

Putnam County High Option

Medicare Part A Services

Provided by Transamerica Affinity Services, Inc.

Benefit Period: January 1, 2018 through December 31, 2018

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
While using 60 lifetime reserve days	All but \$658 a day	\$658 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
SKILLED NURSING FACILITY CARE*			
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
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Co-insurance charges for inpatient respite care, drugs and biologicals approved by Medicare	\$0

* 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.

Putnam County High Option

Medicare Part B Services

Provided by Transamerica Affinity Services, Inc.

Benefit Period: January 1, 2018 through December 31, 2018

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES - 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: Physician Office and Emergency Room visit charges are not subject to deductibles. There is a \$20 copayment for each Physician Office visit and \$0 copayment for each Emergency Room visit. Medicare Part B Deductible (2017 – \$183) First \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts—After payment of the Part B Deductible by each Covered Person plan pays 20% of the Medicare Eligible Part B expenses; subject to applicable copayments. Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$0 20% 100%	Part B Deductible Applicable Copayments \$0
BLOOD First 3 pints Next \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 Part B Deductible \$0
CLINICAL LABORATORY SERVICES Blood tests for Diagnostic Services	100%	\$0	\$0

MEDICARE PARTS A & B

HOME HEALTH CARE Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment: First \$183 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 Part B Deductible \$0
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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 Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime max
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* Once you have been billed \$183 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

*2017 deductible & amounts shown, 2018 TBD