

2019 Medicare Benefits Chart

Medicare Part A: Hospital Covered Services

Covered Services Per Calendar Year

| Service | Benefit | Medicare Pays | Balance (See NOTICE below) |
|--|--|--|---|
| Hospitalization , per benefit period ¹ . Hospitalization includes semi-private room and board, drugs, general nursing, and miscellaneous hospital services and supplies. | First 60 days | All but \$1,364 | \$1,364 |
| | 61st to 90th day | All but \$341 a day | \$341 a day |
| | 91st to 150th day ² | All but \$682 a day | \$682 a day |
| | Beyond 150 days | Nothing | Nothing |
| Post hospital Skilled Nursing Facility Care , per benefit period ¹ . You must have been in a hospital for at least three days, enter a facility approved by Medicare within 30 days after hospital discharge, and require skilled care. | First 20 days | 100% of covered services | Nothing |
| | Additional 80 days | All but \$170.50 a day | \$170.50 a day |
| | Beyond 100 days | Nothing | Nothing |
| Home Healthcare Home healthcare includes part-time skilled nursing care, speech therapy, physical therapy, occupational therapy, durable medical equipment, medical supplies and other services. | Unlimited as long as you meet Medicare requirements for home healthcare benefits | Full cost of limited Medicare-approved visits; 80% for durable medical equipment | Nothing except 20% of the Medicare-approved amount for durable medical equipment |
| Hospice Care | For as long as doctor certifies need | All but limited costs for outpatient drugs and inpatient respite care | Limited cost-sharing for outpatient drugs (\$5 copay) and inpatient respite care (5% coinsurance). These rates apply to hospice care outpatient drugs only. All other services are covered as described in your carrier plan. |
| Blood | Unlimited during a benefit period if medically necessary | All but first three pints; three-pint deductible needs to be met only once per calendar year as an inpatient and/or outpatient | Cost for first three pints |

¹ A benefit period begins on the first day you are admitted to the hospital and ends after you have been out of the hospital or skilled nursing facility for 60 days in a row.

² Once you have been hospitalized for 90 days, Medicare will provide you with 60 reserve days. Each reserve day can only be used once during your lifetime. Medicare will pay all but \$682 per reserve day.

NOTICE:

The LACERA-administered medical plans, in general, pay the amount in the *Balance* column (above) within the benefit provisions of the plan. Medicare benefits are subject to change each year. For additional information, contact Medicare at (800) 633-4227 or visit www.medicare.gov and refer to the current *Medicare & You* Booklet.

- If you are enrolled in Anthem Blue Cross Plan I, II, or III, or Anthem Blue Cross Prudent Buyer Plan and entitled to Medicare Part A, the plan will coordinate with Medicare Part A coverage.
- If you are enrolled in Kaiser or Cigna Network Model Plan, you will be responsible for charges in excess of Medicare unless you receive treatment or authorization from your healthcare plan.
- If you are enrolled in Kaiser Senior Advantage, UnitedHealthcare Medicare Advantage, SCAN Health Plan or Cigna HealthSpring Preferred Rx (Available in Maricopa County and Apache Junction, Pinal County, Arizona Only), Medicare will not reimburse or pay for any treatment outside of your elected healthcare plan. Your plan will not cover you for treatment received outside of the plan, **except** in the event of an emergency.

(Turn over for Part B and Part D information.)



