

# NEA® Retiree Health Program: **PLAN OPTION G**

## Medicare Part A – Hospital Services Per Benefit Period\*

\*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.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<b>HOSPITALIZATION *</b>			
Semi-private room and board, general nursing and miscellaneous services and supplies:			
First 60 days:	All but \$1,216	\$1,216 (Part A Deductible)	\$0 <sup>†</sup>
61st through 90th day:	All but \$304 a day	\$304 a day	\$0 <sup>†</sup>
91st day and after:			
While using 60 lifetime reserve days:	All but \$608 a day	\$608 a day	\$0 <sup>†</sup>
Once lifetime reserve days are used:			
Additional 365 days:	\$0	100% of Medicare-Eligible Expenses	\$0 <sup>†</sup>
Beyond the additional 365 days:	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE *</b>			
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 <sup>†</sup>
21st day through 100th day:	All but \$152 a day	Up to \$152 a day	\$0 <sup>†</sup>
101st day and after:	\$0	\$0	All costs
<b>BLOOD</b>			
First 3 pints:	\$0	3 pints	\$0 <sup>†</sup>
Additional amounts:	100%	\$0	\$0 <sup>†</sup>
<b>HOSPICE CARE</b>			
You must meet Medicare requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care.	Medicare coinsurance or copayment	Balance

<sup>†</sup> "0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

# NEA Retiree Health Program: **PLAN OPTION G** CONTINUED

## Medicare Part B – Medical Services Per Calendar Year\*

\*Once you have been billed \$147 of Medicare-approved amounts for covered services, your Medicare part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN G PAYS	YOU PAY
<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:			
First \$147 of Medicare-approved amounts*:	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-approved amounts:	Generally 80%	Generally 20%	\$0 <sup>†</sup>
<b>PART B EXCESS CHARGES</b>			
Above Medicare-approved amounts:	\$0	100%	\$0 <sup>†</sup>
<b>BLOOD*</b>			
First 3 pints:	\$0	All costs	\$0 <sup>†</sup>
Next \$147 of Medicare-approved amounts*:	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>
<b>CLINICAL LABORATORY SERVICES</b>			
Tests for diagnostic services:	100%	\$0	\$0 <sup>†</sup>

## Medicare Parts A & B

<b>HOME HEALTH CARE*</b>			
Medicare-approved services:			
Medically necessary skilled care services and medical supplies:	100%	\$0	\$0 <sup>†</sup>
Durable medical equipment:			
First \$147 of Medicare-approved amounts *:	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare-approved amounts:	80%	20%	\$0 <sup>†</sup>

<sup>†</sup>"0" indicates your responsibility for covered charges. You will be required to pay any non-covered charges.

## Other Benefits – Not Covered By Medicare

<b>FOREIGN TRAVEL</b>			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First \$250 each calendar year:	\$0	\$0	\$250
Remainder of charges*:	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

Plan Option G Certificateholders also receive access to Pharmaceutical, Dental, Chiropractic, Hearing and Vision discounts – see "EXTRA FEATURES" for details.