months	Difference up to Medicare's approved amount or 100% of CareFirst allowed benefit when not covered by Medicare	No member payment	No member payment when Medicare approved. Difference between CareFirst allowed benefit and provider's charge when not Medicare approved.

Medicare does not place a limiting charge on durable medical equipment, therefore the CareFirst allowed benefit will prevail.

If Medicare benefits are exhausted, or service is not covered by Medicare, CareFirst Medicare Supplemental Plan benefits may be provided.

Blue Cross and Blue Shield benefits for inpatient hospital services are provided for 90 days per inpatient stay with a 60-day renewal interval. That is, an inpatient stay will be one stay if discharge date and readmission date are not separated by at least 60 days.

Reimbursement under Major Medical is subject to an annual deductible of \$200 per individual. After your deductible is met, payment is made at 80% of allowed benefit and you pay the coinsurance of 20%.