

NDPERS Dakota Retiree Plan

Outline of Medicare
Supplement Coverage



Plan on the best fit.

SANFORD
HEALTH PLAN

Medicare Supplement

Outline of Medicare Supplement Coverage

Disclosures

Use this outline to compare benefits and premiums among policies.

You do not need more than one Medicare Supplement Policy. You must be enrolled in Part A and Part B Medicare coverage and use a Medicare-certified hospital.

Read Your Policy Very Carefully

This is only an outline describing your Policy's most important features. The Policy is your insurance contract. You must read the Policy itself to understand all of the rights and duties of both you and Sanford Health Plan.

Policy Replacement

If you are replacing another health insurance policy, do not cancel it until you have actually received your new Policy and are sure you want to keep it.

Notice

Items in brackets “[]” follow current Medicare amounts.

The service area includes all counties in North Dakota.

This Policy may not fully cover all of your medical costs.

Neither Sanford Health Plan nor its agents are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your Social Security Office or consult “The Medicare and You Handbook” for more details.

**NDPERS Dakota Retiree Plan
Medicare (Part A) Hospital Services – Per Benefit Period**

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
<p>Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <ul style="list-style-type: none"> • First 60 days • 61st thru 90th day • 91st day and after: <ul style="list-style-type: none"> - While using 60 lifetime reserve days • Once lifetime reserve days are used: <ul style="list-style-type: none"> - Additional 365 days - Beyond the additional 365 days 	<p>All but \$[1,316]</p> <p>All but \$[329] a day</p> <p>All but \$[658] a day</p> <p>\$0</p> <p>\$0</p>	<p>\$[1,316] (Part A deductible)</p> <p>\$[329] a day</p> <p>\$[658] a day</p> <p>100% of Medicare eligible expenses²</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0²</p> <p>All costs</p>
<p>Skilled Nursing Facility Care¹ 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</p> <ul style="list-style-type: none"> • First 20 days • 21st thru 100th day • 101st day and after 	<p>All approved amounts</p> <p>All but \$[164.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>Up to \$[164.50] a day</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p> <p>All costs</p>
<p>Blood</p> <ul style="list-style-type: none"> • First 3 pints • Additional amounts 	<p>\$0</p> <p>100%</p>	<p>3 pints</p> <p>\$0</p>	<p>\$0</p> <p>\$0</p>
<p>Hospice Care You must meet Medicare’s requirements, including a doctor’s certification of terminal illness.</p>	<p>All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$0</p>	<p>Balance</p>

¹ A benefit period begins on the first day you receive services 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.

² When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**NDPERS Dakota Retiree Plan
Medicare (Part B) Medicare Services – Per Calendar Year**

Services	Medicare Pays	Dakota Retiree 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			
<ul style="list-style-type: none"> • First \$[183] of Medicare approved amounts ³ • Remainder of Medicare approved amounts 	\$0 Generally 80%	\$[183] (Part B deductible) Generally 20% ⁴	\$0 \$0
Part B Excess Charges (Above Medicare approved amounts)	\$0	100%	\$0
Blood <ul style="list-style-type: none"> • First 3 pints • Next \$[183] of Medicare approved amounts³ • Remainder of Medicare approved amounts 	\$0 \$0 80%	All costs \$[183] (Part B deductible) 20%	\$0 \$0 \$0
Clinical Laboratory Services Blood tests for diagnostic services	100%	\$0	\$0
Parts A & B			
Home Health Care Medicare approved services			
<ul style="list-style-type: none"> • Medically necessary skilled care services and medical supplies • Durable medical equipment <ul style="list-style-type: none"> - First \$[183] of Medicare approved amounts ³ - Remainder of Medicare approved amounts 	100% \$0 80%	\$0 \$[183] (Part B deductible) 20%	\$0 \$0 \$0

³ Once you have been billed \$[183] of Medicare Approved Amounts for covered services, you Part B Deductible will have been met for the calendar year.

⁴ Part B Coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient services under a prospective payment system, applicable copay amounts.

**NDPERS Dakota Retiree Plan
Medicare (Part B) Medicare Services – Per Calendar Year**

Services	Medicare Pays	Dakota Retiree Plan Pays	You Pay
Other Benefits – Not Covered by Medicare			
Foreign Travel Not covered by Medicare, medically necessary emergency care services <ul style="list-style-type: none"> • Beginning during the first 60 days of each trip outside the USA <ul style="list-style-type: none"> - First \$[250] each calendar year - Remainder of charges 	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$[50,000]	\$[250] 20% and amounts over the \$[50,000] lifetime maximum

These Are Some Items Not Covered

- Services that are experimental or investigative in nature or that are not medically necessary as determined by Medicare.
- Services received prior to the effective date of your benefit plan.
- Services when benefits are provided by any governmental unit or social agency except Medicaid or when payment has been made under Medicare Part A or Part B.
- Outpatient prescription drugs, unless eligible under Medicare.
- Custodial care provided in a hospital or by a home health agency.
- Surgery to improve appearance.
- Services, treatments or supplies that are not a Medicare eligible expense.

