

# NH School Health Care Coalition

## SCHOOLCARE 65+

January 1, 2011

### Summary of Benefits

#### 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	SCHOOLCARE 65+ Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after : While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,132 All but \$283 a day All but \$566 a day \$0 \$0	\$1,132 (Part A Ded.) \$283 a day \$566 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$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 21st thru 100th day 101st day and after	All approved amounts All but \$141.50 a day \$0	\$0 Up to \$141.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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	Medicare copayment/coinsurance	Balance

(Note: Benefits will be paid for only those expenses which are determined to be Medicare Eligible by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details, please see the Master Policy.)

(over)

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

\*Once you have been billed \$162 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	SCHOOLCARE 65+ Pays	You Pay
<b>MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 80% \$0	\$162 (Part B Deductible) 20% \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Next \$162 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$162 (Part B Deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> Blood tests for Diagnostic Services	100%	\$0	\$0

**MEDICARE PARTS A & B**

<b>HOME HEALTH CARE</b> Medicare Approved Services Medically necessary skilled care services and medical supplies  Durable medical equipment: First \$162 of Medicare Approved Amounts* Remainder of charges	100%  \$0 80%	\$0  \$162 (Part B Deductible) 20%	\$0  \$0 \$0
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**OTHER BENEFITS**

<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 Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
<b>PRESCRIPTION DRUGS<sup>1</sup></b>	<b>Member Copays</b>	<b>Member Copays</b>	
Benefits are only paid when using an Express Scripts Participating Pharmacy	Retail (31 day supply)	Mail Order (90 day supply)	
Generic	\$7	\$10	
Brand	\$25	\$35	
Specialty Drugs Administered by CuraScript. SCHOOLCARE 65+ pays 95% of the cost up to a \$15,000 per plan year (July 1 – June 30) limit.	5%	5%	

<sup>1</sup> SCHOOLCARE 65+ prescription drug coverage may be waived in lieu of Medicare Part D prescription drug coverage.