



MEDICARE PART A – HOSPITAL SERVICES	MEDICARE PAYS	BLUESHIELD PAYS	YOU PAY
1st thru 60th Day	All but \$1,600	\$1,600	\$0
61st thru 90th Day	All but \$400 / day	\$400 / day	\$0
91st thru 150th Day	All but \$800 / day	\$800 / day	\$0
151st thru 365th Day	\$0	100% M/E	\$0
366th thru 515th Day	\$0	100% M/E	\$0
516th thru 820th Day	\$0	\$0	All costs
Skilled Nursing Facility 1st thru 20th Day	100%	\$0	\$0
Skilled Nursing Facility 21st thru 100th Day	All but \$200 / day	\$200 / day	\$0
Skilled Nursing Facility 101st thru 365th Day	\$0	\$0	All costs
Hospice Care	All except Medicare Copay/ Coinsurance Amount	Medicare Copay/ Coinsurance Amount	\$0
Blood	All but first 3 pints	First 3 pints	\$0
MEDICARE PART B – MEDICAL SERVICES			
\$226 Medicare Deductible	\$0	\$0	\$226
Part B Excess Charges*	\$0	100%	\$0
Medicare-approved amount for Inpatient Physician*	80% M/E	20% M/E	\$0
Medicare-approved amount for Outpatient Hospital*	80% M/E	20% M/E	\$0
Medicare-approved amounts for Medical Supplies, Speech/ Physical Therapy, Ambulance, Diagnostic Lab, X-Ray, Home/ Office Visits, Durable Medical Equipment, Prosthetics*	80% M/E	20% M/E	\$0
Foreign Country	\$0	**	20% after \$250 deductible
Medicare-approved amount for Preventive Medical Care	100% M/E	Remaining Amount	\$0
Clinical Laboratory Services	100%	\$0	\$0
Blood – first 3 pints	\$0	First 3 pints	\$0
Blood – after first 3 pints*	80%	20%	\$0
MEDICARE PART A AND B SERVICES			
Home Health Care	100%	\$0	\$0

M/E = Medicare Eligible

*These benefits are not covered until you have met your Part B deductible of \$226.

**Foreign Country: Pays 80% after \$250 annual deductible up to a Lifetime Max. of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

†This plan represents the 2023 Medicare amounts. These amounts may change for 2024.

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610724.0923