

Greater Tompkins County Municipal Health Insurance Consortium

Benefits	Medicare Parts A & B	GTCMHIC Medicare Supplement Plan
Requires Covered Member to be Enrolled in Both Medicare Parts A & B		
WHO IS COVERED		
Type of Coverage Offered	Single only	Single only
MEDICAL NECESSITY		
Pre-Certification Requirement	Not Applicable	Not Applicable
Medical Benefit Management Program	Not Applicable	Not Applicable
COST SHARING EXPENSES		
Contract Year	Calendar year	Calendar year
2020 Deductibles	Medicare A = \$1,408 per benefit period Medicare B = \$198 per year	Not Applicable
4 th Quarter Deductible Carry-Over Y/N	Not Applicable	Not Applicable
Copayment	See specific benefit type	None
Coinsurance	Medicare Part B = 20%	None
Annual Out-of-Pocket Maximum	Not Applicable	Not Applicable

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Lifetime Benefit Maximum	Not Applicable	Not Applicable
HOSPITAL INPATIENT SERVICES		
Inpatient Hospital Services <ul style="list-style-type: none"> • Federal Mandate - Inpatient Admission for mastectomy must be covered for as long as attending physician deems medically necessary, includes mastectomy prosthesis 	<u>Medicare A (per benefit period)</u> \$1,408 Deductible \$0 for the first 60 days \$341 per day for days 61–90 \$682 per “Lifetime Reserve Day” days 91-150 (up to a lifetime maximum of 60)	<u>Covers Medicare Part A: Deductible</u> Daily Copayment Amounts (days 61-90) Lifetime Reserve Copayments (days 91-150) When Medicare exhausts 100% of the Medicare allowed amount (not charges) for covered services up to 365 days per lifetime.
Mental Health Care Includes Partial Hospital State & Federal Mandate	Medicare Parts A & B Deductibles & Copays.	Covers Medicare Parts A & B Deductibles & Copays that may Apply
Mental Health Care State Mandate for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Does not apply	Inclusive in Mental Health or Inpatient benefit as determined by Medicare
Residential Treatment	Not Covered	Not Covered

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<p>Detoxification</p>	<p>Medicare A (per benefit period) <u>\$1,408 Deductible</u> \$0 for the first 60 days \$341 per day for days 61–90 \$682 per “Lifetime Reserve Day” days 91-150 (up to a lifetime maximum of 60)</p>	<p><u>Covers Medicare Part A:</u> Deductible Daily Copayment Amounts (days 61 -90) Lifetime Reserve Copayments (days 91-150)</p>
<p>Skilled Nursing Facility</p>	<p>Medicare A (per benefit period) <u>\$0 for Days 1 – 20</u> \$176 per day for days 21 – 100 Limited to 100 days per benefit period</p>	<p>Covers Medicare A: Deductible Daily copay</p>
<p>Physical Rehabilitation</p>	<p>Medicare A (per benefit period) <u>\$1,408 Deductible</u> \$0 for the first 60 days \$341 per day for days 61–90 \$682 per “Lifetime Reserve Day” days 91-150 (up to a lifetime maximum of 60)</p>	<p><u>Covers Medicare Part A:</u> Deductible Daily Copayment Amounts (days 61 -90) Lifetime Reserve Copayments (days 91-150) When Medicare exhausts 100% of the Medicare allowed amount (not charges) for covered services up to 365 days per lifetime.</p>
<p>Chemical Dependence and Abuse Rehabilitation</p>	<p>Medicare A (per benefit period) <u>\$1,408 Deductible</u> \$0 for the first 60 days \$341 per day for days 61–90 \$682 per “Lifetime Reserve Day” days 91-150 (up to a lifetime maximum of 60)</p>	<p><u>Covers Medicare Part A:</u> Deductible Daily Copayment Amounts (days 61 -90) Lifetime Reserve Copayments (days 91-150) When Medicare exhausts 100% of the Medicare allowed amount (not charges) for covered services up to 365 days per lifetime.</p>

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Maternity Care (Federal Mandate, 48 hours for regular delivery, 96 hours for caesarean-section delivery; one home care visit covered in full, not subject to any other home care visit limitations)	Medicare A (per benefit period) \$1,408 Deductible \$0 for the first 60 days \$341 per day for days 61–90 \$682 per “Lifetime Reserve Day” days 91-150 (up to a lifetime maximum of 60)	<u>Covers Medicare Part A: Deductible</u> Daily Copayment Amounts (days 61-90) Lifetime Reserve Copayments (days 91-150) When Medicare exhausts 100% of the Medicare allowed amount (not charges) for covered services up to 365 days per lifetime.
Internal Prosthetics	Medicare A deductible & copay	Covers Medicare A deductible & copays.
Part A & B Blood Deductible	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible & Coinsurance
HOSPITAL OUTPATIENT SERVICES		
Observation Stay	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Surgical Care including “Surgicenters” and Freestanding	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Pre-admission/Pre-Operative Testing (State Mandated if inpatient hospital, medical/surgery covered, cover equivalent to medical/surgery)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Diagnostic Imaging, X-ray, CAT, MRI	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance

