

NSEA-Retired Medicare Seminar

November 2017

Agenda

- Introductions
- Overview of Medicare
- Part "A"
- Part "B"
- NSEA-Retired BlueSenior Classic Medicare Supplement Plan
- NSEA-Retired BlueSenior Classic Dental Plan

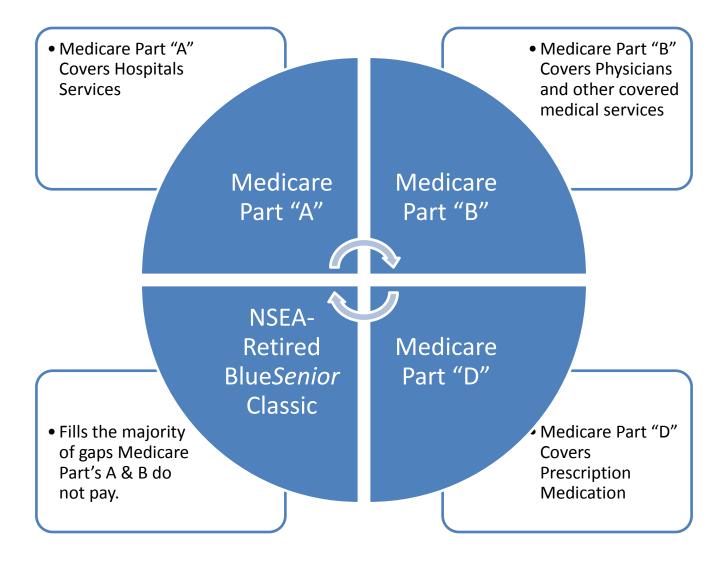
Introductions

NSEA-Retired - Roger Rea

Blue Cross Blue Shield of Nebraska Kent Trelford-Thompson Sue Warner Tara Stevenson Linda Farahani

Scott Fowler

Traditional Medicare



Medicare Part "A" (Hospital Coverage)

What does Part "A" Hospital Insurance cover?

- Inpatient care in hospitals
- Inpatient care in a skilled nursing facility (not custodial or long-term care)
- Hospice care services
- Home health care services
- Inpatient care in a religious nonmedical health care institution

Medicare Part "B" (Medical Insurance)

- Medicare Part B (Medical Insurance) helps cover:
- Medically Necessary Doctors' Services
- Outpatient Care
- Home Health Services
- Durable Medical Equipment
- Other Medical Services
- Part B also covers many preventive services.

Medicare-covered preventive services

- Welcome to Medicare preventive visit (one-time)
- Yearly "Wellness" visits
- Abdominal aortic aneurysm screening
- Alcohol misuses screening
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Diabetes screenings
- Flu shots
- Glaucoma tests
- Prostate cancer screenings
- * This is a partial listing of preventive services and may be subject to medical guidelines

Cost

- Medicare Part "A" "FREE" if you have pre-paid through employment taxes.
- Medicare Part "B" For 2018 the monthly premium will be \$134
- Medicare Part "D" Varies by plan selected on an annual basis.

Initial Enrollment Period

• The Part B Initial Enrollment Period is a seven-month period that begins three months before the month you turn age 65, includes the month you turn 65, and ends three months after the month you turn age 65.



• If you do not sign up for Part B when you first became eligible, up to a 10% penalty is typically added to the Part B premium for each 12-month period you could have had Part B but did not enroll, unless you qualify for the Part B Special Enrollment Period. The penalty continues for as long as you have Part B.

Medicare Benefit Period

The way that Original Medicare measures your use of hospital and or skilled nursing facility services

- A benefit period begins the day you're admitted as an inpatient in a hospital or SNF. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row.
- If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins.
- You must pay the inpatient hospital deductible for each benefit period.
- There's no limit to the number of benefit periods.

NSEA-Retired BlueSenior Classic Medicare Supplement Plan

- The NSEA-Retired BlueSenior Classic helps pay for some of the gaps Medicare does not cover.
- The NSEA-Retired BlueSenior Classic plan pays:
 - The Part A deductible
 - The Part B deductible and coinsurance
 - The difference between what Medicare pays and what your doctor may charge, up to the charge limitation established by Medicare.

