

**Anthem Blue Cross and Blue Shield
Group Retiree Plan F**

2017

Medicare (Part A) - Hospital Services - Per Benefit Period

A benefit period begins on the day you are admitted 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 Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61st through the 90th day	All but \$329 per day	\$329 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$658 per day	\$658 per day	\$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 through 100th day	All but \$164.50 per day	Up to \$164.50 per day	\$0
101st days and after	\$0	\$0	All Costs
BLOOD			
First three 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

Medicare (Part B) - Medical Services - Per Calendar Year

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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.			
First \$183 of Medicare-Approved Amounts	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
Part B Excess Charge (Above Medicare-Approved Amounts)	\$0	115%	\$0
BLOOD			
First three pints	\$0	All Costs	\$0
Next \$183 of Medicare-Approved Amounts	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - Blood Tests For Diagnostic Services	100%	\$0	\$0
MEDICARE PARTS A AND B			
HOME HEALTH CARE			
MEDICARE-APPROVED SERVICES - Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$183 of Medicare-Approved Amounts	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
OTHER BENEFITS - NOT COVERED BY MEDICARE			
FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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