

State of Washington

Plan 5

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 Pays	You Pay
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
Medicare Part A Deductible			
First 60 days	All but Part A Deductible	Part A Deductible	\$0
61st thru 90th day	All but Part A Coinsurance	Part A Coinsurance	\$0
91st day and after:			
While using 60 lifetime reserve days	All but Part A Coinsurance	Part A Coinsurance	\$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 Part A Coinsurance	Part A Coinsurance	\$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	\$0	Balance

State of Washington

Plan 5

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 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.

Services	Medicare Pays	Plan Pays	You Pay
<p>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:</p> <p>Medicare Part B Deductible</p> <p>Next Medicare Approved Amounts</p> <p>Remainder of Medicare Approved Amounts — After payment of the Part B Deductible by each Covered Person plan pays 16% of the Medicare Eligible Part B expenses. Once each Covered Person incurs an annual out-of-pocket expense maximum of \$1,000 including deductibles, plan pays 20% of the Medicare Eligible Part B expenses. The out-of-pocket maximum is applied separately to each Covered Person.</p> <p>Part B Excess Charges (Above Medicare Approved Amounts)</p>	<p>\$0</p> <p>generally 80%</p> <p>generally 80%</p> <p>\$0</p>	<p>\$0</p> <p>16%</p> <p>generally 20%</p> <p>\$0</p>	<p>Part B Deductible</p> <p>4% up to \$1,000 (includes Part B Deductible)</p> <p>\$0</p> <p>All costs</p>
<p>BLOOD</p> <p>First 3 pints</p>	\$0	All costs	\$0
SUBJECT TO COINSURANCE AND DEDUCTIBLES — SEE ABOVE			
<p>CLINICAL LABORATORY SERVICES</p> <p>Blood tests for Diagnostic Services</p>	100%	\$0	\$0
MEDICARE PARTS A & B			
<p>HOME HEALTH CARE</p> <p>Medicare Approved Services: Medically necessary skilled care services and medical supplies Durable medical equipment</p>	100%	\$0	\$0
SUBJECT TO COINSURANCE AND DEDUCTIBLES — SEE ABOVE			
OTHER BENEFITS - NOT COVERED BY MEDICARE			
<p>FOREIGN TRAVEL</p> <p>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</p>	<p>\$0</p> <p>\$0</p>	<p>\$0</p> <p>80% to a lifetime maximum of \$50,000</p>	<p>\$250</p> <p>20% and amounts over the \$50,000 lifetime max</p>