



| MEDICARE PART A – HOSPITAL SERVICES | MEDICARE PAYS | BLUESECURE PAYS | YOU PAY |
|--|---|------------------------------------|----------------------------|
| 1st thru 60th Day | All but \$1,484 | \$1,484 | \$0 |
| 61st thru 90th Day | All but \$371 / day | \$371 / day | \$0 |
| 91st thru 150th Day | All but \$742 / day | \$742 / 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 \$185.50 / day | \$185.50 / 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 | | | |
| \$203 Medicare Deductible | \$0 | \$0 | \$203 |
| 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 \$203.

** 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 2021 Medicare amounts. These amounts may change for 2022.

BlueSecure, a retiree group supplemental medical plan, is offered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

610724.1120