



# NSEA-Retired Medicare Seminar

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An Independent licensee of the Blue Cross and Blue Shield Association

# Introductions

NSEA-Retired

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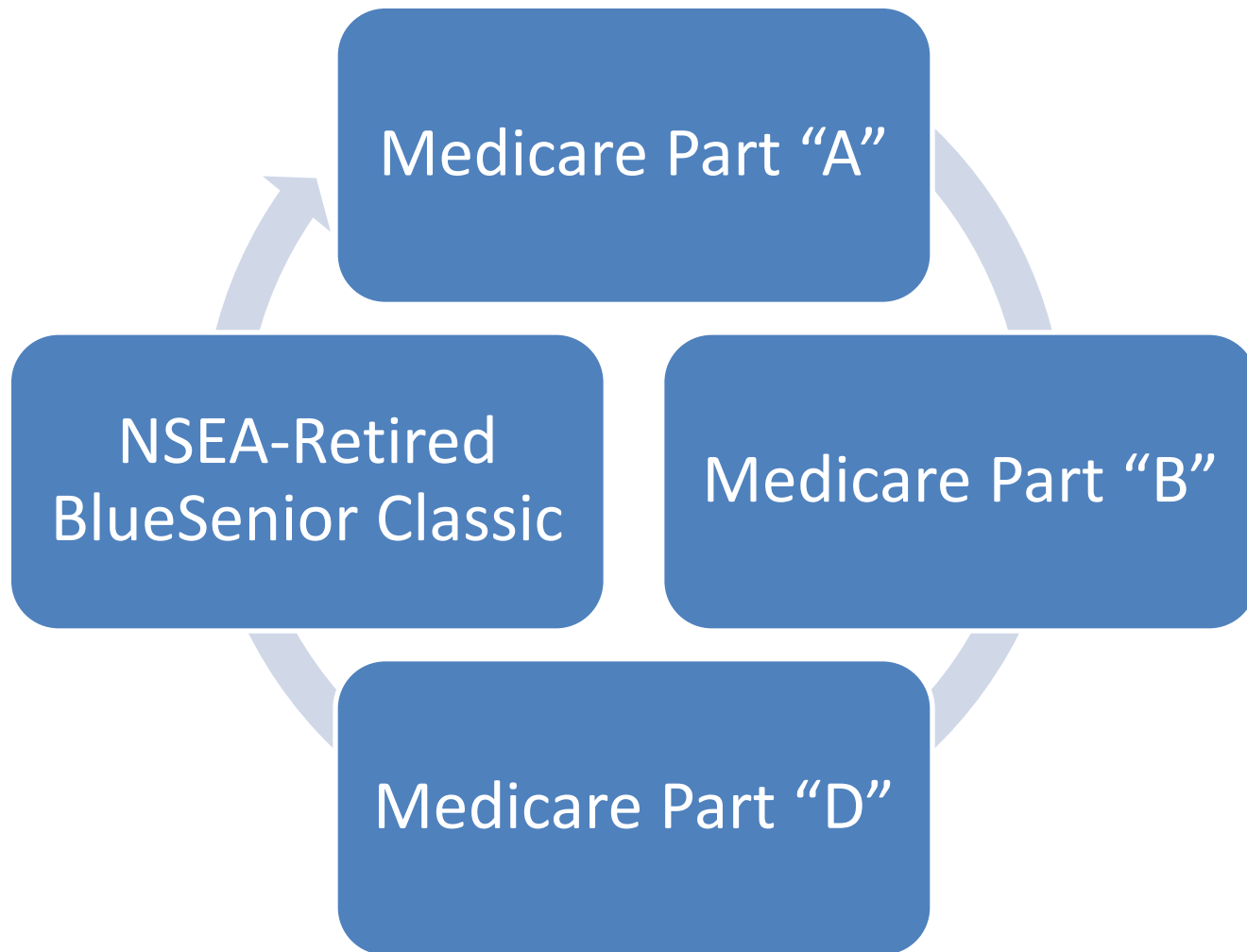
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# Agenda

- ❖ Overview of Medicare
  - ❖ Part “A”
  - ❖ Part “B”
- ❖ NSEA-Retired BlueSenior Classic Medicare Supplement Plan
- ❖ NSEA-Retired BlueSenior Classic Dental Plan

# 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

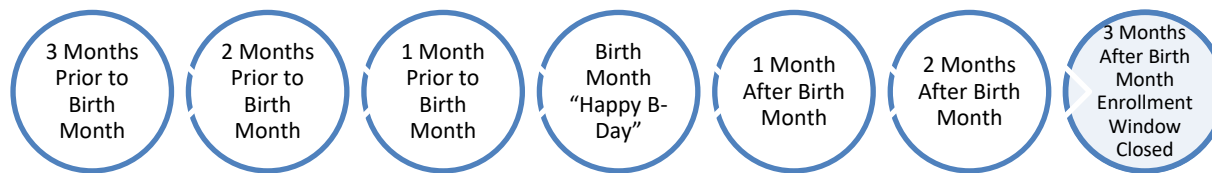
- Medicare Part “A”: You usually don't pay a monthly premium for Medicare Part A (Hospital Insurance) coverage if you or your spouse paid Medicare taxes while working. This is sometimes called "premium-free Part A."
- If you buy Part A, you'll pay up to \$413 each month.
- Medicare Part “B”: Most people pay the Part B premium of \$134.00 each month, if you sign up for Part B when you're first eligible.