NSEA-Retired Blue *Senior* Classic Medicare Part A (Hospital Services, Per Benefit Period)

Services	Medicare Pays	Blue Senior Classic Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing, miscellaneous services and supplies.			
First 60 days	All but \$1,340	\$1,340 (Part A deductible)	\$0
61 st through 90 th day	All but \$335 a day	\$335 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$670 a day	\$670 a day	\$0
Once lifetime reserve days are used: 365 additional days	\$0	100% of Medicare –eligible expenses	\$0
Beyond the additional 365 days	\$0	\$0	All costs
*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.			

NSEA-Retired Blue*Senior* Classic Medicare Part A (Hospital Services, Per Benefit Period)

Services	Medicare Pays	Blue Senior Classic Pays	You Pay
Skilled Nursing Facility* You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$167.50 a day	Up to \$167.50 a day	\$0
101 st 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 limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance
*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.			

NSEA-Retired Blue *Senior* Classic Medicare Part B (Medical Services, Per Calendar Year)

Services	Medicare Pays	Blue Senior Classic Pays	You Pay
Medical Expenses In Or Out of 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 and durable medical equipment.			
First \$183 of Medicare- approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare- approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
Blood			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare- approved amounts*	\$0	\$183 (Part B deductible)	\$0
Remainder of Medicare- approved amounts	Generally 80%	20%	\$0
*Once you have been billed \$183 of Me will have been met for the calendar yea		d services (which are noted with an asterisk), your Part B deductible

NSEA-Retired Blue*Senior* **Classic Medicare Part B (Medical Services, Per Calendar Year)**

Services	Medicare Pays	Blue Senior Classic Pays	You Pay
Clinical Laboratory Services Tests for diagnostic services			
	100%	\$0	\$0
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	Generally 80%	20%	\$0
*Once you have been billed \$183 deductible will have been met for		for covered services (which are noted w	I ith an asterisk), your Part B

NSEA-Retired Blue *Senior* Classic Other Benefits – Not Covered by Medicare

(Deductibles and Coinsurance based on 2014 benefits)

Services	Medicare Pays	Blue Senior Classic Pays	You Pay
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 of \$50,000	20% and amounts over the \$50,000 lifetime maximum

NSEA-Retired Dental Option

- May only be selected at original enrollment.
- If waived can not be enrolled at a later date.
- Same fantastic coverage you received on the Direct Bill/Early Retiree plan.
- Covers the majority of dental expenses.

Direct Bill Dental Option

Payments for Services	In-Network Provider	Out-of-Network Provider	
Deductible (the amount the covered person pays each year for combined covered services before the coinsurance is payable)			
Individual	\$25	\$50	
Family	\$50	\$100	
Calendar year deductible applies to the following coverage benefits	B & C Services	B & C Services	
Coinsurance Benefits (% covered person pays)			
Coverage A (Preventive and Diagnostic)	0%	50%	
Coverage B (Maintenance, Simple Restorative, Oral Surgery, Periodontics and Endodontics)	25%	50%	
Coverage C (Complex Restorative)	50%	50%	

NSEA-Retired BlueSenior Classic Dental Plan

- Coverage "A" Preventive & Diagnostic Dentistry
 - Includes oral exams, cleanings, scaling and polishing, and one full mouth or panorex series of X-rays every three years.
- Coverage "B" Maintenance & Simple Restorative Dentistry: Oral Surgery, Periodontics & Endodontic Services
 - Includes simple and impacted extractions, alveoloplasy, removal of dental cysts and tumors, tooth replantation, up to four periodontics cleanings per year, pulp cap and root canal.
- Coverage "C" Complex Restorative Dentistry
 - Includes crowns, inlays, permanent bridges, and full and partial dentures.

NSEA-Retired Blue*Senior* Classic Renewal Rates * Effective January 1, 2018

Age	NSEA-Retired Blue <i>Senior</i> Classic without Optional Dental Coverage	NSEA-Retired Blue <i>Senior</i> Classic with Optional Dental Coverage
Thru 66	\$153.41	\$197.72
67 - 69	\$169.63	\$213.94
70 - 74	\$199.34	\$243.65
75 - 79	\$232.06	\$276.37
80 - 84	\$247.63	\$291.94
85+	\$256.97	\$301.28

Additional Information

You can find detailed information about your Medicare coverage at:

<u>www.medicare.gov</u>.

Or

Medicare & You Handbook for 2018

QUESTIONS

