

Plan 65

# 2015 Group Plan 65

## Plan Highlights without the Skilled Nursing Benefit



Group Plan 65 is a Medicare supplement plan, also known as “Medigap,” that picks up where Medicare leaves off, making it easier for you to budget for your healthcare expenses. Group Plan 65 provides flexibility, options, and added discounts—all from a trusted, local company.

You’re free to seek care from the Original Medicare-participating providers of your choice, anywhere in the country. Plan 65 pays for Original Medicare’s cost-sharing, such as deductibles and coinsurance. If Original Medicare does not cover a service, your supplemental plan will also not cover that service, unless otherwise noted.

Plan Benefit	With Original Medicare you pay:	With Medicare and Group Plan 65 you pay:
<b>Doctor Visits</b>	20% of Medicare-approved amounts after Part B deductible \$0 for “Welcome to Medicare” and yearly wellness visits	\$0
<b>Inpatient Hospital Care*</b> (Includes substance abuse, mental health, rehabilitation, and inpatient surgery facility services) <ul style="list-style-type: none"> <li>• First 60 days</li> <li>• Days 61 – 90</li> <li>• 60 lifetime reserve days</li> <li>• Additional lifetime maximum benefit – 365 days</li> </ul>	An initial deductible of \$1,260** \$315 each day** \$630 each lifetime reserve day** All costs	\$0 \$0 \$0 \$0
<b>Skilled Nursing Facility Care*</b> (In a Medicare-certified skilled nursing facility) <ul style="list-style-type: none"> <li>• First 20 days</li> <li>• Days 21 – 100</li> <li>• 101 days and after</li> </ul>	\$0 \$157.50 each day** All costs	\$0 \$157.50 each day** All costs
<b>Outpatient Surgery Services</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Emergency Room Care</b> (You may go to an emergency room if you believe your health is in serious danger.)	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Urgently Needed Care</b> (This is not emergency care—your health is not in serious danger.)	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Ambulance Services</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Diagnostic Tests, X-rays, and Lab Services</b>	20% of Medicare-approved amounts after Part B deductible for diagnostic tests and X-rays \$0 for Medicare-covered lab services	\$0
<b>Durable Medical Equipment</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Prosthetic Devices</b>	20% of Medicare-approved amounts after Part B deductible	\$0

Plan Benefit	With Original Medicare you pay:	With Medicare and Group Plan 65 you pay:
<b>Home Healthcare</b>	\$0 for Medicare-covered home health visits	\$0
<b>Foreign Travel Care</b>	All costs	20% after \$250 annual deductible for emergency healthcare during the first 60 days of each trip. There is a \$50,000 lifetime maximum.
<b>Non-routine Hearing Services</b>	20% of Medicare-approved amounts after Part B deductible for diagnostic hearing exams	\$0
<b>Non-routine Vision Care</b>	20% of Medicare-approved amounts after Part B deductible for diagnosis and treatment of diseases and conditions of the eye	\$0
<b>Non-routine Podiatry Services</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Chiropractic Services (limited)</b>	20% of Medicare-approved amounts after Part B deductible	\$0
<b>Immunizations</b> (Flu shots, pneumonia vaccine, and for people with Medicare who are at high risk: hepatitis B vaccine)	\$0	\$0
<b>Bone Mass Measurement</b> (For people with Medicare who are at risk)	\$0	\$0
<b>Colorectal Screening Exams</b>	\$0 May be charged 20% of the Medicare-approved amount for doctor's visit	\$0
<b>Diabetes Screening</b> (For people with Medicare who are at risk)	\$0	\$0
<b>Annual Mammography Screening</b> (For women with Medicare)	\$0	\$0
<b>Pap Tests and Pelvic Exams</b> (For women with Medicare)	\$0	\$0
<b>Prostate Cancer Screening Exams</b> (For men with Medicare)	20% of Medicare-approved amount for digital rectal exam after the Part B deductible. In a hospital outpatient setting, you pay a copayment. \$0 for the Prostate Specific Antigen (PSA) Test	\$0

**2015 Part A Deductible = \$1,260 per benefit period\*\***

**2015 Part B Deductible = \$147 per calendar year\*\***

All services should be received from an Original Medicare-participating provider, except in emergencies. To be eligible for Group Plan 65, you must be enrolled in both Part A and Part B of the Original Medicare Program.

\*A benefit period begins on the first day you receive services 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 consecutive days.

\*\*These coinsurances and deductibles are current for 2015 and are subject to change on an annual basis.



## Questions?

To enroll or learn more about our Group Plan 65 Medicare Supplement plan without the skilled nursing benefit, call today at 1-800-505-BLUE (2583). TTY/TDD users can call 711.

If you are already a member of Group Plan 65 and have questions about your plan, please call Customer Service at 1-800-639-2227. TTY/TDD users can call 711. Customer Service hours are Monday through Friday, 8:00 a.m. to 8:00 p.m.



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