

NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SELECT COVERAGE FOR 2019

Please read this carefully!

	2018		2019	
	MEDICARE BENEFITS	YOUR MEDICARE SELECT COVERAGE	MEDICARE BENEFITS	YOUR MEDICARE SELECT COVERAGE
Medicare Part A Services and Supplies	For each Benefit Period in 2018, Medicare pays:	In 2018, your coverage pays:	Effective January 1, 2019 Medicare will pay:	Effective January 1, 2019 your coverage will pay:
Hospitalization Inpatient Hospital Services, Semi-Private Room and Board, Misc. Hospital Services and Supplies, such as Drugs, X-Rays, Lab Tests and Operating Room	All but \$1,340 for the first 60 days per benefit period	Initial \$1,340 deductible	All but \$1,364 for the first 60 days per benefit period	Initial \$1,364 deductible
	All but \$335 per day for days 61 st -90 th per benefit period	\$335 per day	All but \$341 per day for days 61 st -90 th per benefit period	\$341 per day
	All but \$670 per day for days 91 st -150 th per benefit period	\$670 per day	All but \$682 per day for days 91 st -150 th per benefit period	\$682 per day
	Beyond 150 days Medicare pays nothing	Beyond 150 days: 100% of eligible costs	Beyond 150 days Medicare pays nothing	Beyond 150 days: 100% of eligible costs
Skilled Nursing Care In a facility approved by Medicare. Confinement must meet Medicare standards. You must have been in a hospital for at least three days and enter the facility within 30 days after discharge	100% of cost for first 20 days per benefit period	\$0	100% of cost for first 20 days per benefit period	\$0
	All but \$167.50 per day for days 21 st -100 th per benefit period	\$167.50 per day	All but \$170.50 per day for days 21 st -100 th per benefit period	\$170.50 per day
	Beyond 100 days – nothing per benefit period	\$0	Beyond 100 days – nothing per benefit period	\$0
Inpatient Psychiatric Care In a participating psychiatric hospital	190 days per lifetime	175 days per lifetime after Medicare days are exhausted	190 days per lifetime	175 days per lifetime after Medicare days are exhausted
Blood	\$0 for first 3 pints	First 3 pints of blood each calendar year	\$0 for first 3 pints	First 3 pints of blood each calendar year
	100% of additional amounts	\$0	100% of additional amounts	\$0

****SEE OTHER SIDE FOR IMPORTANT INFORMATION****

	2018		2019	
	MEDICARE BENEFITS	YOUR MEDICARE SELECT COVERAGE	MEDICARE BENEFITS	YOUR MEDICARE SELECT COVERAGE
Medicare Part B Services and Supplies	In 2018, Medicare pays:	In 2018, your coverage pays:	Effective January 1, 2019 Medicare will pay:	Effective January 1, 2019 your coverage will pay:
Medical Expenses Medicare-eligible expenses for physician's services, inpatient and outpatient medical services, physical and speech therapy, diagnostic tests, and durable medical equipment	80% of allowable charges (after \$183 deductible per calendar year)	Initial \$183 deductible & 20% of Medicare-approved charges* <i>if</i> you use Health Tradition providers** (or in case of hospital outpatient department services under a prospective payment system, applicable copayments)	80% of allowable charges (after \$185 deductible per calendar year)	Initial \$185 deductible & 20% of Medicare-approved charges* <i>if</i> you use Health Tradition providers** (or in case of hospital outpatient department services under a prospective payment system, applicable copayments)
Preventive Medical Care Benefits Some annual physical and preventive tests and services administered or ordered by your practitioner when not covered by Medicare	\$0	<ul style="list-style-type: none"> Physical exam Eye exam Hearing exam Immunizations 	\$0	<ul style="list-style-type: none"> Physical exam Eye exam Hearing exam Immunizations
Blood	80% of allowable charges (after \$183 deductible) except fees for first 3 pints in each calendar year	First 3 pints of blood and 20% of Medicare-approved charges for additional pints of blood	80% of allowable charges (after \$185 deductible) except fees for first 3 pints in each calendar year	First 3 pints of blood and 20% of Medicare-approved charges for additional pints of blood
Clinical Laboratory Services – Tests for Diagnostic Services	100%	\$0	100%	\$0
Home Health Care	100% of charges for visits considered medically necessary	A total of 365 visits per year including those Medicare covers	100% of charges for visits considered medically necessary	A total of 365 visits per year including those Medicare covers

- This *Health Tradition 65Plus* Medicare Select policy pays 20% of Medicare Part B approved charges for Medicare Part B eligible expenses with in-network providers. You will receive a bill if you obtain services or supplies from an out-of-network provider not affiliated with your Health Tradition Health Plan unless you have an authorized referral on file prior to incurring the services.
- There are limitations on the choice of providers and the geographical area served.

THESE CHARTS SUMMARIZE THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SELECT POLICY PROVIDED BY HEALTH TRADITION HEALTH PLAN AND ONLY BRIEFLY DESCRIBE SUCH BENEFITS. FOR MORE INFORMATION ON YOUR MEDICARE BENEFITS, CONTACT YOUR SOCIAL SECURITY OFFICE OR THE CENTERS FOR MEDICARE & MEDICAID SERVICES. FOR INFORMATION ON YOUR MEDICARE SELECT POLICY, CONTACT:

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