

# Understanding Medicare and Medicare Supplement Insurance

## Program Option M

### 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 M Pays	You Pay
<b>HOSPITALIZATION*</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,100	\$550 (50% of Part A Deductible)	\$550 (50% of Part A Deductible)
61 <sup>st</sup> through 90 <sup>th</sup> day:	All but \$275 a day	\$275 a day	\$0†
91 <sup>st</sup> 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
<b>SKILLED NURSING FACILITY CARE*</b>			
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 <sup>st</sup> day through 100 <sup>th</sup> day:	All but \$137.50 a day	Up to \$137.50 a day	\$0†
101 <sup>st</sup> day and after:	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints:	\$0	3 pints	\$0†
Additional amounts:	100%	\$0	\$0†
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	Generally, most Medicare eligible expenses for outpatient drugs and inpatient respite care up to 5 days less a co-payment amount of 5% of the daily benefit.	5% co-pay	\$0†

†“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 M Pays	You Pay
<b>MEDICAL EXPENSES*</b>			
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)
Remainder of Medicare approved amounts:	Generally 80%	Generally 20%	\$0†
<b>PART B EXCESS CHARGES</b>			
(Above Medicare approved amounts)	\$0	\$0	All Costs
<b>BLOOD</b>			
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†
<b>CLINICAL LABORATORY SERVICES</b>			
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 M also includes Pharmaceutical, Dental, Chiropractic, Hearing and Vision discounts – see “ADDED FEATURES” for details.