

# Notice of changes in Medicare and your Medicare supplement coverage

The following chart briefly describes 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 per benefit period	Medicare benefits		Your Medicare supplement coverage	
	In 2020, Medicare paid	Effective 1/1/2021, Medicare pays	In 2020, your coverage paid	Effective 1/1/2021, your coverage pays
<b>Hospitalization</b> Semiprivate room and board, general nursing and miscellaneous services and supplies	All but \$1,408 for first 60 days	All but \$1,484 for first 60 days	\$1,408 for first 60 days (except Plan A)	\$1,484 for first 60 days (except Plan A)
	All but \$352 a day for days 61–90	All but \$371 a day for days 61–90	\$352 a day for days 61–90	\$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)	\$704 a day for days 91–150	\$742 a day for days 91–150
	\$0 beyond 150 days	\$0 beyond 150 days	Beyond 150 days, all costs for a lifetime maximum of 365 additional days	Beyond 150 days, all costs for a lifetime maximum of 365 additional days
<b>Skilled nursing facility care</b> You must meet Medicare's qualifying requirements	All approved amounts for first 20 days	All approved amounts for first 20 days	\$0 for first 20 days	\$0 for first 20 days
	All but \$176 a day for days 21–100	All but \$185.50 a day for days 21–100	Up to \$176 a day for days 21–100 (except Plan A)	Up to \$185.50 a day for days 21–100 (except Plan A)
	\$0 beyond 100 days	\$0 beyond 100 days	\$0 beyond 100 days	\$0 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.

## Medicare Part B services and supplies

Services per calendar year	Medicare benefits		Your Medicare supplement coverage	
	In 2020, Medicare paid	Effective 1/1/2021, Medicare pays	In 2020, your coverage paid	Effective 1/1/2021, your coverage pays
<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	Generally 80% of Medicare approved amounts after \$198 deductible	Generally 80% of Medicare approved amounts after \$203 deductible	<b>Plan A, Plan D, Plan G and High Deductible Plan G:</b> after \$198 deductible, 20% of Medicare approved amount  <b>Plan F and High Deductible Plan F:</b> \$198 deductible and 20% of Medicare approved amounts  <b>Plan N:</b> after \$198 deductible, balance other than up to \$20 per office visit and up to \$50 per emergency room visit	<b>Plan A, Plan D, Plan G and High Deductible Plan G:</b> after \$203 deductible, 20% of Medicare approved amount  <b>Plan F and High Deductible Plan F:</b> \$203 deductible and 20% of Medicare approved amounts  <b>Plan N:</b> after \$203 deductible, balance other than up to \$20 per office visit and up to \$50 per emergency room visit
<b>Blood</b>	\$0 for the first 3 pints  For additional amounts, 80% of Medicare approved amounts after \$198 deductible	\$0 for the first 3 pints  For additional amounts, 80% of Medicare approved amounts after \$203 deductible	<b>Plan A, Plan D, Plan G, High Deductible Plan G and Plan N:</b> after \$198 deductible, 20% of Medicare approved amounts  <b>Plan F and High Deductible Plan F:</b> \$198 deductible and 20% of Medicare approved amounts	<b>Plan A, Plan D, Plan G, High Deductible Plan G and Plan N:</b> after \$203 deductible, 20% of Medicare approved amounts  <b>Plan F and High Deductible Plan F:</b> \$203 deductible and 20% of Medicare approved amounts
<b>Plan deductible</b> Out-of-pocket expenses normally paid by the plan before the policy begins paying benefits	Not applicable	Not applicable	<b>High Deductible Plan F and High Deductible Plan G:</b> You paid a \$2,340 annual deductible	<b>High Deductible Plan F and High Deductible Plan G:</b> You pay a \$2,370 annual deductible

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