NDPERS Dakota Retiree Plan

NORTH DAKOTA
PUBLIC EMPLOYEES
RETIREMENT SYSTEM

29311965

(2071)11-13

ND

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Noridian Mutual Insurance Company

Medicare and NDPERS Dakota Retiree Plan – 2014

Medicare (Part A) Hospital Services Per Calendar Year			
Services	**Medicare Pays**	**Dakota Retiree Plan Pays**	**You Pay**
HOSPITALIZATION* – Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,216	$1,216 (Part A deductible)	$0
61st thru 90th day	All but $304 a day	$304 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $608 a day	$608 a 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 three days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $152 a day	Up to $152 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First three pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE – You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	$0	Balance

Medicare (Part B) Medical 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, and durable medical equipment			
First $147 of Medicare-approved amounts***	$0	$147 (Part B deductible)	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	$0
Part B excess charges (above Medicare-approved amounts)	$0	100%	$0
BLOOD			
First three pints	$0	All costs	$0
Next $147 of Medicare-approved amounts***	$0	$147 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES – Blood tests for diagnostic services			
	100%	$0	$0

Parts A and B			
Services	**Medicare Pays**	**Dakota Retiree Plan Pays**	**You Pay**
HOME HEALTH CARE – Medicare-approved services			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $147 of Medicare-approved amounts***	$0	$147 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0

Other Benefits Not Covered by Medicare			
Services	**Medicare Pays**	**Dakota Retiree Plan 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 benefit of $50,000	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.

*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.

**NOTICE: 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.

***Once you have been billed $147 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.