

Notice of changes in Medicare and your Medicare supplement coverage

The following charts briefly describe the modifications in Medicare Part A and B benefits and in your Medicare supplement coverage. **Please read this carefully!**

Medicare Part A services and supplies

| Services | Medicare benefits | |
|---|--|--|
| | In 2020, Medicare paid per benefit period | Effective 1/1/2021, Medicare pays |
| Inpatient hospital services: Semi-private room and board, miscellaneous hospital services and supplies, such as drugs, X-rays, lab tests and operating room | All but \$1,408 for first 60 days* | All but \$1,484 for first 60 days* |
| | All but \$352 a day for days 61–90 | All but \$371 a day for days 61–90 |
| | All but \$704 a day for days 91–150 (if you choose to use 60 nonrenewable lifetime reserve days) | All but \$742 a day for days 91–150 (if you choose to use 60 nonrenewable lifetime reserve days) |
| | Nothing beyond 150 days | Nothing beyond 150 days |
| Blood | All costs except non-replacement fees (blood deductible) for first 3 pints each calendar year | All costs except non-replacement fees (blood deductible) for first 3 pints each calendar year |
| Skilled nursing facility care | There is a 3-day prior hospital confinement requirement | There is a 3-day prior hospital confinement requirement |
| | 100% of costs for first 20 days | 100% of costs for first 20 days |
| | All but \$176 a day for days 21–100* | All but \$185.50 a day for days 21–100* |
| | Nothing beyond 100 days | Nothing beyond 100 days |

Depending on your Medicare supplement plan, you have coverage to help pay for health care costs and some services not covered by Medicare. Refer to your benefits policy for your plan details.

*Note: The Medicare supplement Plan A does not cover the Part A inpatient hospital deductible or the skilled nursing facility per day coinsurance.

Medicare Part B services and supplies

| Services | Medicare benefits | |
|--|--|--|
| | In 2020, Medicare paid per calendar year | Effective 1/1/2021, Medicare pays |
| Part B deductible | \$198* | \$203* |
| Physician and outpatient services and supplies | 80% of approved amount after \$198 deductible | 80% of approved amount after \$203 deductible |
| Blood | 80% of all costs except non-replacement fees (blood deductible) for first 3 pints in each calendar year after \$198 deductible | 80% of all costs except non-replacement fees (blood deductible) for first 3 pints in each calendar year after \$203 deductible |

Depending on your Medicare supplement plan, you have coverage to help pay for health care costs and some services not covered by Medicare. Refer to your benefits policy for your plan details.

*Note: The Medicare supplement Plan A does not cover the Part A inpatient hospital deductible, the skilled nursing facility per day coinsurance or the Part B deductible.

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