| If your yearly income in 2015 (for what you pay in 2017) was |                                 |                                    | You pay (in 2017) |
|--|---------------------------------|------------------------------------|-------------------|
| File individual tax return                                   | File joint tax return           | File married & separate tax return |                   |
| \$85,000 or less   | \$170,000 or less               | \$85,000 or less                   | \$134.00          |
| above \$85,000 up to \$107,000                               | above \$170,000 up to \$214,000 | Not applicable                     | \$187.50          |
| above \$107,000 up to \$160,000                              | above \$214,000 up to \$320,000 | Not applicable                     | \$267.90          |
| above \$160,000 up to \$214,000                              | above \$320,000 up to \$428,000 | above \$85,000 and up to \$129,000 | \$348.30          |
| above \$214,000  | above \$428,000                 | above \$129,000                    | \$428.60          |



# 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, 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.

# Additional Information

You can find detailed information about your  
Medicare coverage at:

[www.medicare.gov](http://www.medicare.gov)

Or

Medicare & You Handbook for 2017

# 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 <i>Senior</i> Classic Pays     | You Pay   |
|---|---------------------|-------------------------------------|-----------|
| <b>Hospitalization*</b><br>Semiprivate room and board, general nursing, miscellaneous services and supplies.  |                     |                                     |           |
| First 60 days   | All but \$1,316     | \$1,316 (Part A deductible)         | \$0       |
| 61 <sup>st</sup> through 90 <sup>th</sup> day   | All but \$329 a day | \$329 a day                         | \$0       |
| 91 <sup>st</sup> day and after:<br>While using 60 lifetime reserve days   | All but \$658 a day | \$658 a day                         | \$0       |
| Once lifetime reserve days are used:<br>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 <i>Senior</i> Classic Pays | You Pay   |
|---|---|---------------------------------|-----------|
| <b>Skilled Nursing Facility*</b><br>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 <sup>st</sup> through 100 <sup>th</sup> day  | All but \$164.50 a day  | Up to \$164.50 a day            | \$0       |
| 101 <sup>st</sup> day and after   | \$0   | \$0                             | All costs |
| <b>Blood</b>  |   |                                 |           |
| First 3 pints   | \$0   | 3 pints                         | \$0       |
| Additional amounts  | 100%  | \$0                             | \$0       |
| <b>Hospice Care</b><br>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 | Medicare copayment/coinsurance  | \$0       |
| *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 <i>Senior</i> Classic Pays | You Pay |
|--|---------------|---------------------------------|---------|
| <b>Medical Expenses In Or Out of Hospital and Outpatient Hospital Treatment</b><br>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     |
| <b>Blood</b>   |               |                                 |         |
| 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 Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.  |               |                                 |         |

## NSEA-Retired Blue*Senior* Classic

### Medicare Part B (Medical Services, Per Calendar Year)

| Services  | Medicare Pays | Blue <i>Senior</i> Classic Pays | You Pay |
|---|---------------|---------------------------------|---------|
| <b>Clinical Laboratory Services</b><br>Tests for diagnostic services  |               |                                 |         |
|   | 100%          | \$0                             | \$0     |
| <b>Parts A and B Home Health Care</b><br>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 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year. |               |                                 |         |

## NSEA-Retired Blue*Senior* Classic

### Other Benefits – Not Covered by Medicare

| Services   | Medicare Pays | Blue <i>Senior</i> Classic Pays       | You Pay  |
|--|---------------|---------------------------------------|--|
| <b>Foreign Travel – Not covered by Medicare</b><br>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 |



# Dental Option

|   | In-Network               | Out-Of-Network            |
|---|--------------------------|---------------------------|
| Coverage “A” Preventive and Diagnostic Dentistry  |                          |                           |
| Calendar Year Deductible  | None                     | None                      |
| Coinsurance   | 20% of allowable charges | 30% of allowable charges* |
| Coverage “B” Maintenance and Simple Restorative Dentistry; Oral Surgery, Periodontics & Endodontic Services |                          |                           |
| Calendar Year Deductible  | None                     | \$50                      |
| Coinsurance   | 20% of allowable charges | 30% of allowable charges* |
| Coverage “C” Complex Restorative Dentistry  |                          |                           |
| Calendar Year Deductible  | \$25                     | \$50                      |
| Coinsurance   | 50% of allowable charges | 50% of allowable charges* |
| * Out-Of-Network Providers may Balance Bill Members for amounts over the contracted rate.                   |                          |                           |

# NSEA-Retired BlueSenior Classic Dental Plan

- Coverage “A” – Preventive & Diagnostic Dentistry
  - Includes two 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, alveoloplasty, 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, 2017

| Age     | NSEA-Retired<br>Blue <i>Senior</i> Classic | NSEA-Retired<br>Dental Coverage | NSEA-Retired Blue <i>Senior</i><br>Classic with Optional Dental<br>Coverage |
|---------|--|---------------------------------|---|
| Thru 66 | \$148.94                                   | \$38.87                         | \$187.81  |
| 67 - 69 | \$164.69                                   | \$38.87                         | \$203.56  |
| 70 - 74 | \$193.53                                   | \$38.87                         | \$232.40  |
| 75 - 79 | \$225.30                                   | \$38.87                         | \$264.17  |
| 80 - 84 | \$240.42                                   | \$38.87                         | \$279.29  |
| 85+     | \$249.49                                   | \$38.87                         | \$288.36  |

# QUESTIONS



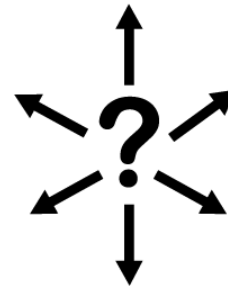
**Who?**



**What?**



**When?**



**Where?**