

**Anthem Blue Cross and Blue Shield  
Group Retiree Plan F**

2021

**Medicare (Part A) - Hospital Services - Per Benefit Period**

**A benefit period** begins on the day you are admitted 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.

<b>SERVICES</b>	<b>MEDICARE PAYS</b>	<b>PLAN PAYS</b>	<b>YOU PAY</b>
<b>HOSPITALIZATION</b> Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,484	\$1,484 (Part A Deductible)	\$0
61st through the 90th day	All but \$371 per day	\$371 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$742 per day	\$742 per 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
<b>SKILLED NURSING FACILITY CARE-</b> 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.			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$185.50 per day	Up to \$185.50 per day	\$0
101st days and after	\$0	\$0	All Costs
<b>BLOOD</b>			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b> Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

**Medicare (Part B) - Medical Services - Per Calendar Year**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$203 of Medicare-Approved Amounts	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
Part B Excess Charge (Above Medicare-Approved Amounts)	\$0	115%	\$0
<b>BLOOD</b>			
First three pints	\$0	All Costs	\$0
Next \$203 of Medicare-Approved Amounts	\$0	\$203 (Part B Deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>CLINICAL LABORATORY SERVICES - Blood Tests For Diagnostic Services</b>	100%	\$0	\$0
<b>MEDICARE PARTS A AND B</b>			
<b>HOME HEALTH CARE</b>			
<b>MEDICARE-APPROVED SERVICES - Medically necessary skilled care services and medical supplies</b>	100%	\$0	\$0
Durable medical equipment			
First \$203 of Medicare-Approved Amounts	\$0	\$203 (Part B deductible)	\$0
Remainder of Medicare-Approved Amounts	80%	20%	\$0
<b>OTHER BENEFITS - NOT COVERED BY MEDICARE</b>			
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b>			
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

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