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Routine Imaging, X-ray, CAT, MRI	Not Covered	Not Covered
Diagnostic Laboratory and Pathology	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Routine Laboratory and Pathology (Benefit must be equal to Diagnostic)	Medicare B - Some Preventive Labs Covered in Full as Determined by Medicare (e.g. Cholesterol, lipid, and triglyceride levels every five years)	Not Covered
Radiation Therapy (excludes drugs dispensed by a pharmacy)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Chemotherapy (excludes drugs dispensed by a pharmacy)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Hemodialysis	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Screening Mammogram	Medicare B Covered in Full once every 12 months for patients age 40 and above	Not covered unless Medicare deductible, coinsurance or copay applies.
Diagnostic Mammogram	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Cervical Cytology	Medicare B Covered in Full	Not covered unless Medicare deductible, coinsurance or copay applies.
Mental Health Care	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance

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Mental Health Care Mandated for Biologically based Mental Illness & Children with Serious Emotional Disturbances	Not applicable	Inclusive in Mental Health or Office Visit as Determined by Medicare
Chemical Dependency	Medicare B \$198 Deductible & 20% to 40% Coinsurance for Professional Services	Covers Medicare B Deductible and Coinsurance
Covered Therapies Includes Physical, Speech, and Occupational Therapy	Medicare B \$198 Deductible & 20% Coinsurance Annual Limit may apply	Covers Medicare B Deductible and Coinsurance
Pulmonary Rehabilitation	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Cardiac Rehabilitation	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Injectable Drugs Excludes vaccines, allergy injections & treatment of diabetes.	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
HOME CARE		
Home Care Services	Medicare Parts A & B Covered in Full	Not covered unless Medicare deductible, coinsurance or copay applies. DME as part of Home Care Medicare A or B Coinsurance.

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HOSPICE CARE		
Hospice Care	<p>Medicare Part A – Covered In Full</p> <ul style="list-style-type: none"> • Medicare pays all but very limited coinsurance for outpatient drugs and inpatient respite care • Available as long as the provider certifies the member is terminally ill and the member elects to receive these services. 	<p>Medicare Part A Copay for Outpatient Prescription Drugs.</p> <p>Medicare Part A Coinsurance for Respite Care.</p>
PHYSICIAN SERVICES		
Inpatient Hospital Surgery	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Outpatient Hospital & Ambulatory Surgery	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Office Surgery	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Covered Therapies Includes Physical, Speech, and Occupational Therapy	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Anesthesia (includes IP, OP, OV and delivery)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance

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<p>Additional Surgical Opinion</p> <p>State Mandated if inpatient hospital, medical/surgery covered. Coverage equivalent to inpatient medical/surgery.</p>	<p>Medicare B \$198 Deductible & 20% Coinsurance</p>	<p>Covers Medicare B Deductible and Coinsurance</p>
<p>Second Medical Opinion</p> <p>State Mandated for cancer; cover equivalent to office visit.</p>	<p>Medicare B \$198 Deductible & 20% Coinsurance</p>	<p>Covers Medicare B Deductible and Coinsurance</p>
<p>Maternity Care: Normal, Complications & Termination.</p>	<p>Medicare B \$198 Deductible & 20% Coinsurance</p>	<p>Covers Medicare B Deductible and Coinsurance</p>
<p>Prenatal and Postpartum Care</p>	<p>Medicare B \$198 Deductible & 20% Coinsurance</p>	<p>Covers Medicare B Deductible and Coinsurance</p>
<p>Delivery Anesthesia</p> <p>Must cover equivalent to surgical Anesthesia</p>	<p>Medicare B \$198 Deductible & 20% Coinsurance</p>	<p>Covers Medicare B Deductible and Coinsurance</p>
<p>In-Hospital Physician Visits</p> <p>Federal Mandate - IHM for mastectomy must be covered for as long as attending physician deems medically necessary</p>	<p>Medicare B \$198 Deductible & 20% Coinsurance</p>	<p>Covers Medicare B Deductible and Coinsurance</p>

