

In-Patient Hospital (Including Day Surgery) **	Covered Under Part A	
Day 1-60	100% after Medicare Part A Deductible* (\$1,316 per benefit period)	100%
Day 61-90	100% after Medicare Part A Coinsurance (\$329 per day)	
Skilled Nursing (SNF)	Covered Under Part A; 100 day max/benefit period	
Days 1-20	100% after a minimum 3-day inpatient hospital stay	100%
Days 21-100	100% after SNF Coinsurance (\$164.50 per day)	
Outpatient Hospital	80% after Medicare Part B Deductible (\$183/cy); varies by service	100%
Emergency Room	80% after Medicare Part B Deductible (\$183/cy); varies by service	\$30 copay
Ambulance Services	80% after Medicare Part B Deductible and Coinsurance	100%
MRI/CT Scans	80% after Medicare Part B Deductible (\$183/cy); varies by service	100%
Preventive Care	100%	100%
Physician Services/Office Visit***	80% after Medicare Part B Deductible	\$5 Copay
Physical/Speech/Occupational Therapy	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance varies by service	\$5 copay
Chiropractic Care	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance varies by service	\$5 copay
Allergy Injections	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance varies by service	\$5 copay
Routine Annual Eye Exam	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance varies by service	\$5 copay; Discounts for Frames/lenses
Home Health Care	Covered Under Part A 100%	100%
Durable Medical Equipment (DME)****	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance; varies by service	100%
Inpatient Mental Health	100% after Part A Deductible	100%; 60 days max
Outpatient Mental Health	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance varies by service	\$5 copay; 24 visits max
Inpatient Substance Abuse	100% after Part A Deductible	100% 30 day max
Outpatient Substance Abuse	80% after Medicare Part B Deductible (\$183/cy) and Coinsurance varies by service	\$5 copay; \$500 max/cy
Prescription Drugs	Not Covered	Not Covered
Mail Order Drugs	Not Covered	Not Covered
Deductible: Individual*	Part A and Part B Deductibles Apply	None
Maximum Out of Pocket: Individual	Part A and Part B Deductibles/Coinsurance + Rx Cost	Copays
Maximum Lifetime Benefit	Unlimited	Unlimited

cy = calendar year max=maximum

Dec-16

This is only a summary of benefits, please consult appropriate Schedule of Benefits for more information.

*This deductible does not include a carryover provision.

** An additional 60 "Lifetime Reserve" days are available to each enrolled member who exceeds the 90 day maximum per benefit period.

2017 Medicare coinsurance for this benefit is \$658 per day.

***Medicare covers a yearly "Wellness" visit and a one-time "Welcome to Medicare" preventive visit.

****Durable Medical Equipment includes: certain medical equipment like a walker, wheelchair or hospital bed ordered by your doctor.

A benefit Period begins the first day of hospitalization and ends after you haven't received any inpatient hospital care for 60 consecutive days.

NOTE: Medicare Parts A & B is a calendar year plan. Rates and benefits are subject to change on the first of each year.

The plan year for Medicare Enhance coincides with your employer group's renewal.