

Understanding Medicare and Medicare Supplement Insurance

Program Option D

NEA Medicare Supplement Program

Part A — Hospital Services Per Benefit Period*

*A benefit period begins on the first day you receive service 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 days in a row.

Services	Medicare Pays	Program Option D Pays	You Pay
HOSPITALIZATION*			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,100	\$1,100 (Part A Deductible)	\$0†
61 st through 90 th day:	All but \$275 a day	\$275 a day	\$0†
91 st day and after: While using 60 lifetime reserve days:	All but \$550 a day	\$550 a day	\$0†
Once lifetime reserve days are used: Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0†
Beyond the additional 365 days:	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.			
First 20 days:	All approved amounts	\$0	\$0†
21 st day through 100 th day:	All but \$137.50 a day	Up to \$137.50 a day	\$0†
101 st day and after:	\$0	\$0	All costs
BLOOD			
First 3 pints:	\$0	3 pints	\$0†
Additional amounts:	100%	\$0	\$0†
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care.	\$0	Balance

†“0” indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

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NEA Medicare Supplement Program Part B – Medical Services Per Calendar Year*

*Once you have been billed \$155 of Medicare approved amounts for covered services, your Medicare part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan D Pays	You Pay
MEDICAL EXPENSES*			
In or out of the hospital and outpatient hospital treatment such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
First \$155 of Medicare Approved Amounts*:	\$0	\$0	\$155 (Part B Deductible)
Preventive Benefits for Medicare covered services:	Generally 75% or more of Medicare approved amounts	Remainder of Medicare approved amounts	All costs above Medicare approved amounts
Remainder of Medicare approved amounts:	Generally 80%	Generally 20%	\$0†
PART B EXCESS CHARGES			
(Above Medicare approved amounts)	\$0	\$0	All Costs
BLOOD			
First 3 pints:	\$0	All costs	\$0†
Next \$155 of Medicare approved amounts*:	\$0	\$0†	\$155 (Part B Deductible)
Remainder of Medicare approved amounts:	80%	20%	\$0†
CLINICAL LABORATORY SERVICES			
Tests for diagnostic services	100%	\$0	\$0†

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Medicare Parts A & B

HOME HEALTH CARE*

Medicare approved services:			
Medically necessary skilled care services and medical supplies:	100%	\$0	\$0†
Durable medical equipment: First \$155 of Medicare approved amounts*:	\$0	\$0†	\$155 (Part B Deductible)
Remainder of Medicare approved amounts:	80%	20%	\$0†

†“0” indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

Other Benefits – Not Covered By Medicare

FOREIGN TRAVEL

Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year:	\$0	\$0	\$250
Remainder of charges*:	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

Program Option D also includes Pharmaceutical, Dental, Chiropractic, Hearing and Vision discounts – see “ADDED FEATURES” for details.