

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
Hospitalization 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	\$1,408 for first 60 days (except Basic and Plan A) Plan L paid \$1,056 (75% of Part A deductible) for first 60 days	\$1,484 for first 60 days (except Basic and Plan A) Plan L pays \$1,113 (75% of Part A deductible) for first 60 days
	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 days (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
	Nothing beyond 150 days	Nothing beyond 150 days	Beyond 150 days, a lifetime maximum of 365 additional days paid at 100% (Except Basic pays at 90%)	Beyond 150 days, a lifetime maximum of 365 additional days paid at 100% (Except Basic pays at 90%)
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	First 3 pints Plan L paid 75% for first 3 pints	First 3 pints Plan L pays 75% for first 3 pints
Skilled nursing facility care You must meet Medicare's qualifying requirements	There is a 3-day prior hospital confinement requirement	There is a 3-day prior hospital confinement requirement	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	Nothing for first 20 days	Nothing for first 20 days
	All but \$176 a day for days 21–100	All but \$185.50 a day for days 21–100	\$176 a day for days 21–100 (except Plan A) Plan L paid \$132 per day for days 21–100	\$185.50 a day for days 21–100 (except Plan A) Plan L pays \$139.13 per day for days 21–100
	Nothing beyond 100 days	Nothing beyond 100 days	Plans I, II and III pay 30 additional days per benefit period beyond 100 days Basic and Plans A, C, E, F, J and L paid nothing beyond 100 days	Plans I, II and III pay 30 additional days per benefit period beyond 100 days Basic and Plans A, C, E, F, J and L pay 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.

Medicare Part B services and supplies

Services	Medicare benefits		Your Medicare supplement coverage	
	In 2020, Medicare paid per calendar year	Effective 1/1/2021, Medicare pays	In 2020, your coverage paid	Effective 1/1/2021, your coverage pays
Physician and outpatient services and supplies (Including Medicare Part B drugs)	80% of approved amount after \$198 deductible	80% of approved amount after \$203 deductible	Basic and Plan I, Plan A and Plan E: 20% of approved amount after \$198 deductible Plans II and Plan C: \$198 deductible and 20% of approved amount Plan III, Plan F and Plan J: \$198 deductible plus 20% of approved amount, plus any difference between charge and approved amount (Plan III paid up to our UCR amount) Plan L: Paid 15% of approved amounts after \$198 deductible	Basic and Plan I, Plan A and Plan E: 20% of approved amount after \$203 deductible Plan II and Plan C: \$203 deductible and 20% of approved amount Plan III, Plan F and Plan J: \$203 deductible and 20% of approved amount, plus any difference between charge and approved amount (Plan III pays up to our UCR amount) Plan L: Pays 15% of approved amounts 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	\$198 deductible and 20% of costs plus first 3 pints (Note: Basic and Plan I, Plan A and Plan E did not pay \$198 deductible) Plan L: Paid 75% of the first 3 pints and 15% following	\$203 deductible and 20% of costs plus first 3 pints (Note: Basic and Plan I, Plan A and Plan E do not pay \$203 deductible) Plan L: Pays 75% of the first 3 pints and 15% following
Out-of-pocket limit	Not applicable (Plan L only)	Not applicable (Plan L only)	Plan L: You paid \$2,940	Plan L: You pay \$3,110

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