

## ***Summary of Unitarian Universalist Association Over 65 Medicare Retiree Benefits***

This is a Medicare benefit program that fills in the coverage gaps and cost sharing of the traditional Medicare program (Medicare Part A and Medicare Part B). In order to enroll in this program, you must be enrolled in Medicare Part A and/or Medicare Part B.

<b>Medicare Part A Covered Services</b>			
<b>Covered Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>Member Pays</b>
Inpatient Hospital Days 1-60	All but Part A Deductible	Medicare Part A Deductible	Nothing
Inpatient Hospital Days 61-90	All but Part A Coinsurance	Medicare Part A Coinsurance	Nothing
Inpatient Hospital Days 91-150 (may be used once per lifetime)	All but Part A Coinsurance	Medicare Part A Coinsurance	Nothing
Additional Inpatient Hospital Days	Nothing	100% of Medicare-eligible expenses for 365 additional days per benefit period, after the sixty (60) Medicare inpatient hospital lifetime reserve days are exhausted.	Nothing for the first 365 additional inpatient hospital days per benefit period, 100% thereafter.
Skilled Nursing Facility Days 1-20	100%	Nothing	Nothing
Skilled Nursing Facility Days 21-100	All but Part A Coinsurance	Medicare Part A Coinsurance	Nothing
Skilled Nursing Facility Days 101 and beyond	Nothing	Nothing	100%
Blood	Nothing for the first 3 pints per calendar year, 80% thereafter.	100% for the first three pints per calendar year, nothing thereafter.	Nothing for the first 3 pints per calendar year, 20% thereafter.

<b>Medicare Part B Covered Services</b>			
<b>Covered Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>Member Pays</b>
Most Medicare Part B Covered Services	All but the Part B Deductible and Part B Coinsurance	Medicare Part B Deductible and Medicare Part B Coinsurance	Nothing
Blood	Nothing for the first 3 pints per calendar year, 80% after the Part B Deductible thereafter.	100% for the first three pints per calendar year, nothing thereafter.	Nothing for the first 3 pints per calendar year, 20% thereafter (if the Part B Deductible has been satisfied).

<b>Additional Benefits which are not covered by Medicare</b>			
<b>Covered Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>Member Pays</b>
Emergency Care in a Foreign Country  (for services that would have been covered by Medicare if they had been provided in the United States)	Nothing	80%	20%
Medicare Part B Excess Charges	Nothing	100%	Nothing