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PHYSICIAN'S OFFICE SERVICES – PREVENTIVE SERVICES		
Routine Physical Exam – including routine labs done in conjunction with physical.	Initial Welcome to Medicare Visit Covered in Full within first 12 Months of Enrollment. Yearly Wellness Exams – Covered in Full	Not Covered
Adult Immunizations	Medicare B Flu Shot, including H1N1 covered in full Hepatitis shot subject to deductible & coinsurance	Not covered unless Medicare Deductible, Coinsurance or Copay Applies.
Eye Exams Routine	Not covered	Not Covered
Eyewear (Frames, Lenses, and/or Contact lenses)	Not Covered	Not Covered
Hearing Evaluations Routine	Not Covered	Not Covered
Routine GYN Visits including Cervical Cytology mandate	Covered in Full – Once Every 24 Months	Not Covered
Prostate Cancer Screenings	Exam Covered Every 12 Months Subject to Medicare B \$198 Deductible & 20% Coinsurance Lab Test Covered in Full	Covers Medicare B Deductible and Coinsurance

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Bone Density Testing	Covered in Full Every 24 Months Provided Medicare Criteria is Satisfied	Covers Medicare B Deductible and Coinsurance, if applicable		
PHYSICIAN'S OFFICE SERVICES				
Office/Outpatient Consultations	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance		
Diagnostic Office Visits	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance		
Diagnostic Laboratory and Pathology	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance		
Routine Laboratory and Pathology (Benefit must be equal to Diagnostic)	Medicare B - Some Preventive Labs Covered in Full as Determined by Medicare (e.g. Cholesterol, lipid, and triglyceride levels every five years)	Not Covered		
Eye Exams – Diagnostic	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance		
Hearing Evaluations Diagnostic	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance		
Hearing Aids	Not Covered	Not Covered		
Diagnostic Imaging Services X-ray, CAT, MRI, etc.	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance		

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Radiation Therapy (excludes drugs dispensed by a pharmacy)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Chemotherapy (excludes drugs dispensed by a pharmacy)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Hemodialysis	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Mammogram - Diagnostic	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Routine GYN Visits including Cervical Cytology mandate State Mandated if inpatient hospital, medical/surgery covered.	Covered in Full – Every 24 Months Pap Smear Covered in Full	Not Covered
Allergy Testing and Treatment (Includes Serum and Injections)	Not Covered	Not Covered
Mental Health Care	Medicare B \$198 Deductible & 20% to 40% Coinsurance	Covers Medicare B Deductible and Coinsurance
Chemical Dependency	Medicare B \$198 Deductible & 20% to 40% Coinsurance	Covers Medicare B Deductible and Coinsurance

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Chiropractic Care	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Injectable Drugs (excludes vaccines, allergy injections & treatment of diabetes)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
ADDITIONAL BENEFITS		
Treatment of Diabetes (Insulin & Supplies)	Medicare B \$198 Deductible & 20% Coinsurance Insulin Not Covered by Medicare B	Covers Medicare B Deductible and Coinsurance Insulin Covered Under Rx Plan
Diabetic Education	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Diabetic Equipment	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Mastectomy Prosthesis	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Durable Medical Equipment (DME)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
External Prosthetics/Orthotics (including Foot Orthotics)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Medical Supplies	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance

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Nutritional Therapy	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Pre-hospital Emergency Services and/or Transportation Services (includes all ground transportation)	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Air Ambulance Service	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Facility Emergency Room	Medicare Part B Copayment	Covers Medicare Part B Copayment
Emergency Room Physician Visit	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Freestanding Urgent Care Center	Medicare Part B Copayment	Covers Medicare Part B Copayment
Urgent Care Physician Visit	Medicare B \$198 Deductible & 20% Coinsurance	Covers Medicare B Deductible and Coinsurance
Medically Necessary Emergency Care in a Foreign Country	Not covered	80% of charges after a \$250.00 deductible per calendar year Care must begin during the first 60 consecutive days of each trip outside the United States. Payments for emergency care are subject to a lifetime maximum of \$50,000

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OTHER BENEFITS		
Acupuncture	Not Covered	Not Covered
Oral Surgery	Not Covered	Not Covered
Prescription Drugs	Not Covered	Covered By: ProAct \$15/\$30/\$45 Retail (30 Day Supply) \$30/\$60/\$90 Mail (90 Day Supply)
Private Duty Nursing	Not Covered	Covered at 80% of Billed Amount up to a Maximum of \$100 Per Day for up to 30 Days Per Calendar Year
Non-assigned Provider	Not Covered	If the Medical Provider Accepts Medicare's Assignment, the Following will Apply: <ul style="list-style-type: none"> • The balance will be covered when Medicare pays a percentage of the Medicare approved amount for a covered Part B service.

Exclusions: Excluded services are determined by Medicare and are subject to change. For any services not listed herein, check eligibility with Medicare.