

**IMPORTANT INFORMATION YOU SHOULD KNOW
ABOUT YOUR MEDICARE BENEFITS**

For more information about services covered by Medicare, please see your Medicare Handbook.

PART A HOSPITAL INSURANCE (INPATIENT)

helps pay for inpatient hospital care, inpatient care in a skilled nursing facility following a hospital stay, home health care and hospice care. Inpatient services are measured in benefit periods. A benefit period begins the first time you receive Medicare covered inpatient hospital care and ends when you have been out of the hospital or skilled nursing facility for 60 consecutive days. There is no limit to the number of benefit periods you may have.

THE AMOUNT YOU MAY BE BILLED for Part A services includes:

- **an inpatient hospital deductible** once during each benefit period,
- **a coinsurance amount for the 61st through the 90th days** of a hospital stay during each benefit period,
- **a coinsurance amount for each Lifetime Reserve Day**, which can be used if you have to stay in the hospital more than 90 days in one benefit period. Lifetime Reserve Days may be used only once.
- **a blood deductible** for the first three pints of unreplaced blood furnished to you in a calendar year in some states,
- **an inpatient coinsurance for the 21st through the 100th days** of a Medicare covered stay in a **skilled nursing facility**,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

PART B MEDICAL INSURANCE (OUTPATIENT FACILITIES) helps pay for care provided by certified medical facilities, such as hospital outpatient departments, renal dialysis facilities, and community health centers.

THE AMOUNT YOU MAY BE BILLED for Part B services includes:

- **an annual deductible**, the first \$100 of Medicare Part B charges each year,
- **a coinsurance amount**, generally, 20% of the amount charged, after the deductible has been met for the year,
- charges for services or supplies that are **not covered** by Medicare. You may not have to pay for certain denied services. If so, a NOTE on the front will tell you.

If you have supplemental insurance, it may help to pay the amounts you may be billed. If you use this notice to claim supplemental benefits from another insurance company,

make a copy for your records.

WHEN OTHER INSURANCE PAYS FIRST: All Medicare payments are made on the condition that you will pay Medicare back if benefits could be paid by insurance that is primary to Medicare. Types of insurance that should pay before Medicare include employer group health plans, no-fault insurance, automobile medical insurance, liability insurance and workers' compensation. Notify us right away if you have filed or could file a claim with insurance that is primary to Medicare.

YOUR RIGHT TO APPEAL: If you disagree with any decision on this notice, you have a right to appeal. For **PART A** decisions, you must file an appeal within **60 days** of receiving this notice. For **PART B** decisions, you must file your appeal within **6 months** of the date of this notice. Follow the appeal instructions for Part A or Part B on the front of the last page of the notice. If you want **help with your appeal**, you can have a friend or someone else help you. There are also groups, such as legal aid services, that will provide free advisory services if you qualify. To contact us for the names and telephone numbers of groups in your area, please see our Customer Service Information box on the front of this Summary Notice.

HELP STOP MEDICARE FRAUD: Fraud is a false representation by a person or business to get Medicare payments. Some examples of fraud include:

- offers of goods or money in exchange for your Medicare Number
- telephone or door to door offers of free medical services or items, and
- claims for Medicare services/items you did not receive.

If you think a person or business is involved in fraud, you should call Medicare at the Customer Service telephone number on the front of this notice.

INSURANCE COUNSELING AND ASSISTANCE:

Insurance Counseling and Assistance programs are located in every State. These programs have volunteer counselors who can give you free assistance with Medicare questions, including enrollment, entitlement, Medigap, and premium issues. If you would like to know how to get in touch with your local Insurance Counseling and Assistance Program Counselor, please call us at the number shown in the Customer Service Information box on the front of this notice.