2019 Medicare Benefits Chart

Medicare Part B: Medical Insurance

Covered Services Per Calendar Year

| Service | Benefit | Medicare Pays ¹ | Balance ¹ (See NOTICE below) |
|---|--|---|---|
| Medical Expenses | Physicians' services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment | 80% of approved amount (after \$185 deductible); 100% for clinical laboratory services; certain limits may apply for physical, speech, and occupational therapy | \$185 medical deductible plus 20% of balance of the approved amount |
| Home Healthcare (Including skilled nursing care, home health aide services, etc.) | Unlimited as long as you meet Medicare requirements | 100% of approved amount for services; 80% of approved amount for durable medical equipment | Nothing for services; 20% of approved amount for durable medical equipment |
| Outpatient Hospital Treatment | Unlimited treatment as medically necessary | 100% after a coinsurance or copay amount | A coinsurance or copay amount, which may vary according to the service |
| Blood | Unlimited during a benefit period if medically necessary | 80% of approved amount (after first three pints and \$185 deductible) | \$185 deductible plus cost of first three pints plus 20% of balance of the approved amount |
| Preventive Services | Healthcare to prevent illness or detect illness at an early stage, when treatment is likely to work best, including the "Welcome to Medicare" preventive visit and yearly "Wellness" visit. Preventive services include Pap tests, flu shots, and screening mammograms. For a complete list of preventive services, visit www.medicare.gov | 100% of coinsurance or copay amount | Nothing for covered services. However, if your doctor or other healthcare provider performs additional tests or services during the same visit that are not covered under these preventive benefits, you may have to pay coinsurance, and the \$185 deductible may apply. |

¹ Once you pay \$185 of expenses for covered services in 2019, the Part B deductible does not apply to any further covered services you receive the rest of the year. Also, if your physician does not accept Medicare assignment, he/she may not bill you for more than 15% over Medicare's approved amount.

| Part B: Monthly Premiums | |
|--|---|
| Annual Income (Individual Tax Return) | 2019 Monthly Premium |
| \$0 – \$85,000 | \$135.50 <small>(standard premium amount)</small> |
| \$85,001 – \$107,000 | \$189.60 |
| \$107,001 – \$133,500 | \$270.90 |
| \$133,501 – \$160,000 | \$352.20 |
| \$160,001 – \$500,000 | \$433.40 |
| Over \$500,000 | \$460.50 |

To find out what your Part B premium will be, call Social Security at (800) 772-1213. TTY users should call (800) 325-0778.

| 2019 Medicare Part D: Prescription Drug Coverage | | |
|--|--|---|
| Benefit | Medicare Pays | Balance (See NOTICE below) |
| Generic and some brand name prescription drugs purchased at a pharmacy; mail order is available for some prescription drugs. | Medicare Part D is offered through private vendors approved by Medicare. Generally, you pay a monthly premium, a copayment or coinsurance, and a deductible for your prescription drugs. | <ul style="list-style-type: none"> ■ All LACERA-administered medical plans provide prescription drug coverage. ■ On average, your prescription drug coverage through any LACERA-administered medical plan is as good as, if not better than, any individual Medicare Part D plan. ■ LACERA-administered medical plan participants should not enroll in non-LACERA Medicare Part D plans offered by private vendors. Contact LACERA if you have questions. |

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- If you are enrolled in Anthem Blue Cross Plan I, II, or III, or Anthem Blue Cross Prudent Buyer Plan and entitled to Medicare Part B, the plan will coordinate with Medicare Part B coverage. The prescription drug benefits under these Anthem Blue Cross plans is equal to or better than that of Medicare Part D and is considered creditable coverage for those who are entitled to Parts A and B and are therefore eligible for Medicare Part D.
- If you are enrolled in Kaiser or Cigna Network Model Plan, you will be responsible for charges in excess of Medicare Part B unless you receive treatment or authorization from your healthcare plan; your prescription drug coverage will be through your HMO, not Medicare.
- If you are enrolled in Kaiser Senior Advantage, UnitedHealthcare Medicare Advantage, SCAN Health Plan or Cigna HealthSpring Preferred Rx (Available in Maricopa County and Apache Junction, Pinal County, Arizona Only), Medicare will not reimburse or pay for any treatment received outside of your elected healthcare plan. Your plan will not cover you for treatment received outside of the plan, **except** in the event of an emergency. Your prescription drug coverage will be through your HMO, not Medicare.

(Turn over for Part A information.)